



MAIN STREET ADVISORY BOARD MEETING
Gonzales Municipal Building
820 St. Joseph Street, Gonzales, Texas
Tuesday, March 22, 2016– 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 February 16 and 23, 2016 Minutes

ITEMS TO BE CONSIDERED

2. Discuss and Consider National Preservation Month.
3. Discuss and Review IRS form 990
4. Discuss and Consider having a raffle during Concert Series and Star Spangled Spectacular
5. Discuss and Consider having carrousel rides during Winterfest
6. Discuss and Consider any action regarding Promotion Committee
 - a. Concert Series and Star Spangled Spectacular
 - b. Winterfest
7. Discuss and Consider any action regarding Christmas Decorations
8. Discuss and Consider any action regarding Organization Committee
9. Discuss and Consider any action regarding Design Committee
10. Discuss and Consider any action regarding Economic Vitality Committee

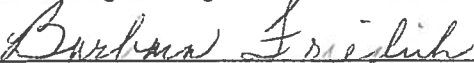
STAFF/COMMITTEE REPORTS

11. Manager's Report
12. Financial Report
13. Next regular meeting will be April 26, 2016 at 5:30 p.m.

AJOURN

I certify that a copy of the March 22, 2016 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 March 2016 at 2:45 a.m. (p.m.) and remained posted continuously for at least 72 hours preceding the scheduled time of the meeting. I further certify that the above agenda was removed on _____ day of _____, 2016 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.



Barbara Friedrich, Main Street Administrator

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.



**MAIN STREET ADVISORY BOARD WORKSHOP
Gonzales Municipal Building
820 St. Joseph Street, Gonzales, Texas
Tuesday, February 16, 2016– 5:30 p.m.**

MINUTES

The Gonzales Main Street Advisory Board convened their board workshop at 5:30 p.m., February 16, 2016 in the City Council Chambers at the Gonzales Municipal Building, 820 St. Joseph Street, Gonzales, Texas.

CALL TO ORDER AND CERTIFICATION OF QUORUM

Chairman Del De Los Santos called the meeting to order at 5:30 p.m. The following members were present: Lisa Kay Brown, John Boothe, Del De Los Santos, Connie Dolezal, and Sherrie Schellenberg. Members absent: Egon Barthels, Debbie Toliver, Melissa Taylor, Carlos Camarillo, Diane McCaskill and John Pirkle. Others present were Barbara Friedrich, Genora Young and Debra Drescher.

Chairman De Los Santos closed the meeting at 5:45 p.m. as a quorum of Board Members was not in attendance.



**MAIN STREET ADVISORY BOARD MEETING
Gonzales Municipal Building
820 St. Joseph Street, Gonzales, Texas
Tuesday, February 23, 2016– 5:30 p.m.**

MINUTES

The Gonzales Main Street Advisory Board convened their regular meeting at 5:30 p.m., February 23, 2016 in the Conference Room at the Gonzales Municipal Building, 820 St. Joseph Street, Gonzales, Texas.

CALL TO ORDER AND CERTIFICATION OF QUORUM

Chairman Del De Los Santos called the meeting to order at 5:30 p.m. The following members were present constituting a quorum: Lisa Kay Brown, John Boothe, Del De Los Santos, Connie Dolezal, Diane McCaskill, and Carlos Camarillo. Members absent: Egon Barthels, Debbie Toliver, Sherri Schellenberg, and John Pirkle. Others present were Barbara Friedrich, Genora Young, Tom Fish, and Shelly Van Kirk.

PUBLIC COMMENTS

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

APPROVAL OF MINUTES

1. Approval of January 26, 2016 Minutes

Following discussion, John Boothe moved to approve the minutes with correction to Item # 9. The minutes should indicate that Debbie Toliver reported that she had been in contact with State Farm, Best Western, Texaco, and BYK (not BKY) about sponsorships. Lisa Brown seconded the motion. The motion prevailed by unanimous vote.

ITEMS TO BE CONSIDERED

2. Discuss and Consider Gonzales Main Street Vision/Mission Statements.

Lisa Brown had presented a Vision and Mission statement for consideration. Following discussion, Diane McCaskill moved to approve the following Vision and Mission Statement: Vision: the Gonzales Main Street program aims to create an experience rich in environment, while preserving the beautiful historic features of our downtown. Our vision is for Gonzales to become a destination for those seeking a unique, friendly, small town atmosphere and keeping our role in Texas History alive; Mission: Gonzales Main Street is a volunteer driven, nonprofit organization. Our mission is to preserve and enhance our downtown, while promoting, encouraging local spending, tourism, inspire lifelong preservation and revitalization of our charming historic community, which will improve our local economy. Lisa Brown seconded the motion. The motion prevailed by unanimous vote.

