

2019  
2020  
OMB No. 1545-0047

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2020 calendar year, or tax year beginning** JANUARY 1, 2019 , 2020, and ending **DECEMBER 31, 2019** , 20

|  |  |  |
|--|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <input type="checkbox"/><br><b>DOWNINGTOWN MAIN STREET INC</b>   | <b>D</b> Employer identification number <input type="checkbox"/><br><b>23-272627</b> |
|  | Number and street (or P.O. box if mail is not delivered to street address) <input type="checkbox"/> Room/suite<br><b>216 WASHINGTON AVENUE</b> | <b>E</b> Telephone number<br><b>610-269-2990</b>                                     |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>DOWNINGTOWN, PA 19335</b>                                       | <b>F</b> Group Exemption Number <input type="checkbox"/>                             |

**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)) 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

|            |  |  |       |        |
|------------|--|--|-------|--------|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received   | 1     |        |
|            | 2  | Program service revenue including government fees and contracts  | 2     |        |
|            | 3  | Membership dues and assessments  | 3     |        |
|            | 4  | Investment income  | 4     | 50     |
|            | 5a   | Gross amount from sale of assets other than inventory  | 5a    |        |
|            | b  | Less: cost or other basis and sales expenses   | 5b    |        |
|            | c  | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)  | 5c    |        |
|            | 6  | Gaming and fundraising events:   |       |        |
|            | a  | Gross income from gaming (attach Schedule G if greater than \$15,000)  | 6a    |        |
| 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) | 6b   | 10956 |        |
| c          | Less: direct expenses from gaming and fundraising events   | 6c   | 6263  |        |
| d          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | 6d   | 4693  |        |
| 7a         | Gross sales of inventory, less returns and allowances  | 7a   |       |        |
| b          | Less: cost of goods sold   | 7b   |       |        |
| c          | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)   | 7c   |       |        |
| 8          | Other revenue (describe in Schedule O)   | 8  |       |        |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | 9  | 4743  |        |
| Expenses   | 10   | Grants and similar amounts paid (list in Schedule O)   | 10    |        |
|            | 11   | Benefits paid to or for members  | 11    |        |
|            | 12   | Salaries, other compensation, and employee benefits <input type="checkbox"/>   | 12    |        |
|            | 13   | Professional fees and other payments to independent contractors <input type="checkbox"/>   | 13    | 2969   |
|            | 14   | Occupancy, rent, utilities, and maintenance  | 14    | 298    |
|            | 15   | Printing, publications, postage, and shipping  | 15    |        |
|            | 16   | Other expenses (describe in Schedule O) <input type="checkbox"/>   | 16    | 12367  |
| 17         | <b>Total expenses.</b> Add lines 10 through 16   | 17   | 15634 |        |
| Net Assets | 18   | Excess or (deficit) for the year (subtract line 17 from line 9)  | 18    | -10891 |
|            | 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) | 19    | 52614  |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O)   | 20    | -10891 |
|            | 21   | Net assets or fund balances at end of year. Combine lines 18 through 20  | 21    | 41723  |

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**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  | 52614                 | 41723           |
| <b>23</b> Land and buildings  |                       |                 |
| <b>24</b> Other assets (describe in Schedule O)                                       |                       |                 |
| <b>25</b> Total assets  | 52614                 | 41723           |
| <b>26</b> Total liabilities (describe in Schedule O)                                  | 0                     | 0               |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) | 52614                 | 41723           |

**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? SUPPORT MAINSTREET MERCHANTS

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)

|   |            |       |
|---|------------|-------|
| <b>28</b> COMPLETED REVITALIZATION OF POCKET PARK (ARMOR ALLEY) IN CENTRAL BUSINESS DISTRICT<br>BENEFITED 2000+- PEDESTRIANS, PARK HAD LONG BEEN NEGLECTED<br>COST \$12,367 |            |       |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>28a</b> | 12367 |
| <b>29</b> PRODUCED FREE-TO-PULIC FUNDRAISER IN CENTRAL BUSINESS PARK (SUMMER JAM)<br>250 PEOPLE ATTENDED, FREE COMMUNITY EVENT  |            |       |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>29a</b> | 6263  |
| <b>30</b> _____<br>_____  |            |       |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>30a</b> |       |
| <b>31</b> Other program services (describe in Schedule O) _____<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                 | <b>31a</b> |       |
| <b>32</b> Total program service expenses (add lines 28a through 31a)  | <b>32</b>  | 18630 |

**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 |
|----------------------------------|--|--|---|--|
| COLBY MARTIN<br>PRESIDENT        | 5  | 0  | 0   | 0  |
| BRIAN DRESSLER<br>VICE-PRESIDENT | 3  | 0  | 0   | 0  |
| WILLIAM COVALESKI<br>SECRETARY   | 2  | 0  | 0   | 0  |
| JAMES HAMILTON<br>TREASURER      | 2  | 0  | 0   | 0  |
| _____                            |  |  |   |  |
| _____                            |  |  |   |  |
| _____                            |  |  |   |  |
| _____                            |  |  |   |  |
| _____                            |  |  |   |  |
| _____                            |  |  |   |  |
| _____                            |  |  |   |  |
| _____                            |  |  |   |  |
| _____                            |  |  |   |  |

A

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

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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
37b 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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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 JAMES HAMILTON Telephone no. 6102692990
Located at 216 WASHINGTON AVENUE, DOWNINGTOWN, PA ZIP + 4 19335
42b 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
42c See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
43 At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d 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)?
45b 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                                  |
| <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 type="checkbox"/> | <input checked="" type="checkbox"/> |

**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                                  |
| <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 type="checkbox"/> | <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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/>            |

**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 . . . . . ▶ 0

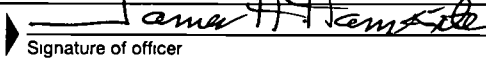
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (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 . . . . . ▶ 0

**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

|   |   |                   |
|---|---|-------------------|
| <b>Sign Here</b> <input type="checkbox"/> | <br>Signature of officer | 5-14-2021<br>Date |
|   | JAMES HAMILTON<br>Type or print name and title  | TRCPJVC<br>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 ▶         |      | Phone no 610-269-2990                           |      |
|                               | Firm's address ▶           |                      |      |   |      |

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

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OMB No 1545-0047

2020

Open to Public Inspection

SCHEDULE A (Form 990 or 930-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization DOWNTOWN MAIN STREET INC

Employer identification number 23-272627

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 12, 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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 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.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  | 50218    | 31,905   | 0        | 0        | 9,000    | 91,123    |
| <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 | 18916    | 31665    | 15524    | 10956    | 8330     | 85,391    |
| <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   | 69134    | 63570    | 15524    | 10956    | 17330    | 176514    |
| <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           | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>c</b> Add lines 7a and 7b  | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          | 176514    |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  | 69134    | 63570    | 15524    | 10956    | 17330    | 176514    |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  | 49       | 50       | 52.06    | 50.72    | 4.71     | 207       |
| <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  | 49       | 50       | 52       | 51       | 5        | 207       |
| <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 VI.)   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  | 69183    | 63620    | 15576    | 11007    | 17335    | 176721    |
| <b>14 First 5 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 stop here ▶ <input type="checkbox"/> |          |          |          |          |          |           |

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

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | <b>15</b> | 99.88 % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15                       | <b>16</b> | %       |

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

|  |           |         |
|--|-----------|---------|
| <b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | <b>17</b> | .0003 % |
| <b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17                         | <b>18</b> | %       |

- 19a 33 1/3% support tests—2020.** 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 ▶
- b 33 1/3% support tests—2019.** 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 ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