

MAIN STREET ADVISORY BOARD MEETING Gonzales Municipal Building 820 St. Joseph Street, Gonzales, Texas Tuesday, April 23, 2019–5:30 p.m.

AGENDA

CALL TO ORDER AND CERTIFICATION OF QUORUM

PUBLIC COMMENTS

The public comments section of the meeting is for citizens to address the advisory board as a whole

APPROVAL OF MINUTES

1. Approval of March 26, 2019 Minutes

ITEMS TO BE CONSIDER

- 2. Discuss, Consider and Possible Action authorizing the Main Street Chairman to sign IRS 990 report.
- 3. Discuss, Consider and Possible Action regarding Promotion Committee a) Concert Series and Star Spangled Spectacular 2019 report
- 4. Discuss, Consider, and Possible Action regarding Christmas/downtown decorations
- 5. Discuss, Consider and Possible Action regarding Design Committee
- 6. Discuss, Consider and Possible Action regarding Organization Committee
- 7. Discuss, Consider, and Possible Action regarding Economic Vitality Committee

REPORTS

- 8. Report on City Wide Yard Sale
- 9. Report on Sponsorship Packet
- 10. Financial Report for month of March 2019
- 11. Main Street Manager Barbara Friedrich's report on National Main Street Status, South Texas Camp of Champions, Come & Taste It Craft Beer and Wine Festival, Chasin' Tail Crawfish Boil, Jim Price Clean Up, Relay for Life, Texas Jr High Rodeo Finals, JB Wells House Museum open first Saturdays, Marketing Your Business Lunch & Learn, Truth in Taxation Lunch & Learn, and new businesses.
- 12. Set date and time for next Regular Meeting.

AJOURN

rectify that a copy of the <u>April 23,</u> , 2019 agenda of items to be considered by the
Gonzales Main Street Advisory Board was posted on the City Municipal Building bulletin board on the
18th day of April 2019 at a.m./p.m. and remained posted continuously for at least 72
hours proceeding the scheduled time of the meeting. I further certify that the above agenda was
removed on day of , 2019 at am/pm. I further certify that the
following News Media were properly notified of the above stated meeting: Gonzales Inquirer, and
Gonzales Cannon. The Mayor and/or City Council have been invited to attend and/or participate in
the following event. Although a quorum of the members of the City Council may or may not be
available to attend this event, this notice is being posted to meet the requirements of the Texas Open
Meetings Act and subsequent opinions of the Texas Attorney General's Office. It is the opinion of the
City Attorney's office that this meeting is being held and conducted in accordance with Chapter 551 of
the Texas Government Code.
Dorbona Estadista Maia Otto AM
Barbara Friedrich, Main Street Manager
The meeting facility is wheelchair accessible and accessible parking spaces are available. Request
for accommodations or interpretive services must be made 48 hours prior to this meeting. Please
contact the City Secretary's office at (830)672-2815 for further information.
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MAIN STREET ADVISORY BOARD MEETING Gonzales Municipal Building 820 St. Joseph Street, Gonzales, Texas Tuesday, March 26, 2019–5:30 p.m.

MINUTES

CALL TO ORDER AND CERTIFICATION OF QUORUM

Chairman John Boothe called the meeting to order at 5:34 p.m. The following members were present constituting a quorum: John Boothe, Connie Dolezal, Sherri Schellenberg, Gregory Webb, Shelli Van Kirk, Suzanne Zaitz and Karen Jacobs. Members absent: Debbie Toliver, Carlos Camarillo and John Pirkle Others present were Barbara Friedrich and Cherri Lane

PUBLIC COMMENTS

The public comments section of the meeting is for citizens to address the advisory board as a whole None

APPROVAL OF MINUTES

Approval of March 5, 2019 Minutes
 Following discussion, Gregory Webb moved to approve the minutes of March 5, 2019. Connie Dolezal seconded the motion. The motion prevailed by unanimous vote.

ITEMS TO BE CONSIDER

- 1. Discuss, Consider and Possible Action regarding member ship with Gonzales Chamber of Commerce & Agriculture
 Following discussion, Sherri Schellenberg approved renewing the membership with Gonzales Chamber of Commerce & Agriculture. Suzanne Zaitz seconded the motion. The motion prevailed by unanimous vote.
- 2. Discuss, Consider and Possible Action regarding Promotion Committee
 - a) Concert Series and Star Spangled Spectacular 2019 report
 John Boothe reported that we have received all the contracts from the
 bands and they had been executed and Egon Barthels had posted the
 bands on face book.
 - b) City-Wide Yard Sale Report Shelli Van Kirk reported that she was working on a letter to hand out to all the businesses downtown. Barbara Friedrich reported that Egon Barthels

had volunteered to do the map for the yard sale if the board so desired. Shelli asked it Suzanne Zaitz would do a flyer.

3. Discuss, Consider, and Possible Action regarding Christmas/downtown decorations

Connie Dolezal reported that she had been approached by a downtown business owner about having the businesses put garland and red bows on the outside of their business.

Discuss, Consider and Possible Action regarding Organization 4. Committee

None

Discuss, Consider, and Possible Action regarding Economic Vitality 5. Committee

None

REPORTS

1. Report on Sponsorship Packet

Karen Jacobs reported that she and Greg Webb had looked at the proposal that Johnnie Edwards submitted. She reported that after reviewing sponsorship packages from other cities that they basically have a package for each individual event. They are looking at doing a yearly sponsorship package.

2. Financial Report for month of January 2019 Reviewed

3. Main Street Manager Barbara Friedrich's report on Texas Independence Relay, 5G Gala, Extreme Monster Trucks. Come & Taste It Craft Beer and Wine Festival, Chasin' Tail Crawfish Boil, Relay for Life, Texas Jr High Rodeo Finals, and JB Wells House Museum open first Saturdays.