3. Discuss and Consider Concert Series and Star Spangled Spectacular event forms to be submitted to City Council.

Discussion was made to add that Confederate Square will be closed from 6:30 am to 10 p.m. Following discussion, Connie Dolezal moved to approve Concert Series and Star Spangled Spectacular event forms to be submitted to City Council with corrections. John Boothe seconded the motion. The motion prevailed by unanimous vote.

4. Discuss and Consider Proposal for July 4th Fireworks Show.

Following discussion, Carlos Camarillo moved to approve the proposal for July 4th Fireworks Show in the amount of \$15,900.00. John Boothe seconded the motion. The motion prevailed by unanimous vote.

5. Discuss and Consider any action regarding Promotion Committee

a. Concert Series and Star Spangled Spectacular

Barbara Friedrich reported that Egon Barthels did not have an update on the bands at this time. The bands should be announced shortly. She reported that HEB had confirmed a sponsorship in the amount of \$5,000.00 and DuBose Insurance Agency had submitted check for a \$1,000.00 sponsorship. Other sponsors committed are State Farm Insurance, D & G Automotive, Texaco, Quality Tire, and Best Western. In-kind sponsors committed are Gonzales Inquirer, Gonzales Cannon, Texas Thunder Radio and Charlie Martin.

b. Winterfest

None

6. Discuss and Consider any action regarding Christmas Decorations

Connie Dolezal reported that the Christmas Decoration Committee will meet Monday, February 29th at 10:30 am at her house. After the committee gets a plan together, they will meet with Roy Staton with the Electrical Department to see if it is feasible.

7. Discuss and Consider any action regarding Organization Committee

None

8. Discuss and Consider any action regarding Design Committee

None

9. Discuss and Consider any action regarding Economic Viltality Committee

None

STAFF/COMMITTEE REPORTS

10. Manager's Report

Barbara Friedrich reported that she attended the Dilworth Inn one year anniversary; Main Street Annual Training in New Braunfels, Texas; she had met with Bruce Harborth owner of the new Rum Distillery; Tourism Committee recommended to fund up to \$10,000.00 for advertising for the Concert Series and Star Spangled Spectacular and will be on the City Council agenda for March 8th; The Wall that Heals will be in Gonzales on March 23 – March 26th and volunteers are needed to help set up on March 23rd from 11 am to 3 pm; Texas Independence Relay April 2, 2016; Master Gardeners Plant Sale April 2, Bingo, Bags, and Badges April 9th; Melissa Taylor had submitted a letter of resignation to the City.

11. Financial Report

Financial Report was reviewed. Connie Dolezal inquired about the balance on the Business Development Grant account. Barbara Friedrich reported that it will be on the Gonzales Economic Development Corporation agenda for February 29th to release the budgeted funds of \$75,000.00.

12. Next regular meeting will be March 22, 2016 at 5:30 p.m.

AJOURN

No further matters were discussed. Meeting was adjourned by motion by John Boothe and seconded by Diane McCaskill.

Barbara Friedrich, Recording Secretary

Del De Los Santos, Chairman

John Prikle, Secretary

PROCLAMATION

RECOGNIZING MAY 2016 AS NATIONAL PRESERVATION MONTH

WHEREAS, historic preservation is an effective tool for managing growth and sustainable development, revitalizing neighborhood, fostering local pride and maintaining community character while enhancing livability; and

WHEREAS, historic preservation is relevant for communities across the nation, both urban and rural, and for Americans of all ages, all walks of life and all ethnic backgrounds, and

WHEREAS, it is important to celebrate the role of history in our lives and the contributions made by dedicated individuals in helping to preserve the tangible aspects of the heritage that has shaped us as a people; and

WHEREAS, "See! Save! Celebrate!" is the theme for National Preservation Month 2016, co-sponsored by Gonzales Main Street, the Texas Main Street Program under the Texas Historical Commission and the National Trust for Historic Preservation.

