

Form **990EZ**

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization
MCPHERSON MAIN STREET INC
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO BOX 383
City or town, state or province, country, and ZIP or foreign postal code
McPherson, KS 67460

D Employer identification number
48-1063269
E Telephone number
F Group Exemption Number

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: WWW.MCPHERSONMAINST.ORG
J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(6) (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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 109,850**

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	53,910
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	49,206
	4	Investment income	4	103
	5a	Gross amount from sale of assets other than inventory	5a	200
	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	200
	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	5,111
	c	Less: direct expenses from gaming and fundraising events	6c	3,099
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,012
	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	1,320
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	106,751
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	2,250
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	39,600
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	4,989
	15	Printing, publications, postage, and shipping	15	278
	16	Other expenses (describe in Schedule O)	16	65,437
	17	Total expenses. Add lines 10 through 16	17	112,554
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,803
	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	9,756
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	3,953

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

32 Total program service expenses (add lines 28a through 31a)

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

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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	
c 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	35c	No
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. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	No
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?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. 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 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), 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	40b	
c 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 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40e	No
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ <u>ANN ENGEL</u> Telephone no. ▶ <u>(620) 241-7430</u> Located at ▶ <u>PO BOX 383 McPherson, KS</u> ZIP + 4 ▶ <u>67460</u>		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	No
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: ▶	42c	No
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	44a	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 explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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)	45b	No

		Yes	No
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.	46	No

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
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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	49b	

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

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 business address of each independent contractor	(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 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	***** Signature of officer	2020-07-30 Date
	ANN ENGEL EXECUTIVE DIREC Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Joseph E Mines CPA	Preparer's signature	Date 2020-10-28	Check ☐ if self-employed	PTIN P01019334
	Firm's name ▶ Joseph E Mines CPA			Firm's EIN ▶ 01-0961427	
	Firm's address ▶ 926 N Main St PO Box 388 McPherson, KS 67460			Phone no. (620) 241-5820	

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 III - Statement of Program Service Accomplishments

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.)	
28 HOME FOR THE HOLIDAYS INCLUDES MOVIES AT THE OPERA HOUSE COOKIES WITH SANTA IN THE STORES SNOWBALL DROP TO HELP PROMOTE OUR BUSINESS COMMUNITY FREE ACTIVITIES ATTENDEES 15000 (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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29 PLAZA AND STREETScape DEVELOPMENT FOR PUBLIC USE. ADVERTISE THE PROJECT AND PRINT FLYERS AND BROCHURES PLAN EVENTS ATTEND PUBLIC VENUES (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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.)
30 BUSINESS DEVELOPMENT RECRUITING AND PLANNING MEET WITH EXISTING AND POTENTIAL BUSINESSES TO HELP THEM FILL GAPS FOR PRODUCTS AND SERVICES DOWNTOWN (Grants \$) If this amount includes foreign grants, check here . . . ☐	30a

Form 990EZ, Part IV — List of Officers, Directors, 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
DEB LUTTIG DIRECTOR	0.50	0	0	0
JONNA CORRIGAN DIRECTOR	0.50	0	0	0
CALEB PORTER DIRECTOR	0.50	0	0	0
KIM SMITH DIRECTOR	0.50	0	0	0
LISA NOFFSINGER DIRECTOR	0.50	0	0	0
LIBBY MONAGHAN DIRECTOR	0.50	0	0	0
MICHAEL YATES DIRECTOR	0.50	0	0	0
SANDY IDE PRESIDENT AND DIRECTOR	0.50	0	0	0
MORGAN STUPKA PAST PRESIDENT AND DIRECTOR	0.50	0	0	0
PHIL PARRISH PRESIDENT ELECT AND DIRECTOR	0.50	0	0	0
CHRISTY RANDA SEC AND DIRECTOR	0.50	0	0	0
ANDREW EHLLING TREASURER AND DIRECTOR	0.50	0	0	0
ANN ENGEL EXECUTIVE DIRECTOR	40.00	39,600	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
MCPHERSON MAIN STREET INC

Supplemental Information to Form 990 or 990-EZ

Complete 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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

48-1063269

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other revenue Part I line 8	Description AmountIWW FEE INCOME 750STARTUP KANSAS FEE INCOME 570

990 Schedule O, Supplemental Information

Return Reference	Explanation
List of grants and similar amounts paid Part I line 10	Activity DESIGN GRANT Relationship ASSIST FOR MAINTAINING STREET FRONTAmount 2,250

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	Description Amount CASH FOR BENEFITS 3,000 BANK FEES AND PO BOX RENT 100 MEETINGS 107 SOFTWARE UPGRADE AND REPAIRS 1,957 EQUIPMENT AND COPIER LEASE 289 INSURANCE 1,715 INTERNET AND PHONE 824 ADVERTISING 44,438 MEALS 149 OFFICE SUPPLIES 545 ANNUAL CORP REPORT AND TAX PREP 175 PAYROL L TAXES 3,071 SUPPLIES FOR PROMOTIONS 3,223 FOOD AND PRIZES FOR ACTIVITIES 3,577 DOWNTOWN IMP ROVEMENTS 1,710 MEMBER EXPENSES 557

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other assets Part II line 24	Category Beginning of Year End of YearNOTES RECEIVABLE STARTUP KS LO 32,700 59,850NOTES RECEIVABLE IWW LOANS 56,973 78,738

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of total liabilities Part II line 26	Category Beginning of Year End of Year ACCOUNTS PAYABLE 8,119 7,670 CREDIT CARD 706 737 PAYROLL LIABILITIES 997 1,067 SALES TAX IN OUT 0 250 MS IWW PAYABLE KS MSDOC 96,118 96,118 MS NOTE S PAYABLE STARTUP KS 33,450 59,850