Barbara Friedrich reported:

Texas Independence Relay – March 29th and 30th

Extreme Monster Truck show – April 19th at J B Wells Park

Come & Taste it Craft Beer & Wine Festival - April 26th & 27th

Chasin Tail Crawfish Boil - April 27th

Jim Price Clean Up – April 27th from 8 am to 12 pm.

Texas Jr. High School Rodeo - May 27th thru June 1st.

J B Wells House Museum will be open the first Saturday of every month

4. Next Regular Meeting will be April 23, 2019. AJOURN
No further matters were discussed. The meeting was adjourned by motion be Sherri Schellenberg and seconded by Suzanne Zaitz
Barbara Friedrich, Recording Secretary
John Boothe, Chairman
Suzanne Zaitz, Secretary

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150 2018

Open to Public

Department of the Treasury

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

_		venue Service	Go to www.irs.gov/Form	n990EZ for instruction	ons and the la	atest informat	ion.	iliah	ection
A	For th	e 2018 calend	ar year, or tax year beginning	January 1		and ending	Decembe	or 31	.20 18
В	_	f applicable:	C Name of organization				D Employer i		
┝	٦.	s change	Gonzales Main Street, Inc.					742501998	
F	∬ Name c] Initial re	-	Number and street (or P.O. box, if mail is no	t delivered to street add	ress)	Room/suite	E Telephone		
F	3	turn/terminated	P. O. Box 547					30-672-281	16
	1	ed return	City or town, state or province, country, and	ZIP or foreign postal co	de		F Group Ex		
	Applicat	tion pending	Gonzales, Texas 78629				Number		2112
G	Accou	nting Method:	✓ Cash	ify) ▶		111		_	N/A
	Websit					—— H	Uneck ▶ ∐	if the organ	nization is not
J	Tax-exe	empt status (che	eck only one) — 501(c)(3) 501(c) () ◀ (insert no.)	14947(0)(1) 01		required to at		
K	Form o	of organization:	☑ Corporation ☐ Trust	Association			(Form 990, 99	0-62, or 99	JU-PF).
L	Add line	es 5b, 6c, and	7b to line 9 to determine gross receipts	If gross reseints	\$000 acc	nore or if total			
(P	art II, co	Signification (D)) are a	boot, but or more, file Form 990 instead	of Form 990-EZ					
F	Part I	Revenu	e, Expenses, and Changes in I	Vet Assets or Fu	nd Ralano	na lana tha	in alm - 1	<u> </u>	
		Check if	the organization used Schedule C	to respond to an	nu balanc	es (see the	instruction	s for Part	. I)
	1	Contributio	ns, gifts, grants, and similar amoun	ts received	y question i	n this Part I	· · · ·		
	2	Program se	ervice revenue including governmen	t fees and contract					95,934
	3	Membershi	p dues and assessments	r rees and contract	s		2		0
	4	Investment	income				3		0
	5a		unt from sale of assets other than in		1 1 1		. 4		0
	b	Less: cost o	or other basis and sales expenses	iventory	. 5a		1000		
	C	Gain or flos	s) from sale of access other than in-		. <u>5</u> b				
	6	Gaming and	s) from sale of assets other than inv	entory (Subtract lin	ıe 5b from lir	те 5a) . ,	5c		0
	a	Gross inco	me from coming (etter)				1000		
ā		\$15 000	me from gaming (attach Sched	ule G if greater	than				
Revenue	h				· 6a				
ě	b	from fundam	me from fundraising events (not incl	uding \$	of	contributions			
œ	1	sum of such	ising events reported on line 1) (at	tach Schedule G if	the				
	1 _	Jane of Such	gross income and contributions ex	kceeds \$15,000) .	6b				
	C	Less: direct	expenses from gaming and fundra	sing events	. 6с		200		
	d d	line Sel	or (loss) from gaming and fundra	ising events (add li	nes 6a and	6b and subt	tract		
	_	·····c oc) .					6d		0
	7a	Gross sales	of inventory, less returns and allow	ances	. 7a		170351		
	b	Less: cost o	of goods sold		7h				
	C	Gross profit	or (loss) from sales of inventory (Su	btract line 7b from	line 7a)		7c		0
	8	Other revent	ue (describe in Schedule O)						
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a	and 8					95,934
	10	Circlinto Lina	anniar announts baid flist in 2016dfl	le O)			. 10		47,736
	11	benefits paid	o to or for members				44		- 47,730
ės	12	Salaries, oth	iei compensation, and employee be	enefits			40		0
Expenses	13	1 101633101181	riees and other payments to indepe	endent contractors			40		
ĝ	14	Occupancy,	rent, utilities, and maintenance				44		287
ű)	15	Training, pub	nications, postage, and shipping				4 - 1		0
	16	Outet eybett	ses luescribe in Schenije ())						0
	17	Total expen	ses. Add lines 10 through 16				16		47,318
S	18	Excess or (de	ses. Add lines 10 through 16 eficit) for the year (Subtract line 17 to the headance at beginning the second beginning to the second beginning to the second beginning the s	from line (!)		<u> </u>	<u>▶ 17</u>		95,341
šet	19	Net assets of	or fund balances at beginning of ye	ar (from line 9)	e e e e		. 18		593
ğ		end-of-year	figure reported on prior year's return	∨ա (πυππιπι⊌ 27, C n)	olumn (A)) (I	must agree v	vith		
Net Assets	20	Other change	es in net assets or find belongs /-	n)			· 19		34,988
ž	21	Net assets of	es in net assets or fund balances (e	xpiain in Schedule	O)		. 20		0
I		real Bades	r fund balances at end of year. Con	noine lines 18 throu	gh 20 .	<u></u> .	▶ 21		35,581

