** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at <u>www.irs.gov/form990</u>. tax year beginning JUL 1 . 2015 and ending JÜN 30 .

2015 Open to Public Inspection

OMB No. 1545-0047

<u> </u>	Oi till	and	ending U	ON 30, 2010	
B	Check if pplicable	C Name of organization		D Employer identifi	cation number
	Addre				
	Name chang	Doing business as		31-1	690987
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	 r
	Final return	112 SOUTH THIRD STREET			345-6874
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,268,141.
	Amen return	NEWARK, OH 45055		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: GLENN HOPKINS		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. (see instructions)
		te: > WWW.THEMAINPLACE.ORG		H(c) Group exemption	
K F	orm of	organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 2000 r	M State of legal domicile: OH
Г		Briefly describe the organization's mission or most significant activities: EACH	VEVD	WE CEDILE IN	EVCECC OF
9	1	700 ADULTS IN LICKING/KNOX COUNTIES WHO E			
ğ	2	Check this box if the organization discontinued its operations or dispose			
/eri	3			3	10
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
م س	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			37
iţi	6	Total number of volunteers (estimate if necessary)			15
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		897,375.	671,843.
ğ	9	Program service revenue (Part VIII, line 2g)		672,950.	596,283.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		30.	15.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,570,355.	1,268,141.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		774,000.	730,756.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
a X	b	Total fundraising expenses (Part IX, column (D), line 25) 27, 26			
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		579,659.	507,475.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,353,659.	1,238,231.
	19	Revenue less expenses. Subtract line 18 from line 12		216,696.	29,910.
SOC			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		2,554,778.	2,493,232. 1,463,469.
Net Assets or	21	Total liabilities (Part X, line 26)		1,554,925. 999,853.	1,029,763.
P	22 art II	Net assets or fund balances. Subtract line 21 from line 20		999,033.	1,029,103.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of my	/ knowledge and helief it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and belief, it is
truo	, 001100	t, and complete. Declaration of preparer (early trial officer) is based on an information of win	ποτι ρι οραι σι	Thus arry knowledge.	
Sig	n	Signature of officer		Date	
Her		CARY LOUGHMAN, CO-EXECUTIVE DIRECTOR			
	·	Type or print name and title			
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN
Paid	I	MATTHEW SHROYER MATTHEW SHROYER	lo	1/10/17 of self-employ	P00737986
Pre	arer	Firm's name CLARK, SCHAEFER, HACKETT & CO.		Firm's EIN ▶	31-0800053
	Only	Firm's address 14 EAST MAIN STREET			
		SPRINGFIELD, OH 45502		Phone no. 93	7-399-2000
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Par	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:
	THE MAIN PLACE, INC. IS A CONSUMER-OPERATED MENTAL HEALTH RECOVERY
	CENTER THAT PROMOTES RECOVERY THROUGH PEER SUPPORT, SOCIALIZATION,
	EDUCATION, AND TRAINING. BY WORKING TOGETHER, CONSUMERS BUILD BETTER
	LIVES FOR THEMSELVES, GAIN EMPLOYMENT, MAINTAIN INDEPENDENCE AND EARN
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	
	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. (Code:) (Expenses \$ 271,141. including grants of \$) (Revenue \$ 179,883.)
4a	(Code:) (Expenses \$
	HOUSTNO TO PROUTE HOUSTNO AND HOUSTNO GUDDODES TO ADM TO THE THREE TRANSPORT
	HOUSING: TO PROVIDE HOUSING AND HOUSING SUPPORTS TO ADULTS EXPERIENCING
	SERIOUS AND PERSISTENT MENTAL ILLNESS WHOSE ABILITY TO GET AND MAINTAIN
	HOUSING HAS BEEN DISRUPTED BY THEIR DISABILITY, AND WHO HAVE A HISTORY
	OF HOMELESSNESS OR CHRONIC HOMELESSNESS.
4b	(Code:) (Expenses \$ 252,555 • including grants of \$) (Revenue \$)
	PEER SERVICES: THIS PROGRAM PROVIDES INDIVIDUAL OR GROUP INTERACTIONS
	CONDUCTED BY PERSONS RECEIVING SERVICES, PERSONS WHO HAVE RECEIVED
	SERVICES, OR THEIR FAMILIES OR SIGNIFICANT OTHERS, FOR THE PURPOSE OF
	PROVIDING EMOTIONAL SUPPORT AND UNDERSTANDING, SHARING EXPERIENCES IN
	COPING WITH PROBLEMS, AND DEVELOPING A NETWORK OF PEOPLE THAT PROVIDES
	ONGOING SUPPORT OUTSIDE THE FORMAL MENTAL HEALTH SERVICE SYSTEM.
	ONGOING SUFFORT OUTSIDE THE FORMAL MENTAL HEALTH SERVICE SISTEM.
1-	(Code:) (Expenses \$ 185,709 • including grants of \$) (Revenue \$ 416,400 •)
4c	(Code:) (Expenses \$185,709 • including grants of \$) (Revenue \$416,400 •) COMMUNITY SUPPORTIVE TREATMENT: TO PROVIDE SPECIFIC, MEASURABLE AND
	INDIVIDUALIZED SERVICES TO EACH PERSON SERVED. THESE SERVICES SHOULD BE
	FOCUSED ON THE INDIVIDUAL'S ABILITY TO SUCCEED IN THE COMMUNITY, TO
	IDENTIFY AND ACCESS NEEDED SERVICES AND TO SHOW IMPROVEMENT IN SCHOOL,
	WORK AND FAMILY AND INTEGRATION AND CONTRIBUTIONS WITHIN THE COMMUNITY.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 58,317. including grants of \$) (Revenue \$)
4e	Total program service expenses ► 767,722.
	Form 990 (2015)