NOW, THEREFORE: I, Mayor Robert A. Logan do proclaim May 2016 as National Preservation Month, and call upon the people of Gonzales, Texas to join their fellow citizens across the United States in recognizing and participating in this special observance.

Mayor Robert A. Logan



About (<http://www.preservationtexas.org/about-preservation-texas/>)
(<http://www.preservationtexas.org/angered/residential-teardowns/>)
Get Involved (<http://www.preservationtexas.org/get-involved/>)

(<http://www.preservationtexas.org>)
Historic Properties Exchange (<http://www.preservationtexas.org/historic-properties-exchange/>)

HOME (<http://www.preservationtexas.org/>) NEWS (<http://www.preservationtexas.org/news/>)
Most Endangered Places (<http://www.preservationtexas.org/2016-texas-most-endangered-places/>)
RESOURCES (<http://www.preservationtexas.org/resources/>)

IMPACT EVENTS (<http://www.preservationtexas.org/impact-events/>)
NEWSLETTERS (<http://www.preservationtexas.org/newsletter-archive/>)

Preservation Month

May is National Preservation Month

Since the National Trust for Historic Preservation created Preservation Week in 1971 -to spotlight grassroots preservation efforts in America, it has grown into an annual celebration observed by small towns and big cities with events ranging from architectural and historic tours and award ceremonies, to fundraising events, educational programs and heritage travel opportunities. Now, there are celebrations all over the country during the month of May. This year's theme is "See! Save! Celebrate!" Click here to download high-res versions of the logo for use in your local marketing efforts.

Preservation Texas wants to promote your event, so be sure and send me your event links and photos to terri@preservationtexas.org. Here are a few promotional ideas from National Trust to get you started:

Community Service Opportunities: Possible projects might include a clean-up day at a local house museum or along a historic Main Street. Consider partnering with other local nonprofit organizations in your area to sponsor the event. This will allow you to forge new relationships to build on in the future and will also provide an opportunity to attract new volunteers that may not be familiar with your organization or site.

Demonstration Projects: Many people who own a historic property enjoy learning more about restoration techniques and new products. Consider hosting lectures, workshops, or demonstrations for historic home owners. Topics might include how to select appropriate paint colors, proper methods to repair older windows, plant choices for historic garden styles, or ideas for improving energy efficiency in older homes.

Special Events: Host building tours, open houses, living history events, and special exhibits for your members and potential new members or supporters. Sponsor a photography contest and post the photos on your website or ask folks to send in letters about their favorite local landmark. Don't forget to take advantage of social media. (Use Instagram, Pinterest, and Twitter - hashtag for Preservation Month 2013 is **#presmonth**).

Email us at terri@preservation.org and tell us what is happening in your Texas community!

Become a Member

(<http://www.preservationtexas.org/get-involved/join/>) (<http://www.preservationtexas.org/get-involved/donate/>) (<http://www.preservationtexas.org/get-involved/join/>)

Make a Donation

Preservation Texas is the only private, nonprofit membership organization in Texas that is dedicated to being a full-service statewide preservation organization.

© Preservation Texas
P.O. Box 12832
Austin, TX 78711

512.472.0102
512.472.0740 fax
Email Us
(<mailto:info@preservationtexas.org>)

Site Map
(<http://www.preservationtexas.org/site-map/>)
Privacy Policy
(<http://www.preservationtexas.org/privacy-policy/>)
Search
(<http://www.preservationtexas.org/search/>)

Site by McKinleyBrown & Bradley
(<http://www.mckinleybrown.com>)



Recent News

MARCH 1ST

Save the Date: Lubbock, May 26, 2016
(<http://www.preservationtexas.org/save-date-lubbock-may-26-2016/>)

FEBRUARY 17TH

Downtown Dallas Historic Preservation Task Force to Receive 2016 Alamo Award
(<http://www.preservationtexas.org/award-dallasalamo/>)

FEBRUARY 17TH

Most Endangered Places Announcement 2/18 at 12:15pm in Wooldridge Park
(<http://www.preservationtexas.org/most-endangered-places-announcement-218-at-1215pm-in-wooldridge-park/>)

FEBRUARY 15TH

Preservation Texas Announces Heritage Education Award for Preservation Dallas
(<http://www.preservationtexas.org/honor-presdallas-education/>)

More News

* (<http://www.preservationtexas.org/news/>)

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2015

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

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning January 1, 2015, and ending December 31, 20 15