Pa	Balance Sheets (see the instruction	s for Part II)				Page
	Check if the organization used Schedu	lle O to respond to	any question in thi	s Part II		_
			any quodion in the	(A) Beginning of year	$\dot{-}$	(B) End of year
22	Cash, savings, and investments			34,988	22	
23	Land and buildings				23	35,58
24	Other assets (describe in Schedule O)				24	
25	Total assets			34,988		35,58
26	Total liabilities (describe in Schedule O) .			0 1,000	26	35,56
27	Net assets or fund balances (line 27 of colum	nn (B) must agree w	ith line 21)	24.000		35.58
Pai	Statement of Program Service Accou	mplishments (see	the instructions for	Dart III\	27	33,36
1.4.00	Check if the organization used Schedu	le O to respond to a	any question in this	Part III		Expenses
	cis the organization's primary exempt purpose?	Restoration and Rev	italization of the Main	Street Area	(Red	juired for section
Desc	ribe the organization's program service accomp	lishments for each	of its three largest	Drogram caning	501	c)(3) and 501(c)(4) inizations; optional for
	ons benefited, and other relevant information for	manner, describe ti each program title	ne services provide	d, the number of	othe	
28	Business Improvement Grant awarded to Floyd & Gind	ler, August Etlinger, Fli	ip St George LLC, and	Luis and		
	Cheri Garino					
	834	****		**		
	(Grants \$) If this amoun	nt includes foreign gr	ants, check here	·····	28a	47 700
29	main officer deficer defice and star spandled Speciac	Hilar - music on the cou	Occupation at Paid and a second		208	47,736
	of July event. To promote public awareness of the Mail	n Street Program and t	oring people to downto	wn Gonzales		
	This is a free event funded by contributions					
	(Grants \$) If this amoun	t includes foreign gr	ants, check here		29a	20.40
30	vviilleriest - Lighted Christmas Parade, Historic Homes	Tours, Arts and Crafts	Show, and other vario	us activities	zya	30.198
	This event promotes the community involvement and community involvemen	elebrates the Holidays.				}
	^					
	(Grants \$) If this amoun	t includes foreign gr	ants, check here		20	40.070
31	Other program services (describe in Schedule O)			· · · · ·	30a	12.076
	(Grants \$) If this amount	t includes foreign ar	anta ahaali biiii		24 -	
32	rotal program service expenses (and lines 28a	through 31a)			31a 32	
Part	List of Officers, Directors, Trustees, and Ke	v Employees (list eac	h one even if not com	popostod the in	32	90,010
	Check if the organization used Schedule	O to respond to a	NV question in this	Part IV	struc	uons for Part IV)
		(b) Average	(c) Reportable	(d) Health benefits.	· ·	<u>· · · · L</u>
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employe benefit plans, and deferred compensation	e (e) E	Estimated amount of her compensation
	Boothe, Chairman			The second second	-	
	Box 761, Gonzales, Texas 78629	1		,		
	ry Webb, Vice-Chairman		† ·		Ή—	0
1855	County Road 344, Gonzales, Texas 78629	1	,	,		
	e Dolezal, Treasurer		<u> </u>	<u> </u>	' 	0
228 F	nir Street, Gonzales, Texas 78629	1		,	ŀ	
Suzan	ne Zaitz, Secretary		<u>"</u>		 	0
1806 \$	St. Louis Street, Gonzales, Texas 78629	i	,			
	A. Camarillo		<u>-</u>		-	0
524 C	ounty Road 309, Gonzales, Texas 78629	1	0			
	Jacobs		<u> </u>			0
301 St	Lawrence Street, Gonzales, Texas 78629	1	٥	0		
John F	2164		<u> </u>		 	0
	George Street, Gonzales, Texas 78629		o		ĺ	
Sherri	Schellenberg				<u> </u>	0
1410 8	I. Vincent, Gonzales, Texas 78629		0			
Debbie	Toliver			0		0
1405 S	ummit Drive. Gonzales. Texas 78629		o	0		0
•••						

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	its in ti		age
			Yes	N.
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		163	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions			\ \ \
35				V
k	in resito line 35a, has the organization filed a Form 990-T for the year? If "No " provide an explanation in Cabattata O	35a		4
C	reporting, and proxy tax requirements during the year? If "Yes." complete Schedule C. Part III			✓ ,
36	during the year? If "Yes," complete applicable parts of Schedule N			1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	36	65versio.	1
38a	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to any officer, director, truetoe, or key and loans to any officer.	37b	015035	1
da.	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		1000	No.
а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	1756		
b	Larross receipts included on line O. for multi-			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4915 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? if "Yes," complete Schedule L, Part I			
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	40b		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40		
41	List the states with which a copy of this return is filed	40e	- 0	√
42a	The organization's books are in care of ▶ Telephone no. ▶		- 100.00	-
h	COUNTED TO THE TOTAL PARTY OF TH			
U	At any time during the calendar year, did the organization have an interest in or a signature or all and the organization have an interest in or a signature or all and the organization have an interest in or a signature or all and the organization have an interest in or a signature or all and the organization have an interest in or a signature or all and the organization have an interest in or a signature or all and the organization have an interest in or a signature or all and the organization have an interest in or a signature or all and the organization have an interest in or a signature or all and the organization have an interest in or a signature or all and the organization have an interest in ordanization or all and the organization have an interest in ordanization or all and the organization or all all all all all all all all all al		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	3.37	1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or assemble to the control of tax-exempt interest received or assemble to the control of tax-exempt interest received or assemble to the control of tax-exempt interest received or assemble to the control of tax-exempt interest received or assemble to the control of tax-exempt interest received or assemble to the control of tax-exempt interest received or assemble to the control of tax-exempt interest received or assemble to the control of tax-exempt interest received or assemble to the control of tax-exempt interest received or assemble to the control of tax-exempt interest received or assemble to tax-exempt interest.		. ▶	
		1	res 1	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a		
b	completed instead of Form 990-EZ	44a		\
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No." provide an	44c		\
45a	on provided to the control of the co	44d		1
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		7
	meaning of section 512(b)(13)? If "Yes" Form 990 and Schodule B many transaction with a controlled entity within the			
	Form 990-EZ. See instructions	45b		√