14110110 758050 54373-000

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Part IV Checklist of Required Schedules THE MAIN PLACE 31-1690987 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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 reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> X</u>
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	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? If "Yes,"			_V
	complete Schedule G. Part III	19	000	(2015)

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Form 990 (2015) THE MAIN PLACE Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
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		х
b	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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, , ,	25b		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	,	26	Х	
07	complete Schedule L, Part II	26	- 21	
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			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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):	00		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			\ . ,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
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		<u> </u>
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </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	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		_	200	/00 · -

Form 990 (2015) THE MAIN PLACE 31-1690987 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V						
					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	20[
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming				
	(gambling) winnings to prize winners?		,	1c	Х		
2 a	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	37				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions	s)					
	•			3a		<u> X</u>	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	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 Action 114, Report of Foreign Bank Action 114, Report of Foreign Bank Action 114, Rep	ccount	s (FBAR).	_		37	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c			
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			60		Х	
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a			
b	were not tax deductible?	5115 01	giits	6b			
7	Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?			7c		_X_	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		<u>X</u>	
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g			
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			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			
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 49662			9a			
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:			30			
	Initiation fees and capital contributions included on Part VIII, line 12	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?) 	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
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			
1-	Note. See the instructions for additional information the organization must report on Schedule O.						
D	Enter the amount of reserves the organization is required to maintain by the states in which the	125					
^	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b 13c					
	Did the appropriation province on province the few indeed to province and price the territory.			14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule			14b		_ _	
	, provide an explanation in Schedule	, ,			990	(2015)	

532005 12-16-15 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
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			
	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			
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	_		v
	more members of the governing body?	7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		Х
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		<u> </u>
8 a		8a	Х	
b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	, , , , , , , , , , , , , , , , , , , ,	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
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?	45.0	Х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	-2	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
- - u	taxable entity during the year?	16a		Х
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 ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available (Section 6104 requires an organization for the first organiza	ailable)	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
	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:			
	THE ORGANIZATION - 740-345-6874			
	112 SOUTH THIRD STREET, NEWARK, OH 43055			

Form 990 (2015) THE MAIN PLACE 31-1690987 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	In stit utional trustee	Officer Officer	Key employee	Highest compensated surployee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) TED JONES PRESIDENT (END TERM 12/31/15)	0.00	X		Х				0.	0.	0 .	
(2) LAUREN KELLETT	0.00	25						•	•		
ACTING PRESIDENT	0.00	х		х				0.	0.	0	
(3) RYAN WEST	0.00										
VICE-PRESIDENT		Х		Х				0.	0.	0	
(4) DAVID PACETTI	0.00										
DIRECTOR		Х			L			0.	0.	0	
(5) DR. KENNETH YEAGER	0.00	J									
DIRECTOR		Х			<u> </u>			0.	0.	0	
(6) BECKY SFORZA	0.00	٠,,							,	0	
DIRECTOR (7) PHYLLIS MATTES	0.00	Х		<u> </u>	\vdash			0.	0.	0	
DIRECTOR	0.00	х						0.	0.	0	
(8) VIVIAN NEISWANDER	0.00							0.	0.	0	
DIRECTOR	0.00	х						0.	0.	0	
(9) TERRY BEEKMAN	0.00								-	-	
DIRECTOR		Х						0.	0.	0	
(10) JOHN ERICKSON	0.00										
DIRECTOR		Х						0.	0.	0	
(11) GLENN HOPKINS	40.00	1							_		
EXECUTIVE DIRECTOR	40.00			Х	<u> </u>			86,403.	0.	12,022	
(12) CARY LOUGHMAN	40.00	1						60 017	,	6 004	
FINANCE DIRECTOR			_	Х	⊢			69,217.	0.	6,924	
		1									
		<u> </u>	\vdash	\vdash	\vdash						
		1									
				\vdash							
		1									
					L						

