



**MAIN STREET ADVISORY BOARD MEETING  
AGENDA**

**Gonzales Municipal Building  
820 St. Joseph Street, Gonzales, Texas  
Tuesday, April 22, 2014– 5:30 p.m.**

1. Call to Order.
2. Public Comments.
3. Approve minutes for March 25, 2014.
4. Review Treasurer's report for March 2014.
5. Review and Authorize Chairman to sign IRS 990EZ Form.
6. Discuss and Consider Market Days.
7. Committee Reports.
  - a. Promotion Committee.
    1. Discussion and any action regarding Concert Series and Star Spangled Spectacular.
  - b. Christmas Decoration Committee
    1. Discussion and any action regarding Christmas Decorations.
  - c. Organization Committee.
    1. Discussion and any action for Organization Committee.
  - d. Design Committee.
    1. Discussion and any action for Design Committee.
  - e. Economic Restructuring Committee.
    1. Discussion and any action for Economic Restructuring Committee.
8. Manager's Report.
9. Board Comments.
10. Next meeting will be May 27, 2014 at 5:30 p.m.
11. Adjourn.

I certify that a copy of the April 22, 2014 agenda of items to be considered by the Gonzales Main Street Advisory Board was posted on the City Municipal Building bulletin board on the 17<sup>th</sup> day of April, 2014, at 10:30 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 \_\_\_\_\_, 2014 at \_\_\_\_\_ am/pm. I further certify that the following News Media were properly notified of the above stated meeting: KCTI Radio Station, Gonzales Inquirer, and Gonzales cannon.

  
Barbara Friedrich, Main Street Administrator

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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 MEETING**  
**Gonzales Municipal Building**  
**820 St. Joseph Street, Gonzales, Texas**  
**Tuesday, March 25, 2014 – 5:30 p.m.**  
**MINUTES**

On the 25<sup>th</sup> day of March 2014, at 5:30 p.m. the Gonzales Main Street Advisory Board convened in a Regular Meeting at the Gonzales Municipal Building, 820 St. Joseph, Gonzales, Texas.

The following members were present constituting a quorum.

Del De Los Santos, Melissa Taylor, Diane McCaskill, Lisa Kay Brown, Connie Dolezal, Kacey Lindemann Butler, Egon Barthels and Susan Weber

**Absent:** Sherri Schellenberg, Debbie Toliver and Carlos Camarillo

**Others:** Barbara Friedrich, and Mayor Robert A. Logan

1. **Call to Order.**  
Chairman Del De Los Santos called the meeting to order at 5:30 p.m.
2. **Public Comments.**  
Connie Dolezal commented that everyone was in Main Street for the same reason and that we might not always agree on everything, but we did need to work together.
3. **Approve minutes for February 25, 2014.**  
Following discussion, Connie Dolezal moved to approve the minutes of February 25, 2014. Egon Barthels seconded the motion. The motion prevailed by unanimous vote.
4. **Review Treasurer's report for February 2014.**  
Treasurer's report was reviewed.
5. **Discuss and Consider Promotional Opportunity.**  
Barbara Friedrich presented a promotional opportunity to advertise visiting downtown Gonzales on the Disc Golf Course Signs. The cost would be about \$250.00 for eighteen signs. Kacey Butler and Melissa Taylor volunteered to come up with some sayings.  
Following discussion, Kacey Lindemann Butler moved to approve advertising on the Disc Golf Course signs. Melissa Taylor seconded the motion. The motion prevailed by unanimous vote.
6. **Committee Reports.**
  - a. **Promotion Committee.**
    1. **Discussion and any action regarding Concert Series and Star Spangled Spectacular.**  
Egon Barthels reported on preparations that have begun for the concert series. Melissa Taylor and Kacey Lindemann Butler presented the poster and T-Shirt designs. Several suggestions

were made to add to the poster. Kacey Lindemann Butler reported that they visited with Personal Impressions to get cost of T-Shirts and kozies. They had looked at chairs with the Come and Take It Logo, but these would be too costly to sell. Kacey said that the Sponsorships would need to be finalized by April 15<sup>th</sup> in order to complete the posters and order the T-Shirts. Egon Barthels discussed the repairs that would need to be done to the stage and trailer.

Following discussion, Susan Weber moved to approve the purchase of T-Shirts and Kozies to be sold at the concerts. Egon Barthels seconded the motion. The motion prevailed by unanimous vote.