46						- 1	Page
46	Did the organization engage directly or	ingline all to the list of				Yes	
	Did the organization engage, directly or to candidates for public office? If "Yes,"	complete Schedule (campaign activities or	n behalf of or in opposition		San.	
Part	Section by I(C)(3) Organization	ns Only			46		√
	All section 501(c)(3) organizatio	ns must answer que	estions 47–49b and	52, and complete the to	bloc f	or lin	
							es
-	Check if the organization used S	chedule O to respon	d to any question in t	his Part VI			Г
47						Yes	No
***	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa	g activities or have a	section 501(h) election	n in effect during the tax			
48					47	1	✓
49a	Is the organization a school as described Did the organization make any transfers If "Ves" was the related experient.	to an exempt per ob-	II)? IT "Yes," complete	Schedule E	48		V
b	iii i es, was the related organization a s	ection 527 organization	223		49a	1	1
50	Complete this table for the ordanivation.	s tive highest compan	icatad amplauses (-th	11	49b		√
	employees) who each received more that	n \$100,000 of compe	nsation from the organ	er than officers, directors,	trustee	s, and	d ke
		(b) Average	(c) Reportable	(d) Health benefits.	ITEL 14	one.	
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employee (e) (Estimated her com		
							
							_
	ACTION FOR SERVICE SHOULD SHOU						
	Complete this table for the organization \$100,000 of compensation from the organization	THE REAL PROPERTY.	ne, enter "None."				thar

		16					
		1)					
							_
ď	Total number of other independent contra	ctors each receiving o	over \$100,000 •				
02	Total number of other independent contra Did the organization complete Schedu completed Schedule A	le A? Note: All sec	tion 501(c)(3) organi	zations must attach a			
oder per	Did the organization complete Schedu completed Schedule A	le A? Note: All sec	tion 501(c)(3) organi	<u>· · · · · · · · · · · · · · · · · · · </u>	Yes ge and be	No	D
nder per	Did the organization complete Schedu completed Schedule A	le A? Note: All sec	tion 501(c)(3) organi	<u>· · · · · · · · · · · · · · · · · · · </u>	Yes ge and be	□ No	D sis
nder per e, corre	Did the organization complete Schedu completed Schedule A	le A? Note: All sec	tion 501(c)(3) organi	<u>· · · · · · · · · · · · · · · · · · · </u>	Yes le and be	No.	D
nder per e, corre	Did the organization complete Schedu completed Schedule A	le A? Note: All sec	tion 501(c)(3) organi	s, and to the best of my knowledge.	Yes ye and be	□ N G	D sis
ider per e, corre	Did the organization complete Scheducompleted Schedule A	le A? Note: All sec	ction 501(c)(3) organi	s, and to the best of my knowledge.	Yes ge and be	No Ne	O sis
nder per ie, corre	Did the organization complete Scheducompleted Schedule A	le A? Note: All sec	tion 501(c)(3) organi	is, and to the best of my knowledge any knowledge. Date Check if	Yes ge and be	No N	D is
ign ere aid	Did the organization complete Scheducompleted Schedule A	le A? Note: All sec	ction 501(c)(3) organi	s, and to the best of my knowledge any knowledge. Date Check if self-employed	ge and be	No.	D
ign lere aid repa	Did the organization complete Scheducompleted Schedule A	le A? Note: All sec	etion 501(c)(3) organi	is, and to the best of my knowledge any knowledge. Date Check if	ge and be	No.	D is

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Gonzales Main Street, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, 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).) 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331,3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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) d 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D)

(E)

Pai	Support Schedule for Organiza	ations Desc	ribed in Sec	tions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	/i)
	(Complete only if you checked the	he box on lin	e 5, 7, or 8 o	f Part I or if th	ne organizatio	n failed to a	alify under
Sec	Part III. If the organization fails to tion A. Public Support	o quality und	er the tests li	sted below, p	olease compl	ete Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(-I) 0047	110010	1 12-
1	Gifts, grants, contributions, and	(0) 2014	(6) 2010	(6) 2016	(d) 2017	(e) 2018	(f) Total
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						s
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	Terror					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			NESSEE AND AND	500 100 000 000 000		
	ion B. Total Support	A CHEST STATE OF	and the contract of	Language Committee of the			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	/6		1000-120-2004			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instruction	ons)	at a resident course		12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	e organization					
Secti	on C. Computation of Public Support			· · · · ·		· · · · ·	· · 🕨 🗆
14	Public support percentage for 2018 (line 6)	Percentage	deled by the d	1 (0)			
15	Public support percentage from 2017 Scho	edule A. Part I	l line 1/	r, column (t))		14	%
16a	331/3% support test—2018. If the organization quali	ation did not	check the box	on line 13 an	d line 14 is 22	15 1/3% or more,	check this
b	331/2% support test—2017. If the organiz this box and stop here. The organization of	ation did not d	check a box or	n line 13 or 16:	a and line 15 i	e 331 206 or me	aro chook
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	18. If the orga ets the "facts- acts-and-circu	nization did no and-circumsta Imstances" tes	ot check a box inces" test, ch st. The organiz	on line 13, 16 eck this box a	Sa, or 16b, and nd stop here.	l line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizati Explain in Part VI how the organization me supported organization	17. If the orga ion meets the eets the "facts	nization did no facts-and-cis-and-cis-and-circums	ot check a box ircumstances" tances" test. 1	con line 13, 10 test, check to The organization	Sa, 16b, or 17a	a, and line top here.
18	Private foundation. If the organization did instructions	not check a b	ox on line 13.	16a, 16b, 17a,	or 17b, check	this how and s	see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