Page 8 Form 990 (2015) THE MAIN PLACE 31Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) THE MAIN PLACE 31-1690987

	(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	n an	(D) Reportable compensation from	compensation	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	IS	com fi org an org:	e ion ed		
	Sub-total							>	155,620.		0.	1	8,9	46. 0.	
	Total (add lines 1b and 1c) Total number of individuals (including but it							o re	155,620. eceived more than \$100.	,000 of reportable	0.	1	8,9		
	compensation from the organization												Yes	0 N o	
3	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s											3		Х	
4	For any individual listed on line 1a, is the s and related organizations greater than \$15											4		Х	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes." con	accrue comper	ısati	on fi	om	any	unre	elate	ed organization or individ	dual for services		5		Х	
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	•	•							•	oensa	tion fro	om		
	the organization. Report compensation for (A) Name and business			endir ONI		ith c	or wi	thin 	the organization's tax y (B) Description of s			(C	C) nsatio	-	
	Name and Business	dudioso	INC	JIVI	<u> </u>				Description of c	Jei vides		Jonnpo	i iodiioi	•	
	Total number of independent contractors (\$100,000 of compensation from the organ	•	ot lin	nited	d to	thos (_	ted	above) who received me	ore than			990 //		

Page 9 31-1690987

		Check if Schedule O cont	aine a reenonce	or note to any lin	e in this Part VIII			
		Crieck is Scriedule O Cont.	airis a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns Membership dues	1a 1b					
D, D	С	Fundraising events	1c					
iifts ar A		Related organizations						
s, milk		Government grants (contributi		662,192.				
Sign		All other contributions, gifts, gran						
ber		similar amounts not included above	· I I	9,651.				
ğ	q	Noncash contributions included in lines		•				
Cor	_	Total. Add lines 1a-1f			671,843.			
				Business Code				
ė		MEDICAID SERVIC		624100	409,908.	409,908.		
r vic		TRANSITIONAL HO	USING A	531120	179,883.	179,883.		
Se	С	OTHER PROGRAM		624100	6,492.	6,492.		
am	d	I						
Program Service Revenue	е	.						
<u>P</u>		All other program service reve						
	g	Total. Add lines 2a-2f			596,283.			
	3	Investment income (including			4.5			4-
		other similar amounts)			15.			15.
	4	Income from investment of tax						
	5	Royalties	1					
			(i) Real	(ii) Personal				
		Gross rents			-			
		Less: rental expenses			-			
		Rental income or (loss)		<u> </u>				
		Net rental income or (loss)	1					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory			-			
	b	Less: cost or other basis						
		and sales expenses			-			
		Gain or (loss)						
		Net gain or (loss)		>				
Other Revenue	8 а	Gross income from fundraising including \$	•					
}ev		contributions reported on line	,					
erF		Part IV, line 18						
th G		Less: direct expenses						
		Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac						
		Part IV, line 19			-			
		Less: direct expenses						
		Net income or (loss) from gam	•	P				
	і Оа	Gross sales of inventory, less						
	h	and allowances Less: cost of goods sold			1			
		Net income or (loss) from sale:						
		Miscellaneous Revenue		Business Code				
	11 a			Submissis Code				
	b							
	c							
	d	All other revenue						
		Total. Add lines 11a-11d		•				
		Total revenue. See instructions.			1,268,141.	596,283.	0.	15.

Form 990 (2015) THE MAIN PLACE Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		•	nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	174 566	24 606	140 060	
_	trustees, and key employees	174,566.	24,606.	149,960.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	444,872.	340,862.	89,155.	14,855.
7 o	Other salaries and wages Pension plan accruals and contributions (include	444,074·	340,002.	0,,100.	14,000
8					
9	section 401(k) and 403(b) employer contributions) Other employee benefits	53,433.	30,991.	21,125.	1 317
		57,885.	33,573.	22,885.	1,317. 1,427.
10 11	Payroll taxes Fees for services (non-employees):	37,003.	33,3130	22,003.	1,74/
	Management				
b		1,317.	1,317.		
		9,850.	3,168.	6,682.	
d		3,0301	372001	0,0021	
e					
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	9,322.	2,398.	6,924.	
12	Advertising and promotion	3,553.	636.	636.	2,281.
13	Office expenses	32,789.	17,265.	14,886.	638.
14	Information technology	21,836.	10,917.	10,919.	
15	Royalties				
16	Occupancy	158,123.	129,744.	27,067.	1,312.
17	Travel	19,582.		19,582.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35.		35.	
20	Interest	30,867.	12,078.	18,789.	
21	Payments to affiliates		=		
22	Depreciation, depletion, and amortization	97,646.	79,871.	16,740.	1,035.
23	Insurance	18,921.	10,631.	7,758.	532.
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 0.)				
а	REPAIR AND MAINTENENCE	63,890.	47,661.	15,533.	696.
b	CONTRACT SERVICES	11,860.	6,832.	5,028.	0.
c	VEHICLE EXPENSE	9,280.	9,280.	,	•
d	MEMBERSHIP	7,320.	•	4,145.	3,175.
	All other expenses	11,284.	5,892.	5,392.	•
25	Total functional expenses. Add lines 1 through 24e	1,238,231.	767,722.	443,241.	27,268.
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)				
		<u> </u>			Earm 990 (201

