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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 black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

OMB No 1545-1150

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**A For the 2012 calendar year, or tax year beginning****, and ending****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**MCPHERSON MAIN STREET**

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 383

City or town, state or country, and ZIP + 4

MCPHERSON**KS 67460****D** Employer identification number**48-1063269****E** Telephone number**620-241-7430****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)(3) ☒ 501(c) (**6**) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.▶ \$ **80,298****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	5c	6d	7c	8	9	
Revenue	1	Contributions, gifts, grants, and similar amounts received					1	6,870			
	2	Program service revenue including government fees and contracts					2	1,425			
	3	Membership dues and assessments					3	71,977			
	4	Investment income					4	26			
	5a	Gross amount from sale of assets other than inventory					5a				
	5b	Less: cost or other basis and sales expenses					5b				
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					5c				
	6	Gaming and fundraising events					6				
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)					6a				
	6b	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				
6c	Less: direct expenses from gaming and fundraising events					6c					
6d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)					6d					
7a	Gross sales of inventory, less returns and allowances					7a					
7b	Less: cost of goods sold					7b					
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c					
8	Other revenue (describe in Schedule O)					8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	80,298				
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					12	38,995			
	13	Professional fees and other payments to independent contractors					13				
	14	Occupancy, rent, utilities, and maintenance					14	3,164			
	15	Printing, publications, postage, and shipping					15				
	16	Other expenses (describe in Schedule O)					16	32,707			
	17	Total expenses. Add lines 10 through 16					17	74,866			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	5,432			
	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	61,232			
	20	Other changes in net assets or fund balances (explain in Schedule O)					20	-55,279			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20					21	11,385			

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

P12

SCANNED JUL 15 2013

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	20,139	22	34,442
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	106,224	24	108,870
25 Total assets	126,363	25	143,312
26 Total liabilities (describe in Schedule O)	65,131	26	131,927
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	61,232	27	11,385

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?

TO IMPROVE AND PROMOTE THE CITY OF MCPHERSON, KANSAS.

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.)

28 DOWNTOWN MCPHERSON IS BEING IMPROVED THROUGH BANNERS, CHRISTMAS DECORATIONS AND PROMOTIONS, ALL OF WHICH MAINTAIN A FLOURISHING DOWNTOWN AREA.

(Grants \$) If this amount includes foreign grants, check here ☐ 28a

29

(Grants \$) If this amount includes foreign grants, check here ☐ 29a

30

(Grants \$) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ☐ 31a32 Total program service expenses (add lines 28a through 31a) ☐ 32**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
ANN L ENGEL EXEC DIRECTOR	40.00	31,626	0	1,200
TITUS BRANDT PAST PRESIDENT	1.00	0	0	0
ANN KOEHN SEC/TREAS	1.00	0	0	0
SARAH BROOKS DIRECTOR	1.00	0	0	0
SCOTT SEIRER PRESIDENT	2.00	0	0	0
MARY STEFFES DIRECTOR	1.00	0	0	0
SANDY IDE PRESIDENT-ELECT	1.00	0	0	0
LANAE POWELL DIRECTOR	1.00	0	0	0
MICHAEL WILDE DIRECTOR	1.00	0	0	0
BRYCE BREWER DIRECTOR	1.00	0	0	0
MICHAEL YATES DIRECTOR	1.00	0	0	0
RICH MARTIN DIRECTOR	1.00	0	0	0

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

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

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	0	22	
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	0	25	0
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27	0

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?

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)

28	(Grants \$) If this amount includes foreign grants, check here	28a
29	(Grants \$) If this amount includes foreign grants, check here	29a
30	(Grants \$) If this amount includes foreign grants, check here	30a
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	31a
32	Total program service expenses (add lines 28a through 31a)	32

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

[illegible]

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
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)		X
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)?		X
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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
37b Did the organization file Form 1120-POL for this year?		X
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?		X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b		
39 Section 501(c)(7) organizations Enter ▶ 39a		
a Initiation fees and capital contributions included on line 9 ▶ 39a		
b Gross receipts, included on line 9, for public use of club facilities ▶ 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b Section 501(c)(3) 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		
c 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 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ NONE		
42a The organization's books are in care of ▶ CORPORATE OFFICERS Telephone no ▶ _____		
306 N. MAIN Located at ▶ MCPHERSON KS ZIP + 4 ▶ 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 ▶ _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
44c Did the organization receive any payments for indoor tanning services during the year?		X
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)?		X
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)		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

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 ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

- 48 Is the organization a school as 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?

- b 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 title of each employee paid more than \$100,000	(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 ▶

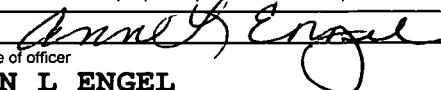
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(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.

Sign Here		6-25-13
	Signature of officer ANN L ENGEL Type or print name and title	Date EXECUTIVE DIRECTOR

Paid Preparer Use Only	Print/Type preparer's name B. SUE REGIER, E.A.	Preparer's signature 	Date 6-25-13	Check ☐ if self-employed	PTIN P00048390
	Firm's name ▶	SWINDOLL, JANZEN, HAWK & LOYD, LLC		Firm's EIN ▶	48-1041128
	Firm's address ▶	123 S. MAIN ST., PO BOX 1337 MCPHERSON, KS 67460-1337		Phone no	620-241-1826

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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.

OMB No 1545-0047

2012Open to Public
Inspection**MCPHERSON MAIN STREET**

Employer identification number

48-1063269**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES****DESCRIPTION****AMOUNT****EXPENSES**

TELEPHONE	\$	711
COPIES & PRINTING	\$	165
EQUIPMENT LEASE	\$	568
OFFICE SUPPLIES & MISC	\$	1,341
INTERNET FEES	\$	199
WEB SITE	\$	350
TRAVEL EXPENSE	\$	1,145
CONFERENCES/MEETINGS	\$	842
INSURANCE	\$	2,041
DOWNTOWN PROMOTION	\$	25,345
TOTAL	\$	32,707

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES**DESCRIPTION****AMOUNT**

RECLASS PRIOR YEAR IWW LOANS PAYABLE	\$	-55,279
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FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS**DESCRIPTION****BEG. OF YEAR END OF YEAR**

OTHER LOANS RECEIVABLE	\$	106,224	\$	108,870
TOTAL	\$	106,224	\$	108,870

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

Name of the organization

MCPHERSON MAIN STREET

Employer identification number

48-1063269**DESCRIPTION****BEG. OF YEAR END OF YEAR****ACCOUNTS PAYABLE AND ACCRUED EXPENSES****\$ 1,688 \$ 1,184****UNSECURED NOTES AND LOANS PAYABLE****\$ 63,443 \$ 130,743**