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

Sec	tion A. Public Support	y under the te	sts listed beli	ow, please co	omplete Part	l l.)	
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(4) 0047	(10040	
1	Gifts, grants, contributions, and membership fees	(-) 2011	(6) 2013	(0) 2010	(d) 2017	(e) 2018	(f) Total
	received. (Do not include any "unusual grants.")	78,150,00	100,500,00	109.840.00	58,864.00	05 220 00	See
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4.115 00				85,226,00	432,580.00
3	Gross receipts from activities that are not an unrelated trade or business under section 513	4.115.00	3,153.00	4,448.00	6,000.00	10,708.00	28,424.00
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	82,265 00	103,653.00	114,288.00	64,864.00	95,934.00	461.004.00
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				9 11004.00	30,934.00	401,004,00
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		1	According to			
	line 6.)						
	ion B. Total Support	and the second s	ANN HOLE CHOICE		ALLESS WHERE		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(a) 0010 T	10 T
9	Amounts from line 6	82,265.00	103,653.00	114.288.00	64,864.00	(e) 2018 95.934.00	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.				04,004,00	95,934.00	461,004.00
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	00.000.00		20			
14	First five years. If the Form 990 is for the	82,265.00 organization's	103,653.00 s first, second,	114.288.00 third, fourth, o	64,864.00 or fifth tax yea	95,934.00 r as a section	461.004.00 501(c)(3)
CAT	organization, check this box and stop ner	8	<u></u>	<u></u>		<u> </u>	· · > □
Secur	on C. Computation of Public Support	Percentage					
15	Public support percentage for 2018 (line 8,	column (f), div	ided by line 13	, column (f)) .		15	100 %
16	Public support percentage from 2017 Sche	edule A. Part III	line 15			16	100 %
Section	on b. Computation of investment inc	ome Percent	age				70
17	Investment income percentage for 2018 (lin	ne 10c, column	(f), divided by	line 13, colum	n (f))	17	%
18	investinent income percentage from 2017;	Schedule A. Pa	rt III line 17		ſ	40	
19a	337376 Support tests—2018. If the organiz	ation did not cl	heck the box o	on line 14 and	line 16 is man	- 45 001 04	
į.	The first more than 30 /3/0, check this box at	iu stop nere. 1.	ne organization	oualifies as a r	uthlicht eurood	ad organization	
Ь	337376 Support tests - 2017. If the organiza	tion did not che	ck a hoy on lin	a 14 or line 10e	and the dot-		
20	line 18 is not more than 331/3%, check this be Private foundation. If the organization did	ox and stop ner	e. The organiza	ition qualifies as	s a publicty sun	ported organiza	ition -
	i i i i i i i i i i i i i i i i i	TIOL CHECK a DC	x on line 14. 1	9a. or 19h. che	ack this hov an	d see instructi	000

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

4			Yes	N
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.	44.		
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).	1		
3a		2		90
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.	3a	100	
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.	3b 3c		
4a	vvas any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	45000	PAR
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.			
С	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.	4b		
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).	4c		
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?	5a		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c	-	100
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 (as 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).	6		100
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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 .	8		

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which

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.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

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

the supporting organization had an interest? If "Yes," provide detail in Part VI.

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

9a

9b

9c

10a

10b

Par	Supporting Organizations (continued)		- 1	Page \$
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ROOM	TES MAN	Sales Se
a	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	Continue.	3.55
b	many manufactured in (d) above:	11b	100	35
Carr	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		3
Sec	tion B. Type I Supporting Organizations			
4	Did the dispetage to start		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 now 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.	200	6553.0	
2	Did the organization operate for the benefit of any supported organization other than the supported	dispersion	SERVICE S	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI now providing such benefit carried out the purposes of the supported organization(s) that operated			
	supervised, or controlled the supporting organization.	2	STATE OF	ME PO
Sect	ion 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	988	163	NUMBER OF
	or trustees of each of the organization's supported organization(s)? If "No " describe in Part VI how control	1000		100
	or management of the supporting organization was vested in the same persons that controlled or managed			
-	the supported organization(s).	1		-
Sect	ion D. All Type III Supporting Organizations			
	Did the country of th		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	经验		
	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		100	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			Test
2		1		
-	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	and the same of	to see 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			
	supported organizations played in this regard.	3	10000	
Secti	on E. Type III Functionally Integrated Supporting Organizations		_	_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions)	
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 (so	ee inst	ructio	ns).
2	Activities Test. Answer (a) and (b) below.		/es	_
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		250	
	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			
	trial triese activities constituted substantially all of its activities			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	A production	-
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2h	1000	200
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	sapate for	nosion)
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	京		
	If USIGES OF EACH Of the supported progritations? Provide details in front 14	3a	awan d	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Sa s	GERT IN	100
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this record	24	STATE OF	100000

Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization and the satisfied the Integral Part Test as a qualifying instructions.			plain in Part VI). See
Section A—Adjusted Net Income	anizatio	Ons must complete Sec (A) Prior Year	(B) Current Year
1 Net short-term capital gain	1		(optional)
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		
Section B—Minimum Asset Amount	J	(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);			
a Average monthly value of securities	1a	A STATE OF THE PARTY OF THE PAR	SECURE OF SECURE
b Average monthly cash balances	1b	-12	
c Fair market value of other non-exempt-use assets	1c		-
d Total (add lines 1a, 1b, and 1c)	1d	Contract to the second	
e 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		-
Section C – Distributable Amount	0		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	625	HEAD OF THE SAME	
2 Enter 85% of line 1.	1		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	2		
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)			
7 Check here if the current year is the organization's first as a non-functionally instructions).	/ integ	rated Type III supportin	g organization (see

Sec	tion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2		cempt purposes of suppo	orted	
3				
4	Administrative expenses paid to accomplish exempt pur Amounts paid to acquire exempt-use assets	proces of supported orga	anzauoris	
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions			- 117
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	ch the organization is res	sponsive	W. W. W. W. W. W.
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	tion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		Design design design design	2010
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016	Part of the least		
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
1	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018	The state of the s	Golden Street, and the Company of the Company of	

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

	e organization lain Street, Inc.				Employer identification number
Organizat	ion type (check o	one):			74-2051998
Filers of:		Section:			
Form 990 d	or 990-EZ	✓ 501(c)() (enter number) organizati	ion	
		4947(a)(1) r	nonexempt charitable trust not	treated as a private fou	undation
		☐ 527 politica	al organization		
Form 990-F	PF	501(c)(3) ex	cempt private foundation		
		☐ 4947(a)(1) r	nonexempt charitable trust trea	ited as a private founda	tion
	45	501(c)(3) ta	xable private foundation		
Check if vo	ur organization is	covered by the	General Rule or a Special Rul		
Note: Only	a section 501(c)(7	7), (8), or (10) orga	anization can check boxes for	e. both the General Rule a	nd a Special Rule. See
_					
General Ru	ие				
Ų,	r an organization more (in money o ntributor's total c	" broberty) froiti a	990-EZ, or 990-PF that receive any one contributor. Complete	d, during the year, conti Parts I and II. See instri	ributions totaling \$5,000 uctions for determining a
Special Rul	les				
13,	, 16a, or 16b, and	that received fro	tion 501(c)(3) filing Form 990 or and 170(b)(1)(A)(vi), that checke om any one contributor, during) Form 990, Part VIII, line 1h; o	ed Schedule A (Form 99)	0 or 990-EZ), Part II, line
lite	rary, or education	ne year, total con Ial purposes, or fo	ion 501(c)(7), (8), or (10) filing F stributions of more than \$1,000 or the prevention of cruelty to ntributor name and address), Il	l <i>exclusively</i> for religious children or animals. Con	charitable ecionatica
con dur Ger	ntributions totaled ing the year for a	I more than \$1,00 nexclusively relig	ion 501(c)(7), (8), or (10) filing Fitions exclusively for religious, cool. If this box is checked, enter pious, charitable, etc., purpose tion because it received nonexar	haritable, etc., purposes here the total contribut Don't complete any of	s, but no such ions that were received
aution: An		isn't covered by	the General Rule and/or the Si		

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number 74-2501998

Part I	Contributors (see instructions). Use duplicate c	opies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Gonzales Economic Development Corporation P. O. Box 547 Gonzales, Texas 78629	\$ 47.500.00	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BYK Additives & Instruments 1212 Church Street Gonzales, Texas 78629	\$ 5,000.00	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HEB 4444 Kostoryz Corpus Christi. Texas 78415		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
******		\$	Person Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person
			noncash contributions.)

Name of organization Gonzales Main Street, Inc.

Employer identification number 74-2501998

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional spa	ace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
No. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	*******************************

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization Employer identification number Gonzales Main Street, Inc. 74-2501998 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or Part III (10) that total more than \$1,000 for 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 information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Gonzales Main Street, Inc.		Employer identification number 74-2501998
Part 1 - Line 10 - Grants and Similar amounts paid	***************************************	
Business Improvement Grant - August Etlinger	\$ 6.945.00	
Business Improvement Grant - Filip St. George Street, LLC	\$30,000.00	
Business Improvement Grant - Floyd & Gindler	\$10,791.00	
Part 1 - Line 13 - Professional fee and other payments to Independe	nt Contractors	
ASCAP, P. O. Box 331608-7515, Nashville, TN 37203-000	\$ 235.00	
Part 1 - Line 16 - Other Expenses		****
State Sales Tax, Supplies, Promotions, Advertising, Festivals	\$47,318.00	

Financial Statement March 31, 2019 Gonzales Main Street, Inc.

Date	Num	Description	Category	Amount
Balance as of F	ebruary 28, 2	2019		10,594.27
3/15/2019	DEP	Deposit	City Wide Yard Sa	30.00
3/15/2019	DEP	Deposit	Concert Series	1,800.00
3/15/2019	DEP	Deposit	BYK	5,000.00
3/27/2019	2056	Gonzales Chamber of Commer	Membership	-75.00
3/27/2019	2057	Ram Herrera	Concert Series	-500.00

Balance as of March 31, 2018

16,849.27

Business Improvement Grant March 31, 2019

Date	Num	Description	Category	Amount
Balance as of Febru	ary 28, 2019			35,135.68

Balance as of March 31, 2019

35,135.68

2019 TEN CRITERIA ANNUAL REPORT OF PROGRESS

Thank you for completing the 10 Criteria Annual Report. This report covers the period September 2017 through November 2018. Programs achieving baseline scores and above are Recognized in Texas and recommended for National Accreditation. (Minimum passing score 90, with 5 in every category) We hope that completing the report allows program leadership to better measure annual progress, and to share accomplishments to your stakeholders and funders. We appreciate the time you take to complete the report. Throughout the year, we use many of the examples we find in your reports to develop training materials and tailor services based upon trends and patterns we see.