31-1690987 Page 11 Form 990 (2015)
Part X Balance Sheet THE MAIN PLACE

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Par			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	14,116.	1	55,808
2			2	
3			3	
4			4	25,264
5				
	trustees, key employees, and highest compensated employees. Comp	ete		
	Part II of Schedule L	1 201	5	1,241
6				
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and con	tributing		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ρ	employees' beneficiary organizations (see instr). Complete Part II of Sc	h L	6	
Assets 7			7	168
2 8		2,707.	8	
9		1 11 560	9	13,335
10	Da Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 3,064	,503.		
	basis. Complete Part VI of Schedule D 10a 3,064 b Less: accumulated depreciation 10b 669	,543. 2,480,651.	10c	2,394,960
11			11	
12			12	
13			13	
14	. •		14	
15			15	2,456
16		0 554 550	16	2,456 2,493,232
17			17	83,890
18			18	•
19			19	33,781
20			20	•
21			21	
100	·	itees,		
	key employees, highest compensated employees, and disqualified per			
22	Complete Part II of Schedule L		22	
i ₂₃		1,421,692.	23	1,343,592
24			24	•
25				
	parties, and other liabilities not included on lines 17-24). Complete Part	X of		
	Schedule D	1 2 114	25	2,206
26		1,554,925.	26	2,206 1,463,469
	Organizations that follow SFAS 117 (ASC 958), check here			
,	complete lines 27 through 29, and lines 33 and 34.			
27		464,465.	27	512,485
28		E2E 200	28	517,278
29			29	•
	Organizations that do not follow SFAS 117 (ASC 958), check here			
:	and complete lines 30 through 34.			
30			30	
31			31	
32			32	
27 28 29 29 30 31 32 33			33	1,029,763
00	Total liabilities and net assets/fund balances		34	2,493,232

Pai	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,26			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,23			
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 10.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				53.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1,02	9,7	63.	
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a						
	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	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X 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	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schen	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit				
	Act and OMB Circular A-133?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b			
			Form	990	(2015)	

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Internal Revenue Service Inspection **Employer identification number** Name of the organization THE MAIN PLACE 31-1690987 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g ____ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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

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

Sec	ction A. Public Support			,				
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Gifts, grants, contributions, and	` ,	` ,	` ,	, ,	`,	,,	
	membership fees received. (Do not							
	include any "unusual grants.")	1335664.	765,626.	909,844.	897,375.	671,843.	4580352.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1335664.	765,626.	909,844.	897,375.	671,843.	4580352.	
	The portion of total contributions		•	•	•	,		
_	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	calumn (f)							
_	· · · · · · · · · · · · · · · · · · ·						4580352.	
	Public support. Subtract line 5 from line 4.						4300332.	
	• • • • • • • • • • • • • • • • • • • •	(=) 0011	(b) 2012	(a) 2012	(4) 2014	(a) 2015	(f) Total	
	ndar year (or fiscal year beginning in)	(a) 2011 1335664.	(b) 2012 765,626.	(c) 2013 909, 844.	(d) 2014 897, 375.	(e) 2015 671,843.	(f) Total 4580352.	
	Amounts from line 4	1333004.	703,020.	JUJ,044.	091,313.	0/1,043.	4300332.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	100	1.0	70	20	1 - 1	476	
	and income from similar sources	199.	160.	72.	30.	15.	476.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						4580828.	
12	Gross receipts from related activities,	•					,917,431.	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)		
	organization, check this box and stop						>	
	ction C. Computation of Publi		<u>-</u>			г		
14	Public support percentage for 2015 (li					14	99.99 %	
15	Public support percentage from 2014					15	99 . 99 %	
16a	33 1/3% support test - 2015. If the o							
	stop here. The organization qualifies							
b	33 1/3% support test - 2014. If the o							
	and stop here. The organization quali	fies as a publicly s	supported organiza	ition			▶□	
17a	10% -facts-and-circumstances test	-						
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check thi	is box and stop h	iere. Explain in Pa	rt VI how the organ	ization	
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□	
b	10% -facts-and-circumstances test	- 2014. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	e "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	•	
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶□	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	·	
_	Sahadula A / Farm 000 at 000 E7) 0015							

