

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , and ending

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

C Name of organization
MARTINEZ STREET WOMEN'S CENTER
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
801 N OLIVE ST
 City or town, state or province, country, and ZIP or foreign postal code
SAN ANTONIO TX 78202

D Employer identification number
74-2934053

E Telephone number
210-908-9772

G Gross receipts \$ **633,970**

F Name and address of principal officer:
DANIEL MILLER
801 N OLIVE ST
SAN ANTONIO TX 78202

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **N/A** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1999** **M** State of legal domicile: **TX**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	519,408	544,693
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	84,193	89,239
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2	38
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	603,603	633,970
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	324,830	391,428
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 19,926		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	140,267	186,358
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	465,097	577,786
19 Revenue less expenses. Subtract line 18 from line 12	138,506	56,184	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	330,192	390,198
	22 Net assets or fund balances. Subtract line 21 from line 20	25,858	30,014
		304,334	360,184

Part II Signature Block

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: **DANIEL MILLER** Date: _____
 Type or print name and title: **TREASURER**

Paid Preparer Use Only

Print/Type preparer's name: **James S Huston, EA** Date: **11/15/19** Check if self-employed if PTIN: **P01436859**
 Preparer's signature: *[Signature]*
 Firm's name: **Barrett Cooper Accounting, P.C.** Firm's EIN: **74-2860707**
 Firm's address: **204 Mill St Schertz, TX 78154** Phone no.: **210-659-6677**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No