Please see Tab #2 for comments specific to your program.

National Accreditation is announced at the National Main Street Now conference (Seattle, Wa. March 25-27, 2019). Certificates are sent by both the state and national offices. If your program does not achieve Recognition or Accreditation this year, it remains a designated Main Street program and has the opportunity to improve scores in the next cycle.

History: In 1999, the National Main Street Center implemented a process to recognize local revitalization programs achieving standards of performance based on the national Main Street Four Point ApproachTM. Today, all coordinating programs nationwide measure the progress of their local programs through these identified standards.

ity Name: Gonzales			
NATIONAL RECOGNITION / ACCREDITATION:	YES		
Final Score:	101.4		
	Section score:	Total possible points:	
riteria 1: Broad-based support (11 pts.)			
Evidence of effective partnerships	5	5	
Evidence of engaged volunteers	5	5	
Positive impact	1	1	
General comments: A thriving and sustainable local Main Street program engages not just the district's property or business owners or local government, but all members of the community who are interested in the community's overall health. Involvement by both the public and private sectors is critical; neither can revitalize the commercial district without the other. As noted on the cover page of the reporting template, it was recommended that the Main Street board participate in completion of at least parts this report. Scores reflect not only what we see in your report, but also how it compares to the volunteer effort noted in other reports.			This section has both checked and narrative items.
riteria 2: Vision/Mission (12 pts.)			
Vision	5	5	
Mission	5	5	
Core Values adopted	1	1	* * * * * * * * * * * * * * * * * * * *
Checklist completed	1	1	
General comments: In order to achieve objectives, purpose statements are necessary to guide your work. Are your guiding statements truly unique to your program/your downtown or could they be used to describe almost any historic downtown? Do they use unique verbage, not trite phrases such as 'live, work and play' Is your Purpose publicized on your website, program documents like newsletters, orientation manuals etc.?			
riteria 3: Plan of Work (10 pts.)			
Essentials addressed?	5	5	

	Progress	2	2	project example
	Contacts	1	1_	board list
	Sample agenda, minutes	2	2	
	Indicators	2	2	checklist to gauge understanding of board roles and leadership
iteria 5:	Active board & committees (10 pts.)	LASS PROVINCES IN N		
Str pre res gov as Ma effe sho utili	Preservation tools/DowntownTX.org Preservation engagement and education Incentives and Tools Survey submitted neral comments: Historic preservation is central to the Main eet program's purpose and should include not only activity that eserves buildings and their historic integrity (such as building toration) but also community-wide preservation education and ernment policies that support preservation. Just as importantly, a nationally recognized preservation movement for 35 years, in Street has been able to prove that historic preservation can be excive economic development. Locally, your program's activities and exemplify that. The most effective programs are those that the preservation and economic development tools inable to them as possible.	2	2	
	Design, Historic Preservation and Preservation Ethic, Planning Preservation activity	and Distri	100	ovements (15 pts.)
prinn Sile of arrest file of the sile of t	work, strategies for action, etc. it should provide a detailed upprint for Main Street activities, reinforcing the program's accountability and providing measurable objectives by which the agram can track progress. It should contain a balance of activities each of the four broad program areas that comprise the Main reet Approach™ — design, organization, promotion and conomic vitality. If the work plan is heavily focused in a specific ea and this is a temporary situation due to circumstances, please and this. Activities and tasks should be distributed to a broadinge of volunteers. Work plans should be updated annually. Even the program functions under a non-traditional model instead of mmittee structure, a Plan of Work should still exist. The Plan of ork is your description of more immediate activities to be plemented, but the program should also be looking forward to ager-term strategies and should have a clear picture of what the program strategies and should have a clear picture of what periodically going through a strategic process to look at past complishments, future needs and the environment in which you arry out your work.			

	Bonus points if the Board participated in			board participated in
General con	completion of this report. nments: An active board of directors and committees	3	3	completion of this report
or project lea	ders are key to the revitalization effort.			
Criteria 6: Adequate	operating budget (11 pts.)			
lote: scores in this categor	y change each year as we alternate with the incentives survey (points in Sec	tion 4) and the	salanı sunın	v (in this continuous)
	Budget	10	10	y (in this section last year)
	Indicators	1	1	
General con must have th plan.	nments: To be successful, a Main Street program e financial resources necessary to carry out its work			
Criteria 7: Manager	(10 pts.)	10	10	
General con trained, profe Main Street p the ability to l environment management activities mov Background of preservation/ also helpful. It along with the	aments: Coordinating a successful program requires a assional staff person who works full time. The job of the rogram managers requires good communication skills, to e a good volunteer motivator and to work in a public with a volunteer board. Good good organizational and skills are also a necessity to keep the program's many ring forward, on schedule and within budget. Our coursework in historic design/architecture, and/or economic development is Main Street managers also have to grow and transition as ir programs.			
riteria 8: Professio	nal development. (10 pts.)			
	Manager training Two required (approved substitutions allowed), plus new manager training for new managers	6	6	Refer to your contract
	Volunteer/board training	4	4	can include field trips
program parti development, different phas	In order to ensure a strong organization, Main Street cipants need ongoing training and professional Both staff and volunteers need different skills in es of the revitalization process, and, because staff turnover will occur, everyone needs continuing			our molude neid titps
riteria 9: Reporting lo credit is given fo heir original due da	r reports turned in more than three months past			
	Quarterly reinvestment 1.25 pts/quarter (1 point for late. 0 points for more than 3 months late)	6.25	6.25	As noted in the reporting template we have expanded the time perior for reporting to give you as much possible chance for a higher scor These cells represent the adjuste scores for that expanded time
	Monthly activity reports 0.35 points/month (.25 for late. 0 points for more than 3 months late)	5.15	5.25	period.
To make the second seco	Bonus point for 100% on-time submission during the reporting periods. Thank you!	0	1.5	