Schedule A (Form 990 or 990-EZ) 2015

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	-			•		. —
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2015 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	%
	Public support percentage from 2014					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)15 (line 10c, colur	mn (f) divided by lin	ne 13, column (f))		17	%
18						18	%
	a 33 1/3% support tests - 2015. If the					3 1/3%, and line 1	
-	more than 33 1/3%, check this box ar						. .
ŀ	33 1/3% support tests - 2014. If the						
-	line 18 is not more than 33 1/3%, che						
20	.						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
7		
8		
8		
9a		
9b		
9с		
10a		
10b		
_		

Pai	Tt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
<u>Sac</u>	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	\		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Tools of the control of the con	uctions).		Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	200		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	01		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	g		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970. See instru	ıctions. All		
	other Type III non-functionally integrated supporting organizations must cor	nplete S	ections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
_1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally	/-integra	ted Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2015

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions	,	Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	•	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
•	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
-	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a	DI GARGOWII OF HITO 1.			
<u>a</u> b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
_	LAGGGG HOITI AUTO			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
_	

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.

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

2015

OMB No. 1545-0047

Name of the organization

Employer identification number

THE MAIN PLACE 31-1690987

Organization type (check one):							
Filers of	I	Section:					
Form 990	or 990-EZ	X 501(c)(3) (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					
	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
	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 one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	X 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.						
	year, contributions is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year					
but it mu	Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 ertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization Employer identification number

THE MAIN PLACE 31-1690987 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person **Payroll** 592,783. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for

523452 10-26-15

(a)

No.

Person
Payroll
Noncash
(Complete Part II for noncash contributions.)

noncash contributions.)

(d)

Type of contribution

(b)

Name, address, and ZIP + 4

(c)

Total contributions

THE MAIN PLACE

31-1690987

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	990 990-F7 or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 4 Name of organization Employer identification number THE MAIN PLACE 31-1690987 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

THE MAIN PLACE

Employer identification number 31-1690987

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 donor advisors in $\boldsymbol{\nu}$	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
Da			
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a throu	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		1 1
b	, , , , , , , , , , , , , , , , , , , ,		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
4	year ▶ Number of states where property subject to conservation eas	amont is located	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l		
Ū	b	narialing of violations, and emoroting cont	sorvation easements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
-	> \$	g or notations, and orneroning contental	men cacemente dannig me year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(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, historical treatments	asures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

532051 11-02-15

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

Par	t III Organizations Maintaining Co	ollections of Art, His	torical Treasures, o	r Other S	imilar Ass	ets (continued)	
3	Using the organization's acquisition, accession	n, and other records, chec	k any of the following tha	t are a signif	icant use of it	ts collection items	
	(check all that apply):						
а	Public exhibition	d	Loan or exchange progr	ams			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain how t	hey further the organization	on's exempt	purpose in P	art XIII.	
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 ma	·	·			Yes No	
Par	t IV Escrow and Custodial Arrang					IV, line 9, or	
	reported an amount on Form 990, Part						
1a	Is the organization an agent, trustee, custodia	an or other intermediary for	contributions or other as	sets not incl	uded		
	on Form 990, Part X?					Yes No	
b	If "Yes," explain the arrangement in Part XIII a	and complete the following	table:				
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Fo					Yes No	
	If "Yes," explain the arrangement in Part XIII.			-			
Par							
					Three years ba	ick (e) Four years back	
1a	Beginning of year balance	, , ,					
b	Contributions						
C	Net investment earnings, gains, and losses						
d	Grants or scholarships						
	Other expenditures for facilities						
·	and programs						
f	Administrative expenses						
g g	End of year balance						
2	Provide the estimated percentage of the curre	ent vear end halance (line :	la column (a)) held as:				
a	Board designated or quasi-endowment		rg, column (a)) nola ac.				
b	Permanent endowment						
	Temporarily restricted endowment	^ %					
·	The percentages on lines 2a, 2b, and 2c shou						
32	Are there endowment funds not in the possess		at are held and administe	red for the o	rganization		
oa		Sion of the organization th	at are field and administe	ica ioi tiic o	rgariization	Yes No	
	by: (i) unrelated organizations					3a(i)	
	(ii) related organizations					··· 	
h	If "Yes" on line 3a(ii), are the related organizat						
4	Describe in Part XIII the intended uses of the					[30]	
	t VI Land, Buildings, and Equipme		iulius.				
	Complete if the organization answered		V line 11a See Form 990) Part X line	10		
	Description of property	(a) Cost or other	(b) Cost or other		ımulated	(d) Book value	
	Description of property	basis (investment)	basis (other)		ciation	(u) book value	
	Land	, ,	58,813.	Gopie	J.4.1011	58,813.	
_	Land	I	2,818,723.	// Ω	2,576.	2,336,147.	
b	Buildings		2,010,123.	40	4,510.	4,330,14/•	
c	Leasehold improvements						
d	Equipment		186,967.	1 Ω	6,967.	0.	
	Other					2,394,960.	
เบเส	<u>. Add iii led ta tili dagit te. (Column (a) Must ec</u>	iuai Γυππ 990. Paπ X. Colu	HIH (B), IIIIE TUC.)			-, -, -, -, -, -, -, -, -, -, -, -, -, -	