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Gonzales Main Street, Inc.
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P. O. Box 547
 City or town, state or province, country, and ZIP or foreign postal code
Gonzales, Texas 78629

D Employer identification number
74-2501998

E Telephone number
830-672-2815

F Group Exemption Number ▶ N/A

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ _____

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 103,653.00

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

| | | 1 | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |
|------------|--|--|---|---|---|----|----|----|----|----|----|----|----|----|----|-----------|------------|------------|----|----|----|----|----|----|----|----|----|----|----|--|--|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | | | | | | | | | | | | | | 103,653.00 | | | | | | | | | | | | | |
| | 2 | Program service revenue including government fees and contracts | | | | | | | | | | | | | | | | 0.00 | | | | | | | | | | | | | |
| | 3 | Membership dues and assessments | | | | | | | | | | | | | | | | 0.00 | | | | | | | | | | | | | |
| | 4 | Investment income | | | | | | | | | | | | | | | | 0.00 | | | | | | | | | | | | | |
| | 5a | Gross amount from sale of assets other than inventory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | | | | | | | | | | | | | 0.00 | | | | | | | | | | | | | |
| | 6 | Gaming and fundraising events | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | Less: direct expenses from gaming and fundraising events | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | | | | | | | | | | | | | 0.00 | | | | | | | | | | | | | | |
| 7a | Gross sales of inventory, less returns and allowances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Less: cost of goods sold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | | | | | | | | | | | | | 0.00 | | | | | | | | | | | | | | |
| 8 | Other revenue (describe in Schedule O) | | | | | | | | | | | | | | | | 0.00 | | | | | | | | | | | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | | | | | | | | | | | | | | | | 103,653.00 | | | | | | | | | | | | | | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | | | | | | | | | | | | | | 56,448.00 | | | | | | | | | | | | | | |
| | 11 | Benefits paid to or for members | | | | | | | | | | | | | | | 0.00 | | | | | | | | | | | | | | |
| | 12 | Salaries, other compensation, and employee benefits | | | | | | | | | | | | | | | 0.00 | | | | | | | | | | | | | | |
| | 13 | Professional fees and other payments to independent contractors | | | | | | | | | | | | | | | 231.00 | | | | | | | | | | | | | | |
| | 14 | Occupancy, rent, utilities, and maintenance | | | | | | | | | | | | | | | 0.00 | | | | | | | | | | | | | | |
| | 15 | Printing, publications, postage, and shipping | | | | | | | | | | | | | | | 0.00 | | | | | | | | | | | | | | |
| | 16 | Other expenses (describe in Schedule O) | | | | | | | | | | | | | | | 37,176.00 | | | | | | | | | | | | | | |
| 17 | Total expenses. Add lines 10 through 16 ▶ | | | | | | | | | | | | | | | 93,855.00 | | | | | | | | | | | | | | | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | | | | | | | | | | | | | | 9,798.00 | | | | | | | | | | | | | | |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | | | | | | | | | | | | | | 29,148.00 | | | | | | | | | | | | | | |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | | | | | | | | | | | | | | 0.00 | | | | | | | | | | | | | | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | | | | | | | | | | | | | | | 38,946.00 | | | | | | | | | | | | | | |

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 29,148.00 | 22 38,946.00 |
| 23 Land and buildings | 0.00 | 23 0.00 |
| 24 Other assets (describe in Schedule O) | 0.00 | 24 0.00 |
| 25 Total assets | 29,148.00 | 25 38,946.00 |
| 26 Total liabilities (describe in Schedule O) | 0.00 | 26 0.00 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 29,148.00 | 27 38,946.00 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **Restoration and Revitalization of the Main Street Area**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

