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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150
2009
Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MCPHERSON MAIN STREET INC	D Employer identification number 48-1063269
		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 383	E Telephone number (620) 241-7430
		City or town, state or country, and ZIP + 4 MCPHERSON, KS 67460	F Group Exemption Number

G Accounting method: Cash Accrual
 Other (specify):

I Website: www.mcphersonks.org
H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one): 501(c)(6) (insert no) 4947(a)(1) or 527
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 76,893

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	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															3,784											
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments															67,983											
	4	Investment income															91											
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																										
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																										
		a	Gross revenue (not including \$ of contributions reported on line 1)										4,860															
	b	Less direct expenses other than fundraising expenses										4,286																
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)										574																
Expenses	7a	Gross sales of inventory, less returns and allowances																										
	7b	Less cost of goods sold																										
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																										
	8	Other revenue (describe)															175											
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8															72,607											
Expenses	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits															32,344											
	13	Professional fees and other payments to independent contractors																										
	14	Occupancy, rent, utilities, and maintenance															3,135											
	15	Printing, publications, postage, and shipping															1,024											
	16	Other expenses (describe)															35,695											
	17	Total expenses. Add lines 10 through 16															72,198											
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															409											
	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)															54,072											
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															54,481											

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	34,610	17,582
23	Land and buildings		
24	Other assets (describe)	21,190	39,979
25	Total assets	55,800	57,561
26	Total liabilities (describe)	1,728	3,080
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,072	54,481

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses	
What is the organization's primary exempt purpose? IMPROVE AND PROMOTE CITY OF MCPHERSON	(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title		
28 DOWNTOWN MCPHERSON IS BEING IMPROVED THROUGH BANNERS, CHRISTMAS DECORATIONS AND PROMOTIONS, ALL OF WHICH MAINTAIN A FLOURISHING DOWNTOWN AREA (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (attach schedule) <input type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Yes No

33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a <input type="text" value="0"/>			
b	Did the organization file Form 1120-POL for this year?	37b		
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 period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	<i>Section 501(c)(7) organizations.</i> 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	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <input type="checkbox"/> _____			
d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____			
e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____			
42a	The organization's books are in care of <input type="checkbox"/> CORPORATE OFFICERS Telephone no <input type="checkbox"/> (620) 241-7430 306 N MAIN Located at <input type="checkbox"/> McPherson, KS ZIP + 4 <input type="checkbox"/> 67460			
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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 <input type="text"/>			
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

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.

Signature of officer: ***** Date: 2010-08-16

Ann L Engel Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: B Carver Swindoll CPA Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Swindoll Janzen Hawk & Loyd LLC
123 S Main PO Box 1337
McPherson, KS 67460

Preparer's identifying number (See instructions): _____
EIN: _____
Phone no: (620) 241-1826

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

Additional Data

Software ID:
Software Version:
EIN: 48-1063269
Name: MCPHERSON MAIN STREET INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Ann L Engel 1516 Dover Rd MCPHERSON, KS 67460	EXEC DIRECTOR 40 00	28,000	0	0
STAN SMITH 101 S MAIN MCPHERSON, KS 67460	Past President 1 00	0	0	0
AMY JANTZ 115 W KANSAS MCPHERSON, KS 67460	DIRECTOR 1 00	0	0	0
Larry Smith 333 S Lakeside Dr mcPHERSON, KS 67460	Sec/Treasurer 2 00	0	0	0
Cyril Russell 1397 Oakmont mCPHERSON, KS 67460	diRECTOR 1 00	0	0	0
Tonya Schafer 211 N Main mCPHERSON, KS 67460	diRECTOR 1 00	0	0	0
Mary Steffes 1008 Turkey Creek Dr mCPHERSON, KS 67460	diRECTOR 1 00	0	0	0
Steve Mulch 106 N Main mcPHERSON, KS 67460	diRECTOR 1 00	0	0	0
Lanae Powell 1345 N Main mCPHERSON, KS 67460	President 1 00	0	0	0
Michael Wilde 1020 N Main mcPHERSON, KS 67460	diRECTOR 1 00	0	0	0
Tiffani Floyd 421 N Maple MCPHERSON, KS 67460	DIRECTOR 1 00	0	0	0
Sandy Ide 120 W Kansas MCPHERSON, KS 67460	diRECTOR 1 00	0	0	0
Sarah Kallenbach 215 N Main mCPHERSON, KS 67460	diRECTOR 1 00	0	0	0

TY 2009 Other Assets Schedule

Name: MCPHERSON MAIN STREET INC

EIN: 48-1063269

Description	Beginning of Year Amount	End of Year Amount
Notes receivable	21,190	39,979

TY 2009 Other Expenses Schedule

Name: MCPHERSON MAIN STREET INC

EIN: 48-1063269

Description	Amount
DOWNTOWN PROMOTION	32,746
Travel and training	2,949

TY 2009 Other Liabilities Schedule

Name: MCPHERSON MAIN STREET INC

EIN: 48-1063269

Description	Beginning of Year Amount	End of Year Amount
Payroll taxes payable	1,728	3,080

TY 2009 Other Revenues Schedule

Name: MCPHERSON MAIN STREET INC

EIN: 48-1063269

Description	Amount
Miscellaneous income	175

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: MCPHERSON MAIN STREET INC

EIN: 48-1063269

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.