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 THE MAIN PLA	CE		31-1690987 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, li	ne 11b. See Form 990, Part	X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	ion: 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" or	n Form 990. Part IV. li	ne 11c. See Form 990. Part 3	X. line 13.
(a) Description of investment	(b) Book value		ion: Cost or end-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990. Part IV. li	ne 11d. See Form 990. Part I	X. line 15.
	escription	,,.	(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·		,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 3	IF \		b
Part X Other Liabilities.	3.)		
Complete if the organization answered "Yes" or	n Form 990 Part IV li	ne 11e or 11f See Form 990	Part X line 25
1. (a) Description of liability	11 01111 000, 1 01114, 11	(b) Book value	, r are x, into 20.
(1) Federal income taxes		(-,	
(2) CAPITAL LEASE		2,206.	
		2,200	
(3)			
<u>(6)</u> (7)			
\' /			

2,206. \triangleright Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

(8) (9)

THE MAIN PLACE 31-1690987 Page 4 Schedule D (Form 990) 2015 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,274,141. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a 6,000. **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c Other (Describe in Part XIII.) 6,000. Add lines 2a through 2d 2e 1,268,141. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 268,141 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses 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	1,244,231.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	6,000.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	6,000.
3	Subtract line 2e from line 1			3	1,238,231.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,238,231.
Dai	rt VIII 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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE AGENCY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND MAY BE SUBJECT TO INCOME TAX ON UNRELATED BUSINESS ACTIVITIES. NO INCOME TAX PROVISION HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS AS THE AGENCY HAS DETERMINED IT DOES NOT HAVE UNRELATED BUSINESS INCOME SUBJECT TO TAXATION. ANNUALLY, THE AGENCY FILES FORM 990, RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAX, WITH THE INTERNAL REVENUE SERVICE (IRS). THIS FORM IS OPEN FOR PUBLIC INSPECTION. THE AGENCY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ALL TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2015 THE MAIN PLACE	31-1690987 Page 5
Schedule D (Form 990) 2015 THE MAIN PLACE Part XIII Supplemental Information (continued)	*
(continued)	

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2015

Open To Public Inspection

	HE MAIN						31-	yer ider 1690		on nu	ımber
					on 501(c)(4), and 501			401			
		wered "Yes" on F Relationship betv			urt IV, line 25a or 25b	, or Form 990-EZ, Pa	rt V, line	400.	(4)	Corr	ected?
1 (a) Name of disqualified p	erson	person and or			(c) Description of trans	saction			es	No
									- '	63	NO
2 Enter the amount of tax i	,	S	•		•	0 ,		•			
								\$			
3 Enter the amount of tax,	if any, on line 2,	above, reimburse	ed by	tne orç	janization			\$			
Part II Loans to and	l/or From Int	erested Pers	ons.								
Complete if the c	organization ansv	wered "Yes" on F	orm 9	90-EZ	Part V, line 38a or F	orm 990, Part IV, line	e 26; or i	f the org	anizatio	on	
reported an amo	unt on Form 990	, Part X, line 5, 6	, or 22	2.						_	
(a) Name of	(b) Relationship	(c) Purpose		an to or	(e) Original	(f) Balance due	(g) In	(h) A	pproved oard or	(i) V	Vritten
interested person	with organization	of loan		zation?	principal amount		default	com	mittee?	agre	ement?
GLENN HOPKINS	EVECUMEN	EMPLOYEE		From X	4,078.	1,241.		No Yes	No.	Yes	No_
GUENN UOLKIND	EVECOIIA	EMPLOIEE		^	4,070.	1,241.		^ ^	+	_ ^	+
									+		
								_	_		-
									+		+
Total	<u> </u>				> \$	1,241.					
Total Part III Grants or As	sistance Ber	nefiting Inter	este	d Per		1,241.					
Complete if the c		•									
(a) Name of interested p		(b) Relationship			(c) Amount of	(d) Type	of	T (e) Purp	ose c	of
		interested pers		d	assistance	assistano	e		assist	ance	
		the organiza	ation								
								+			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