| | | |
|---|-----|-----------|
| 28 Business Development Grant and Utility Relocation Grant awarded to Andover-Goliad, LLC, Johnnie Edwards, Running M Bar and Grill, White's Service Co., Pamela Walshak, and Zent Green Properties, LLC (Grants \$ 56,448.00) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 56,448.00 |
| 29 Main Street Concert Series and Star Spangled Spectacular - music on the square every Friday night in June & Fourth of July event. To promote public awareness of the Main Street Program and bring people to the downtown area. This a free event funded by contributions (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 34,400.00 |
| 30 Winterfest - Lighted Christmas Parade, Historic Homes tours, Arts and Crafts Show, and other various activities this event promotes the community involvement and celebrates the Holidays. Main Street Purchases Christmas Lighting for downtown. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 814.00 |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 91,662.00 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated— see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|--|---|--|
| John Pirkle 1527 St. Vincent Street, Gonzales, Texas 78629 | Chairman | 0 | 0 | 0 |
| Diane McCaskill 1004 St. Michael Street, Gonzales, Texas 78629 | Vice-Chairman | 0 | 0 | 0 |
| Connie Dolezal 228 Fair Street, Gonzales, Texas 78629 | Treasurer | 0 | 0 | 0 |
| Melissa Taylor 715 Saint George Street, Gonzales, Texas 78629 | Secretary | 0 | 0 | 0 |
| Egon Barthels 1313 N. Avenue B, Shiner, Texas 77984 | Director | 0 | 0 | 0 |
| Del De Los Santos 724 N. College, Gonzales, Texas 78629 | Director | 0 | 0 | 0 |
| Carlos A. Camarillo 524 County Rd 309, Gonzales, Texas 78629 | Director | 0 | 0 | 0 |
| Lisa Kay Brown P. O. Box 745, Gonzales, Texas 78629 | Director | 0 | 0 | 0 |
| Sherri Schellenberg 1410 St. Vincent, Gonzales, Texas 78629 | Director | 0 | 0 | 0 |
| Debbie A. Toliver 1932 State Hwy. 97W, Gonzales, Texas 78629 | Director | 0 | 0 | 0 |
| Brandy Egger 510 St. Michael Street, Gonzales, Texas 78629 | Director | 0 | 0 | 0 |
| John Boothe 609 FM 108 South, Gonzales, Texas 78629 | Director | 0 | 0 | 0 |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

| | | Yes | No |
|------------|--|-----|----|
| 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 | | ✓ |
| 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) | | ✓ |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | ✓ |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | | ✓ |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | ✓ |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | ✓ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ | | |
| b | Did the organization file Form 1120-POL for this year? | | ✓ |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | ✓ |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____ | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 39a _____ | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b _____ | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____ | | |
| 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 ▶ _____ | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | |
| e | 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 | | ✓ |
| 41 | List the states with which a copy of this return is filed ▶ _____ | | |
| 42a | The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____ | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | Yes | No |
| | | | ✓ |
| c | At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____ | | ✓ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ | | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | ✓ |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | ✓ |
| c | Did the organization receive any payments for indoor tanning services during the year? | | ✓ |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | ✓ |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | ✓ |
| b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | | ✓ |

| | | |
|---|-----|----|
| | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | ✓ |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|---|-----|----|
| | Yes | No |
| 47 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 | 47 | ✓ |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | ✓ |
| b If "Yes," was the related organization a section 527 organization? | 49b | ✓ |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|------------------|--|------|
| Sign Here | Signature of officer | Date |
| | John Pirkle Type or print name and title | |

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ▶ | Firm's EIN ▶ | | | |
| | Firm's address ▶ | Phone no. | | | |

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

| | |
|---|---|
| Name of the organization Gonzales Main Street, Inc. | Employer identification number 74-2501998 |
|---|---|

Part I 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 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 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)**.
- 4 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: _____
- 5 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)**.
- 7 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.)
- 9 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)**.
- 11 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.
 - a **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.**
 - 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.**
 - d **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.**
 - e 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.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

Part II 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.)

Section A. Public Support

| Calendar 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 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 instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|--|---|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | | % |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14 | 15 | | % |
| 16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | |
| b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | |
| 17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | |
| b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | | |

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.)

Section A. Public Support

| Calendar 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.") | 25,241.00 | 74,050.00 | 83,523.00 | 78,150.00 | 100,500.00 | 361,464.00 |
| 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 | 705.00 | 2,879.00 | 2,371.00 | 4,115.00 | 3,153.00 | 13,223.00 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 25,946.00 | 76,929.00 | 85,894.00 | 82,265.00 | 103,653.00 | 374,687.00 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|-----------|-----------|-----------|-----------|------------|------------|
| 9 Amounts from line 6 | 25,946.00 | 76,929.00 | 85,894.00 | 82,265.00 | 103,653.00 | 374,687.00 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 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.) | 25,946.00 | 76,929.00 | 85,894.00 | 82,265.00 | 103,653.00 | 374,687.00 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|-------|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | 100 % |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | 100 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | | |
| b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/> | | |

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

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| 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 | | | |
| 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 | | | |