basis, pi program effort. Lo state an Street pi category and cum is used i	nts: Tracking statistics, when collected on an ongoing rovide a tangible measurement of the local Main Street is progress and is crucial to maintaining support for the local statistics are also compiled into aggregate data at the dinational levels and help show that programs such as Main ay a significant role in economic vitality. Your score in this is based upon our record of submissions. The aggregate ulative information you provide to us through these reports in many differents ways. For instance, we use information			
trends tr Case stu train new are only provide t	out of monthly and annual reports to look for patterns and at helps us better refine our services to local programs. dies and spotlights developed from reports are used to managers and as features in Main Street Matters. These a few examples of the many ways that the information you hrough reporting is useful to the whole network.			
Sriteria 10: Nati	onal membership (5 pts.)			
	Current member of the National Main Street			
0.	Network.	5	5	
receive N	ts: You must be a National Main Street member to lational Accreditation since the national center owns the set brand.			98.00
_	SUB-TOTAL CRITERIA 1-10	101.4	107	
xtra points:	(90 minimum overall & passing score of 5 In every category required)			
	Texas Treasure Business Award		5	http://www.thc.texas.gov/pre rve/projects-and- programs/texas-treasure- business-award
			5	
	THC Preservation Award			
	2017 or 2018 Great America Main Street Award (GAMSA) application submitted		5	
	TDA President's Award winning entry		5	McKinney or Corpus Christi conferences
			5	100
	Other notable awards, designations or recognition			
	GRAND TOTAL	101.4	132	
anning. The state for services in a complete this ar	al Comments: We hope that you will use this external input e office continues to be your partner in these efforts, so pleas any of the Four Point areas. We understand what a tremendo anual report and we appreciate your efforts in doing so. Your exas Main Street Program.	se feel free t	o contact	

SUMMER HOME

ABOUT CAMP

SUMMER 2019 INSTRUCTORS

FORMS

PHOTO GALLERY

LET US KNOW...

June 26 - 29, 2019

8:30a-4:00p

Location: Gonzales Junior High

426 N College St., Gonzales, TX 78629

Registration Deadline: June 15, 2019

ACCOMMODATIONS: Holiday Inn Express

126 Middle Buster Rd.

830-672-2777

Block: South Texas Camp of Champions

Last day to book the \$90/night two double or one king room rate is May 20th!

We have some new & exciting things happening this year!

CAMP DIRECTORS:

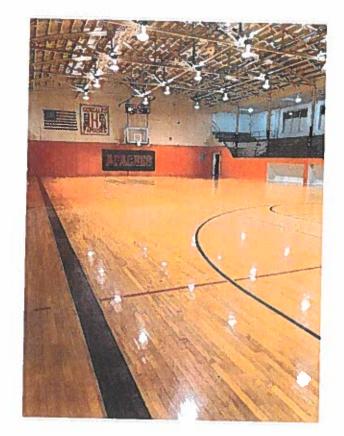
PAT MONTGOMERY 210-393-3551

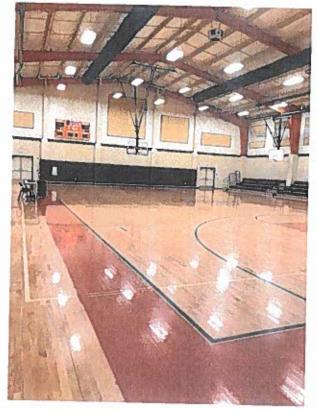
MARGARET MANN 210-854-6818

Email usi

NANCY EISENHAUER 361-510-0997







Gonzales Junior High's two, beautiful gyms for classes and private lessons

There will be a performance in the town square on Friday Night.

Bring your fire, LED, and/or glow stick batons with glow-sticks!

There will also be Classes and a List of Local Activities for parents to do during the day such as: Classes to help understand the contest score sheets, costume design, UIL, college try-outs, etc.

Our objective is to give you the opportunity to have FUN with your friends, make new friends, while at the same time

- Increase the level of your baton skills, and movement skills.
- Receive instruction from a variety of instructors with varied teaching techniques.
- Challenge you and motivate you!
- Get routines ready for the contest season!

"We are honored that you have chosen the "South Texas Camp of Champions" to enhance your child's skills and education in "Being the Best They Can Be". It is our goal to have baton twirlers walk away with a better knowledge of baton twirling skills while at the same time making new friends?"

--- Pat Montgomery, Nancy Eisenhauer, and Margaret Mann





Marketing Your Business Lunch & Learn

Presented by: Ashley Simper Emerge Marketing



RSVP Required: Limited Seating available Member (Good Standing)

\$10

Non-Member: \$40 Date: May 9, 2019

Time: 11:00 AM - 1:00 PM Location: First United Methodist Church 426 St Paul St, Gonzales, TX 78629











Date: May 15, 2019

Time: 11:00 AM- 1:00 PM

Location: Randle Rather Building 3rd Floor Conference Room

RSVP Required Limited seating available

Member in Good Standing: \$10 Non-Member: \$40

THE GONZALES CHAMBER OF COMMERCE & AGRICULTURE PRESENTS:

Truth in Taxation Lunch & Learn by Crystal Cedillo, CSTA, PCAC & John Liford Chief Appraiser