SEE PART V FOR CONTINUATIONS

		"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.	1	100	
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
					Yes	No
						-
Par	t V Supplemental Information Provide additional information for response	onses to questions on Schedule L (see i	nstructions).			
SCH	EDULE L, PART II, LOANS					
(A)				-		
			DIBECMOD			
(B)			DIRECTOR			
(C)	PURPOSE OF LOAN: EMPLO	YEE ADVANCE				
(D)	LOAN TO OR FROM ORGANI	ZATION? = FROM				
(E)	ORIGINAL PRINCIPAL AMO	UNT \$ 4,078. (F) BA	LANCE DUE S	\$ 1,241.		
(G)	LOAN IN DEFAULT? = NO					
(H)	APPROVED BY BOARD OR C	OMMITTEE? = YES				
(I)	WRITTEN AGREEMENT? = Y	ES				

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE MAIN PLACE

Employer identification number 31-1690987

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PERSISTENT MENTAL ILLNESS, INCLUDING SCHIZOPHRENIA, BI-POLAR DISORDERS, CLINICAL DEPRESSION, AND PANIC AND ANXIETY DISORDERS. WITHOUT THESE MANY OF OUR MEMBERS WOULD RESIDE IN A STATE SERVICES AND SUPPORT, PSYCHIATRIC INSTITUTION OR OTHER RESTRICTIVE LIVING ENVIRONMENT. DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, ACCEPTANCE WITHIN THEIR COMMUNITIES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ASSESSMENT: IT IS A PROCESS OF GATHERING INFORMATION TO ASSESS CONSUMER NEEDS AND FUNCTIONING IN ORDER TO DETERMINE APPROPRIATE SERVICE AND/OR TREATMENT BASED ON IDENTIFICATION OF THE PRESENTING PROBLEM, EVALUATION OF MENTAL STATUS AND FORMULATION OF A DIAGNOSTIC IMPRESSION. **EXPENSES \$ 58,317.** INCLUDING GRANTS OF \$ 0. 0. REVENUE \$

FORM 990, PART VI, SECTION B, LINE 11:

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 BEFORE FINAL FILING AND REPORTS TO THE FULL BOARD ON THE STATUS OF ALL IRS FILINGS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY AND FILLS OUT AN ANNUAL STATEMENT OF UNDERSTANDING AND QUESTIONNAIRE. EMPLOYEES ARE BRIEFED ON THIS POLICY AND ARE EXPECTED TO COMPLY.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization THE MAIN PLACE	Employer identification number 31-1690987							
FORM 990, PART VI, SECTION B, LINE 15:								
THE BOARD OF DIRECTORS IS INVOLVED IN THE SEARCH FOR AND H	THE BOARD OF DIRECTORS IS INVOLVED IN THE SEARCH FOR AND HIRING OF KEY							
EMPLOYEES, INCLUDING COMPENSATION DECISIONS. THE CEO IS GI	EMPLOYEES, INCLUDING COMPENSATION DECISIONS. THE CEO IS GIVEN AN ANNUAL							
PERFORMANCE REVIEW BY THE BOARD OF DIRECTORS, WHICH IS AN	INTEGRAL PART OF							
DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION. ALL DEC	ISIONS ARE							
CONTEMPORANEOUSLY DOCUMENTED IN THE BOARD MINUTES.								
FORM 990, PART VI, SECTION C, LINE 18:								
THE ORGANIZATION PROVIDES ACCESS TO FORM 990 UPON WRITTEN	REQUEST OR AT THE							
ORGANIZATION'S WEBSITE.								
FORM 990, PART VI, SECTION C, LINE 19:								
THE ORGANIZATION PROVIDES ACCESS TO REQUIRED DOCUMENTATION	AND INFORMATION							
UPON WRITTEN REQUEST.	_							
FORM 990, PART XII, LINE 2C:								
THE MAIN PLACE DID NOT CHANGE ITS AUDIT PROCESS DURING THE	TAX YEAR.							
THE SAME INDEPENDENT ACCOUNTING FIRM PERFORMED THE AUDITS	IN BOTH 2015							
AND 2016.								