**b. Christmas Decoration Committee**

**1. Discussion and any action regarding Christmas decorations.**

Connie Dolezal reported that the committee had met in January. They spoke with David Cantu about the lighted wire tree that had previously been on Texas Heroes Square. David said he had found it in the warehouse. Barbara Friedrich will speak to Robert Miller about putting this up this year. Connie Dolezal will talk with "George's Yard Art" about building a Santa House. She was hoping that we could acquire something that could also be used on the float for the parade.

**c. Organization Committee.**

**1. Discussion and any action for Organization Committee.**

None

**d. Design Committee.**

**1. Discussion and any action for Design Committee.**

Report was given with the promotion committee report.

**e. Economic Restructuring Committee.**

**1. Discussion and any action for Economic Restructuring Committee.**

Barbara Friedrich reported on the building renovations downtown. Kacey Lindemann Butler stated that she felt we should come up with some idea as to help the businesses downtown. Glit-Z-Chick had closed their doors.

**7. Manager's Report.**

A written report was submitted.

**8. Board Comments.**

Del De Los Santos reported that on April 26<sup>th</sup> that the new Lights on the Courthouse would be turned on at 9:00 p.m. and everyone was encouraged to attend. Del also reported that he and Barbara Friedrich had met with Glenda Gordon with the Gonzales County Historical Commission and they had offered the use of a showcase at the Old Jail Museum for us to highlight Main Street through the middle of July. He also reported that an A Frame sign had been purchased to be placed on Confederate Square to highlight the businesses downtown and events.

Kacey Lindemann Butler asked that Main Street consider putting a Market Days back on the Program of Work. This will be placed on the April agenda for consideration.

9. **Next meeting will be April 22, 2014 at 5:30 p.m.**

10. **Adjourn.**

No further matters were discussed. The meeting was adjourned by motion by Kacey Lindemann Butler and seconded by Connie Dolezal.

Barbara Friedrich, Recording Secretary

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Del De Los Santos, Chairman

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Melissa Taylor, Secretary

**Financial Statement**  
**March 31, 2014**  
**Gonzales Main Street, Inc.**

<b>Date</b>	<b>Num</b>	<b>Description</b>	<b>Category</b>	<b>Amount</b>
Balance as of 02/28/2014				26,880.47
03/13/2014	DEP	Johnson Oil	Donation	2,500.00
03/13/2014	DEP	SAWS	Donation	2,500.00
03/24/2014	DEP	Lindemann	Donation	500.00
03/24/2014	DEP	State Farm	Donation	1,500.00
03/24/2014	1861	Lone Star Bank	Reimbursement	-411.11
03/28/2014	1862	State Comptroller		-5.00
Balance as of 03/31/2014				<u>33,464.36</u>

**Small Business Improvement Grant**  
**March 31, 2014**

<b>Date</b>	<b>Num</b>	<b>Description</b>	<b>Category</b>	<b>Amount</b>
Balance as of 02/28/2014				40,021.19
03/04/2014	1029	Personal Impressions	Grant	-1,960.00
03/07/2014	1030	Personal Impressions	Grant	-1,920.00
03/21/2014	DEP	Deposit	Reimbursement	411.11
03/28/2014	1031	Personal Impressions	Grant	-600.00
Balance as of 03/31/2014				<u>35,952.30</u>

**Short Form**

**Return of Organization Exempt From Income Tax**

**2013**

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 20 13

**B** Check if applicable:

- Address change
- Name change
- Initial 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) ▶ \_\_\_\_\_

**I** Website: ▶ **NA**

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

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

**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 . . . . . ▶ \$ \_\_\_\_\_

**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 . . . . .																85,894.00																		
	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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶																	85,894.00																		
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																46,536.00																		
	11	Benefits paid to or for members . . . . .																																		
	12	Salaries, other compensation, and employee benefits . . . . .																																		
	13	Professional fees and other payments to independent contractors . . . . .																	224.00																	
	14	Occupancy, rent, utilities, and maintenance . . . . .																																		
	15	Printing, publications, postage, and shipping . . . . .																																		
	16	Other expenses (describe in Schedule O) . . . . .																	30,562.00																	
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶																	77,322.00																		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																8572.00																		
	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) . . . . .																	55,764.00																	
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																																		
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶																	64,336.00																	

