efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492130017568 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2017 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. Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Department of the Treasury Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 01-01-2017 and ending 12-31-2017 B Check if applicable C Name of organization D Employer identification number \square Address change MCPHERSON MAIN STREET INC 48-1063269 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 306 N MAIN PO BOX 383 ☐ Final return/terminated (620) 241-7430 City or town, state or province, country, and ZIP or foreign postal code □ Amended return McPherson, KS 67460 F Group Exemption ☐ Application pending Number Check ▶ □ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶www mcphersonmainst org **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527 ☑ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 53,195 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 48,075 4 4 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 0 sum of such gross income and contributions exceeds \$15,000) 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) 6dGross sales of inventory, less returns and allowances . . . 7a b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c C 8 8 Other revenue (describe in Schedule O) **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 101.312 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 41,151 12 Salaries, other compensation, and employee benefits . 12 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 4,265 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 69,397 17 Total expenses. Add lines 10 through 16 17 114,813 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -13,501 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 25,672 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 687 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 12,858 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

Pa	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	33		No		
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)	34		No		
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)?	35a		No		
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	35b				
	: 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			No		
36				No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a					
b	Did the organization file Form 1120-POL for this year?					
38a	a 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?	38a		No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
39	Section 501(c)(7) organizations Enter	1				
а	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities 39b	1				
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1				
	section 4911 ▶, section 4912 ▶, section 4955 ▶					
b	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	40ь				
С	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 sections4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization					
	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	40e		No		
41	List the states with which a copy of this return is filed The organization's books are in care of CORPORATE OFFICERS Telephone no					
42a	Located at ▶ 306 N MAIN McPherson, KS CORPORATE OFFICERS Ielepnone no ▶ ZIP + 4 ▶					
	200 K 1 Walk Hernelson, 163					
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)?	42b	Yes	No No		
	If "Yes," enter the name of the foreign country					
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No		
	If "Yes," enter the name of the foreign country ▶					
43 9	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	•	_			
			Yes	No		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	163	No		
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	44b		No		
C	Did the organization receive any payments for indoor tanning services during the year?	44c		No		
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d				
452	explanation in Schedule O	45a		No		
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning			.10		
	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No		

Form	990-EZ	(2017)								Page 4
							_		Yes	No
46		e organization engage, directly or indirect ates for public office? If "Yes," complete				opposition to		46		No
Pari		Section 501(c)(3) organization						46		No
		All section 501(c)(3) organizations	must answer quest	ions 47-49b and	52, and	complete the t	ables f	or lin	es 50	and 51
		Check if the organization used Schedule	O to respond to any o	question in this Pai	rt VI	<u> </u>			· · Yes	□ No
	D. J. H.			04 (1-) -11	6 5 - L J		Г	\dashv		
47		e organization engage in lobbying activiti ," complete Schedule C, Part II	es or nave a section 5	or(u) election in e	errect auring	tne tax year?		47		•
48	Is the	organization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete	Schedule E			48		
49a	Did the	e organization make any transfers to an o	exempt non-charitable	e related organizati	ion?		. 4	49a		
b	If "Yes	," was the related organization a section	527 organization? .				. 4	49b		
50	Comple	ete this table for the organization's five h	nighest compensated e	employees (other t	han officers	, directors, trust	ے ees and:	d key	employ	ees)
		ich received more than \$100,000 of com Name and title of each employee	pensation from the or (b) Average	ganization If there (c) Reportab		nter "None " I) Health benefit	e (4	a) Fet	ıməted	amount
	(a)	tame and title of each employee	hours per week devoted to position	compensatio (Forms W-2/10	n contr 199- b	nbutions to emploenefit plans, and	oyee of			
NONE				MISC)	der	erred compensat	lion			
f	Total	number of other employees paid over \$	100,000			•				
51		ete this table for the organization's five has to the first the second in the organization. If there is		ndependent contra	ctors who e	each received mo	ore than	1 \$100	0,000 o	f
		(a) Name and business address of e		ractor	(b) T	ype of service	(c) C	ompe	nsation	1
NONE										_
										_
										_
										_
d	Total	number of other independent contractor	s each receiving over	\$100,000						
52		the organization complete Schedule A? N					▶ □	_		
									s 🗆 I	
knowl		es of perjury, I declare that I have exam nd belief, it is true, correct, and complete /ledge								
	<u> </u>	Signature of officer 2017-03-12 Date								
Sign										
Here		ANN L ENGEL EXEC DIRECTOR Type or print name and title								
	<u>''</u>	Print/Type preparer's name FRANCES LARE	Preparer's signature		Date 2018-05-10		PTIN 20014105	51		
Paic Prep	i parer	Firm's name ► H AND R BLOCK	self-employed							
-	Only	Firm's address ► 111 N MAIN	Firm's address ▶ 111 N MAIN Phone no (620) 241-58					2		
-		MCPHERSON, KS 674	MCPHERSON, KS 67460							
May tl	he IRS	discuss this return with the preparer sho	wn above? See instruc	ctions		•	□ Y	es	☑ No	

Additional Data

Software ID: Software Version:

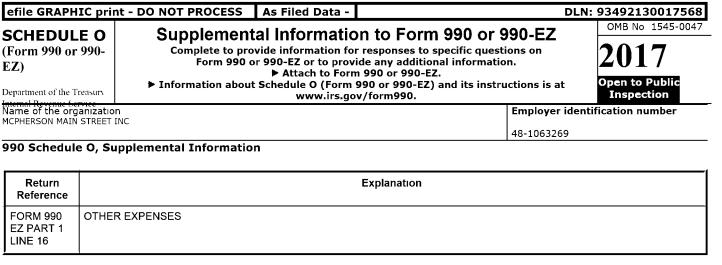
EIN: 48-1063269

Name: MCPHERSON MAIN STREET INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's process, as measured by explanment of persons benefited	` (c	(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 FUND THE HALLOWEEN PARADE PLAZA FUND	E ,SANTA IN THE STORES KIDS SUMMER MOVIES, OPERA HOUSE MOVIES AND	28a		
(Grants \$ 32,029)	If this amount includes foreign grants, check here $\ . \ . \ . \ lack$			

(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 DIRECTOR	35 00	38,162		
SHERYL DOSSETT BOARD OF DIRECTORS	0 50	0		
KENDRA HOPP PAST PRESIDENT	0 50	0		
RICHARD MARTIN TREASURER	0 50	0		
TONY NEWELL BOARD OF DIRECTORS	0 50	0		
DR MORGAN STUPKA PRESIDENT ELECT	0 50	0		
DEB LUTTIG BOARD OF DIRECTORS	0 50	0		
SHANNON WILSON SECRETARY	0 50	0		
KATIE ANDERSON PRESIDENT	0 50	0		
ANDREW EBELING BOARD	0 50	0		
KIM SMITH BOARD OF DIRECTORS	0 50	0		
MICHAEL YATES BOARD OF DIRECTORS	0 50	0		
GINA VENABLE BOARD OF DIRECTORS	0 50	0		



990 Schedule O, Supplemental Information Return Explanation Reference DESCRIPTION FOR OTHER EXPENSES AND AMOUNTS

990 Schedule O, Supplemental Information Return Explanation Reference FOOD AND ANOUNT 9073 PRIZES FOR ACTIVITIES

990 Schedule O, Supplemental Information Return Explanation Reference OFFICE 1386 SUPPLIES

990 Schedule O, Supplemental Information Return Explanation Reference MEETINGS 1099

990 Schedule O, Supplemental Information Return Explanation Reference GRANTS 2900 GIVEN OUT

990 Schedule O, Supplemental Information Return Explanation Reference DOWNTOWN 25754 I IMPROVEMENTS I

990 Schedule O, Supplemental Information Return Explanation Reference EQUIPMENT 333 AND COPIER LEASE

990 Schedule O, Supplemental Information Return Explanation Reference INSURANCE | 1634

990 Schedule O, Supplemental Information Return Explanation Reference SOFTWARE | 615 UPGRADES AND REPAIRS

990 Schedule O, Supplemental Information Return Explanation Reference INTERNET 997 AND PHONE I

990 Schedule O, Supplemental Information Return Explanation Reference CASH FOR 3000 BENEFITS

990 Schedule O, Supplemental Information Return Explanation Reference MEALS

990 Schedule O, Supplemental Information Return Explanation Reference MEMBERSHIP | 154 EXPENSE

990 Schedule O, Supplemental Information Return Explanation Reference ANNUAL 40 REPORT

990 Schedule O, Supplemental Information Return Explanation Reference SUPPLIES 1814 FOR PROMOTIONS

990 Schedule O, Supplemental Information					
Return Reference	Explanation				
ADVERTISING	20024				

990 Schedule O, Supplemental Information Return Explanation Reference POSTAGE 416 AND BANK FEES

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990 CASH VS ACCRUAL BASIS 687 EZ PART 1 LINE 20 OTHER CHANGES

990 Schedule O, Supplemental Information Return Explanation Reference TOTAL 45918

PART 11 LINE 22

990 Schedule O, Supplemental Information Return Explanation Reference OTHER **CHECKING AND SAVINGS 30270** CURRENT ASSETS 15648

990 Schedule O, Supplemental Information Return Explanation Reference PART 11 TOTAL 111150

LINE 24

990 Schedule O, Supplemental Information Return Explanation Reference START UP TOTAL 42690 KANSAS LOANS

990 Schedule O, Supplemental Information Return Explanation Reference

IWW LOANS ACCOUNTS RECEIVABLE (50)
68510

990 Schedule O, Supplemental Information Return Explanation Reference PART 11 TOTAL 144210 LINE 26

990 Schedule O, Supplemental Information Return Explanation Reference PAYABLE

ACCOUNTS | SUB TOTAL 3773

990 Schedule O, Supplemental Information Return Explanation Reference CREDIT SUB TOTAL 312 CARD

990 Schedule O, Supplemental Information Return Explanation Reference PAYROLL SUB TOTAL 1170 LIABILITIES

990 Schedule O, Supplemental Information Return Explanation Reference I MS IWWW SUB TOTAL 96265 PAYABLE-

KS MSDOC

990 Schedule O, Supplemental Information Return Explanation Reference SUB TOTAL 42690

MS NOTES PAYABLE