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8888. Iso not complete Part II unless you have already been granted an automatic 3-month extension of time to file (if you are additional) (not automatic) 3-month extension of time. You can electronically file Form 8888 it you need a 3-month automatic extension of time to file (if you have form) and the file of the form 8186 in Part or Part II with the exception of Form 870, in time. You can electronically file Form 8888 it you need a 3-month automatic extension of time to file (if you have form) and the file of the form 8186 in Paper format (see instructions). For more details on the electronic filing of this form, extension and seems and the file of th								
to not complete Part If unless — you have already been granted an automatic 3-month extension on a previously filed Form 8868. Idectoral filing (g6ig.) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (ill months for a corporation squired to file Form 990-1), or an additional (incl automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part 1 or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain reasonal Benefit Contracts, which must be sent to the life in part of forms, For more details on the electronic filing of this form, set ways, poyletils and click on a rife for Charlies & Neoprodits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete and I only if other corporations sinclusing 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time in the file form 500-T and requesting an automatic 6-month extension - check this box and complete and I only if the form 500-T and requesting an automatic 6-month extension - check this box and complete and I only if the form 500-T and requesting an automatic 6-month extension - check this box and complete and I only if the form 500-T and requesting an automatic 6-month extension - check this box and complete an extension of time is the form 500-T and form 800-T and 800							. X	
Intertonic filling (e-file) - You can electronically file Form 8888 if you need a 3-month automatic extension of time to file (e) months for a coproration aguired to file Form 990-1), or an additional (not automatid) - month extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain encount Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, set wow, it apperent and cells for a per face Chanites & Monarchite. Part I	•	,	-		,			
activate for life Form 99.01 or an additional (not automatic) 3-month extension of time. You can electronically life Form 8888 to request an extension time to file any of the forms 1881 or heart or Part it with the exception of Form 8870, Internation 8. The form 1870 or 1. The forms 1870 or 1. The for		•						
time to file any of the forms isted in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain revisional Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, set www.isc.govelinia and click on e-file for Charties & Nonzooffee. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). corporation required to file form 8901 and requesting an automatic 6-month extension - check this box and complete and tonly of the corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time file income tax returns. Enter filer's identifying number of file income tax returns. Enter filer's identifying number (EIN) or file in the corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time file income tax returns. Enter filer's identifying number in the III of the return of th		,						
Second Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,	•			•		•		
Self wave, vis goverable and click on e-file for Chardines & Rosprovides	of time	to file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for T	ransfers A	ssociated With	Certain	
Part Automatic 3-Month Extension of Time. Only submit original (no copies needed).	Persona	al Benefit Contracts, which must be sent to the IRS in paper	er format (see instructions). For more details o	n the elect	ronic filing of th	is form,	
corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete rart I only in the corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time Enter filer's identifying number Employer identification number (EIN) or 112 SOUTH THIRD STREET THE MAIN PLACE 31-1690987 White stretches. Social security number (SSN) 112 SOUTH THIRD STREET Inter the Return code for the return that this application is for (file a separate application for each return) D 1 pplication Return Code The Featurn code for the return that this application is for (file a separate application for each return) D 1 pplication Return Application Form 990 Form 990 Form 990 EZ O1 Form 990 Form 990 Form 990 EZ O1 Form 990 Form				lancit aviainal /na aaniaa na	- d - d\			
If the corporations (including 1120-C filers), partnerships, FEMICs, and trusts must use Form 7004 to request an extension of time								
## of the recorporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time Find income tax returns.			natic 6-mo	nth extension - check this box and c	complete			
yee or Name of exempt organization or other filer, see instructions. THE MAIN PLACE Interfiler's identifying number (EIN) or the return that PLACE is transported in the prime is to the organization does not have an office or place of business in the United States, check this box								
Name of exempt organization or other filer, see instructions.			Cs, and tru	usts must use Form 7004 to request	_		number	
THE MAIN PLACE Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)			rtions					
THE MAIN PLACE Number, street, and room or suite no. If a P.O. box, see instructions. 12 SOUTH THIRD STREET City, frown or post office, state, and ZIP code. For a foreign address, see instructions. NEWARK, OH 43055 The the Return code for the return that this application is for (file a separate application for each return) pplication Return Application Return Code Is For Code Is For Post Post Post Post Post Post Post Post		Name of exempt organization of other mer, see institut	Julionis.		Lilipioye	imployer identification number (EIN) or		
Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)	print	THE MAIN PLACE				31-1690987		
112 SOUTH THIRD STREET	File by the		ee instruct	ions.	Social se	curity number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWARK, OH 43055 Inter the Return code for the return that this application is for (file a separate application for each return) Population Return Application Form 990 F	iling your	112 SOUTH THIRD STREET				,	,	
neter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Stor Code C			reign addı	ress, see instructions.	•			
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THE ORGANIZATION The books are in the care of ▶ 112 SOUTH THIRD STREET - NEWARK, OH 43055 Telephone No. ▶ 740-345-6874 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2017 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year or □ X tax year beginning JUL 1, 2015 , and ending JUN 30, 2016 2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a \$ 0. caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment	Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
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LHA 523841 04-01-15 For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)