**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
<b>22</b> Cash, savings, and investments . . . . .	55,764.00	<b>22</b> 64,336.00
<b>23</b> Land and buildings . . . . .	0.00	<b>23</b> 0.00
<b>24</b> Other assets (describe in Schedule O) . . . . .	0.00	<b>24</b> 0.00
<b>25</b> <b>Total assets</b> . . . . .	55,764.00	<b>25</b> 64,336.00
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .	0.00	<b>26</b> 0.00
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	55,764.00	<b>27</b> 64,336.00

**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 and section 4947(a)(1) trusts; optional for others.)
<b>28</b> <b>Business Development Grant awarded to Our Yogurt and Cajuan Cafe, Duzy Oliver, LLC, DeMent &amp; Company, Lexington Investments, Brent Christian</b>  (Grants \$ <b>46,536.00</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> 46,536.00
<b>29</b> <b>Main Street Concert Series and Star Spangled Spectacular - music on the square every Friday night in June &amp; Fourth of July event. to promote public awareness of the Main Street Program and bring people to the downtown area. This is a free event funded by contributions.</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b> 22,025.00
<b>30</b> <b>Winterfest-Lighted Christmas Parade, Historic Homes tours, Arts and Crafts Show, and other various activities. This event promotes community involvement and celebrates the Holidays. Main Street Purchases Christmas Lighting for the downtown area funded by contributions</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b> 1,193.00
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>

**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
<b>Del De Los Santos</b> 724 N. College Street, Gonzales, Texas 78629	Chairman	0	0	0
<b>Egon Barthels</b> 1313 N. Avenue B, Shiner, Texas 77894	Vice-Chairman	0	0	0
<b>Connie Dolezal</b> 228 Fair Street, Gonzales, Texas 78629	Treasurer	0	0	0
<b>Michelle London</b> 706 St. George, Gonzales, Texas 78629	Secretary	0	0	0
<b>Randy S. Harkey, Sr.</b> 1117 Seydler Street, Gonzales, Texas 78629	Director	0	0	0
<b>Sarah Zamora-Rivera</b> 2020 Harwood Road, Gonzales, Texas 78629	Director	0	0	0
<b>Melissa Taylor</b> 715 St. George, Gonzales, Texas 78629	Director	0	0	0
<b>Susan Weber</b> 6246 FM 108 S, Wrightsboro, Texas 78677	Director	0	0	0
<b>Kacey Lindemann Butler</b> P. O. Box 87, Nixon, Texas 78149	Director	0	0	0
<b>Sherri Schellenberg</b> 1410 St. Vincent, Gonzales, Texas 78629	Director	0	0	0
<b>Debbie A. Toliver</b> 1932 S Hwy 97 West, Gonzales, Texas 78629	Director	0	0	0
<b>George Wilhelm</b> 1006 Saint Louis Street, 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
<b>33</b>	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 . . . . .		✓
<b>34</b>	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) . . . . .		✓
<b>35a</b>	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>b</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 . . . . .		
<b>c</b>	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 . . . . .		
<b>36</b>	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 . . . . .		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	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>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</b>	Section 501(c)(3) and 501(c)(4) 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 . . . . .		✓
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b>	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 . . . . .		✓
<b>41</b>	List the states with which a copy of this return is filed ▶ _____		
<b>42a</b>	The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
<b>b</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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		✓
<b>c</b>	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: ▶ _____		✓
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>b</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 . . . . .		✓
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		✓
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>45b</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) . . . . .		✓

		<b>Yes</b>	<b>No</b>
<b>46</b>	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 . . . . .		<input checked="" type="checkbox"/>
		<b>46</b>	

**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 . . . . .

		<b>Yes</b>	<b>No</b>
<b>47</b>	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 . . . . .		<input checked="" type="checkbox"/>
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		<input checked="" type="checkbox"/>
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," was the related organization a section 527 organization? . . . . .		
<b>49b</b>			

**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

**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

**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 and 4947(a)(1) nonexempt charitable trusts 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.

<b>Sign Here</b>	Signature of officer	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	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)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

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

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

**Open to Public Inspection**

<b>Name of the organization</b> Gonzales Main Street, Inc.	<b>Employer identification number</b> 74-2501998
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**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.)
- 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	
- h 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 or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	63,148.00	68,660.00	25,241.00	74,050.00	83,523.00	314,622.00
<b>2</b> 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 . . . .	792.00	1,907.00	705.00	2,879.00	2,371.00	8,654.00
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .	63,940.00	70,567.00	25,946.00	76,929.00	85,894.00	323,276.00
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . . .	63,940.00	70,567.00	25,946.00	76,929.00	85,894.00	323,276.00
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	63,940.00	70,567.00	25,946.00	76,929.00	85,894.00	323,276.00
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	100 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	<b>16</b>	100 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>		



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2013**

▶ 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](http://www.irs.gov/form990).