Section 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 | | | |

Section 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 | | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|---|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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 the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 2 | | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| 3 | | | |

Section 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 instructions): | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test. Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | Yes | No |
| 2a | | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| 2b | | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a | 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 | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section 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 | | |
| Section 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): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| 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 | | | 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization 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 | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable 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 | | | |
| c | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2015 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c 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 | | | |
| b | | | |
| c Excess from 2013 . . . | | | |
| d Excess from 2014 . . . | | | |
| e Excess from 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 of Contributors

2015

▶ 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.

| | |
|---------------------------------|---------------------------------------|
| Name of the organization | Employer identification number |
| Gonzales Main Street, Inc. | 74-25-1009 |

Organization type (check one):

- | Filers of: | Section: |
|--------------------|---|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % 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.
- 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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
|----------------------|--------------------------------|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | Gonzales Economic Development Corporation ----- P. O. Box 547 ----- Gonzales, Texas 78629 ----- | \$ 75,000.00 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | BYK Additives & Instruments ----- 1212 Church Street ----- Gonzales, Texas 78629 ----- | \$ 5,000.00 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | HEB ----- 4444 Kostoryz ----- Corpus Christi, Texas 78415 ----- | \$ 5,000.00 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
|----------------------|--------------------------------|

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 |
|---------------------------|--|--|----------------------|
| ----- | ----- ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- ----- | \$----- | ----- |

| | |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
|----------------------|--------------------------------|

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Gonzales Main Street, Inc.

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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

74-2501998

Part 1 - Line 10 - Grants and Similar amounts paid

| | |
|---|--------------------|
| Business Development Grant - Andover-Goliad, LLC | \$10,000.00 |
| Business Development Grant - White's Service Co. | \$11,448.00 |
| Business Development Grant - Pamela Walshak | \$15,000.00 |
| Business Development Grant - Zent Green Properties, LLC | \$15,000.00 |
| Utility Relocation Grant - Running M Bar and Grill | \$ 2,500.00 |
| Utility Relocation Grant - Johnnie Edwards | \$ 2,500.00 |
| Total | \$56,448.00 |

Part 1 - Line 13 - Professional fee and other payments to Independent Contractors

| | |
|--|-----------|
| ASCAP, P. O. Box 331608-7515, Nashville, TN 37203-9998 | \$ 231.00 |
|--|-----------|

Part 1 - Line 16 - Other Expenses

| | |
|---|-------------|
| State Sales Tax, Supplies, Promotions, Advertising, and Festivals | \$37,176.00 |
|---|-------------|

**Financial Statement
February 29, 2016
Gonzales Main Street, Inc.**

| Date | Num | Description | Category | Amount |
|--------------------------|------|----------------|---------------|-----------|
| Balance as of 01/31/2016 | | | | 12,600.52 |
| 02/09/2016 | DEP | Concert Series | Booth Space | 85.00 |
| 02/09/2016 | 1908 | Lisa Brown | Reimbursement | -25.00 |

| | | | | |
|--------------------------|--|--|--|-----------|
| Balance as of 02/29/2016 | | | | 12,660.52 |
|--------------------------|--|--|--|-----------|

**Business Improvement Grant
February 29, 2016**

| Date | Num | Description | Category | Amount |
|--------------------------|-----|-------------|----------|-----------|
| Balance as of 01/31/2016 | | | | 14,404.60 |
| Balance as of 02/29/2016 | | | | 14,404.60 |

Register Report - Feb 2016

02/01/2016 through 02/29/2016

03/11/2016

Page 1

| Date | Account | Num | Description | Memo | Category | Tag | Clr | Amount |
|--------------------------------|---------------|------|-------------|---------------------------|----------------|-----|-----|------------------|
| BALANCE 01/31/2016 | | | | | | | | 12,600.52 |
| 02/09/2016 | Gonzales M... | DEP | Deposit | Vendor Spa...Summer Co... | | | R | 85.00 |
| 02/16/2016 | Gonzales M... | 1908 | Lisa Brown | Reimburse... | Board Training | | R | -25.00 |
| 02/01/2016 - 02/29/2016 | | | | | | | | 60.00 |
| BALANCE 02/29/2016 | | | | | | | | 12,660.52 |
| TOTAL INFLOWS | | | | | | | | 85.00 |
| TOTAL OUTFLOWS | | | | | | | | -25.00 |
| NET TOTAL | | | | | | | | 60.00 |