<b>Name of the organization</b> Gonzales Main Street, Inc.	<b>Employer identification number</b> 74-2501998
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**Organization type** (check one):

**Filers of:**

**Section:**

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

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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).

<b>Name of organization</b> Gonzales Main Street, Inc.	<b>Employer identification number</b> 74-2501998
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**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 -----	\$ 50,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Southern Clay Products, Inc. ----- 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 <b>Gonzales Main Street, Inc.</b>	Employer identification number <b>74-2501998</b>
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**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 <b>Gonzales Main Street, Inc.</b>	Employer identification number <b>74-2501998</b>
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**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** 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

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

Gonzales Main Street, Inc.

Employer identification number

74-2501998

**Part 1 - Line 10 - Grants and Similar amounts paid**

Business Development Grant - Our Yougurt and Cajuan Cafe, 321 St. Lawrence Street, Gonzales, Texas 78629 \$10,000.00

Business Development Grant - Duzy Oliver, LLC, 3702 Lenten Rose, San Antonio, Texas 78259 \$ 6,536.00

Business Development Grant - DeMent & Company, LLC, 313-B Saint Lawrence, Gonzales, Texas 78629 \$10,000.00

Business Development Grant - Lexington Investments I,PL, P. O. Box 887, Gonzales, Texas 78629 \$10,000.00

Business Development Grant - Brents Christian, 1046 Hwy 90A West, Gonzales, Texas 78629 \$10,000.00

**Total** \$46,536.00

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

ASCAP, P. o. Box 331608-7515, Nashville, TN 37203-9998 \$ 224.00

**Part 1 - Line 16 - Other Expenses**

State Sales Tax, Supplies, Promotions, Advertising, Landscapting, Web Design and Festivals \$30,562.00

**2014 Concert Series Sponsors**

<b>NAME</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>AMOUNT</b>	<b>CHECK #</b>	
BYK Additives, Inc.	1212 Church Street	Gonzales	5,000.00	100046	(Picture Taken)
Johnson Oil Company	P. O. Drawer 1959	Gonzales	1,250.00	143488	
Tiger Tote Food Stores	P. O. Drawer 1959	Gonzales	1,250.00	76147	
SAWS	P. O. Box 2449	San Antonio 78298	2,500.00	4084780	(picture taken)
Lindemann Fertilizer	5451 W. State Hwy. 97	Gonzales, Texas 78629	500.00	5443	
Scott Dierlam Ins.	P. O. Drawer O	Gonzales, Texas 78629	1,500.00	1842	(picture taken)
Lone Star Bank	P. O. Box A	Moulton, Texas 77975	200.00	2727	(picture taken)
Caraway Ford Gonzales	P. O. Box 1960	Gonzales, Texas 78629	\$1,000.00	3072	(picture taken)
West Motors	P. O. Box 287	Gonzales, Texas 78629	\$100.00	11231	(picture taken)
4L RV	26 Lucas Lane	Gonzales, Texas 78629	\$100.00	2591	(picture taken)
Dubose Insurance Agen	P. O. Box 568	Gonzales, Texas 78629	\$1,000.00	17108	(picture taken)
The Heights			\$100.00		(picture taken)

**Total** 14,500.00

**PLEDGED SPONSORS**

D & G automotive	\$1,000.00	
Dierlam Insurance	\$1,000.00	
Best Western	\$200.00	
Holiday Finance	\$500.00	
Cost Store Café	\$100.00	
Holiday Inn	\$500.00	
Sleep Inn	\$500.00	
Texaco	\$200.00	
No Accessories	\$50.00	
Yours Mine Salon	\$50.00	
Tyson	\$100.00	
Randolph Brooks	\$500.00	
Peterk Realtor	\$200.00	(Picture Taken)

**Total** \$4,900.00

**IN KIND SPONSORS**

**GONZALES CANNON**

Charlie Martin	(picture taken)
Walmart	
Gonzaels Inquirer	
City of Gonzales	
Running M	
KCTI	
Texas Thunder Radio	
MBH Welding	(picture taken)

## VOLUNTEERS

Sarah Zamora Rivera

Loretta Shirley

Abel Garcia