

Project Grant Application

Name	McKinney Main Street
Federal Tax I.D.	04-3615798
Incorporation Date	10-01-2002
Mailing Address	111 North Tennessee Street, McKinney, TX, 75069
Phone Number	(972) 547-2660
Email	contact-mainstreet@mckinneytexas.org
Website	downtownmckinney.org
Facebook	https://www.facebook.com/downtownmckinney
Instagram	https://www.facebook.com/downtownmckinney

Please provide a detailed narrative about your organization including years established, mission, goals, scope of services, successes, contribution to community, etc.

McKinney Main Street celebrates our authentic downtown as a destination for everyone. We connect our rich history and bright future through unique cultural experiences. Home to 180 small businesses, we encourage economic vitality through diverse partnerships and buy-local support. Our core values were created to guide us in the pursuit of honoring Historic Downtown McKinney through every endeavor. As custodians of the Cultural District, it is our responsibility to preserve of historical assets by protecting the traditional aesthetic of Downtown and simultaneously implementing safeguards to treasured historical properties. In addition to that responsibility, we work diligently to cultivate a safe family-friendly environment and foundation to support community gatherings.

It is our goal to present a Downtown destination that enhances the 'Uniquely McKinney' experience by embracing cultural diversity, and advocate opportunities that enhance revenue for businesses and the City of McKinney.

The McKinney Main Street takes an intentional approach to creating and presenting events and festivals that influence economic development and provide advocacy support to Downtown small businesses. The success and growth of Downtown McKinney projects and programs are attributed to the Main Street's pillar of advancement, which include design, organization, promotion, and economic vitality.

Main Street staff also works alongside local and state

agencies to achieve and maintain objectives. These partnerships are important as they strengthen relationships with Downtown and East McKinney property owners, merchants, and residents.

Organization Type Nonprofit - 501(c) (Attach a copy of IRS Determination Letter)

IRS Determination Letter for 501(c)3 [25_IRS Determination Letter_617.pdf](#)

Name Jakia Brunell

Title Marketing and Development Specialist

Mailing Address 111 North Tennessee Street, McKinney, TX, 75069

Phone Number (972) 547-9023

Email Address jbrunell@mckinneytexas.org

Name Andrew Jones

Title Director of Cultural District

Mailing Address 111 North Tennessee Street, McKinney, TX, 75069

Phone Number (972) 547-2661

Email Address ajones2@mckinneytexas.org

Are you the property owner? Yes

Funding - Total Amount Requested 109,320

Are matching funds available? No

Will funding be requested from any other City of McKinney entity (e.g. TIRZ Grant, City of No

McKinney 380, CDBG Grant)?

Have you received or will funding be requested from other organizations / foundations for this project? **Yes**

Provide name of organization / foundation funding source and amount. **City of McKinney / \$50,000**

Has a request for grant funding been submitted to MCDC in the past five years? **Yes**

Please list. **Promotional Grant 2023 - Oktoberfest
Promotional Grant 2023- Arts In Bloom
Project Grant 2023 - Downtown Trolley
Promotional Grant 2022 - Arts In Bloom
Project Grant 2022 - MPAC Up-Lighting
Promotional Grant 2022 - Oktoberfest & Home for the Holidays
Promotional Grant 2022 - Arts In Bloom & Juneteenth
Project Grant 2022 - Wireless Speakers
Promotional Grant 2021 - Oktoberfest & Home for the Holidays
Promotional Grant 2019 - Cultural District Activities (Spring) Promotion
Project Grant 2019 - Neon Signs**

Board of Directors **Lauren Smith, Secretary-Treasurer
Chris Wilkes, Alternate
Ginger Hayes
Kim Black
Taylor Phelan
AJ Micheletto, Vice Chair
Amy Pyeatt, Chair
Mike Buchanan, Alternate
Onel Perez
Preston Schwalls
Von Daniel**

Leadership Staff **Director of Cultural District, Andrew Jones; Downtown Development Manager, Graham Meyers; Special Events**

Manager, Gregory Hearn, Project Coordinator, Ryan Phelan, and Marketing and Development Specialist, Jakia Brunell.

Project / Business Name Downtown McKinney Christmas Decoration Refresh

Location of Project Historic Downtown McKinney: McKinney Performing Arts Center and Dr. Glenn Mitchell park

Physical Address 111 North Tennessee Street, McKinney, TX, 75069

Property Size (in acres) 1.38

Collin CAD Property ID 26891021

What kind of project is proposed? (Check all that apply.)

Replacement / repair

New project

Estimated Date of Project Start Date 11/01/2024

Estimated Date of Project Completion Date 12/31/2024

Project Details and Proposed Use

Christmas in Downtown McKinney is more than your average shopping destination's fabricated seasonal rollout. From our historical buildings to thoughtfully curated decorations, the holidays in the Cultural District are famous because of genuine nostalgia and storybook charm.

There is no other place in North Texas that can boast 180 small businesses, 35ft live Christmas Tree, and one of the largest community and holiday shopping events, Home for the Holidays, than Downtown McKinney.

We often hear that our district resembles a Hallmark movie or a scene from "It's a Wonderful Life" and that's intentional. The McKinney Main Street team understands the affiliation with these fictional examples of seasonal aesthetic have a real-life effect on someone's holiday expectations.

Luckily for us, Downtown McKinney is the epitome of hometown warmth and whimsy. It's also natural for us to feature these characteristics during the merriest season of the year with some help from lights, garland, and oversized jolly characters.

We want to remain as the go-to holiday destination for shopping, dining, entertainment, and memory-making, a place where everyone in North Texas identifies as a real Christmas town experience.

In order to keep up with the growth of our Downtown footprint and to replace weathered decorations, we are making preparations for a much-needed refresh to McKinney Christmas. It's paramount that we continue to excel at presenting an inviting holiday environment where shoppers are more inclined to find their gift giving needs in our local small businesses than big box competitors.

"Supporting small businesses is not just about buying their products or services, it's about investing in our communities."
- Daymond John, Founder of FUBU and Shark Tank Investor

The McKinney Main Street staff, board members, and community stakeholders understand the value of the "spend it here, keep it here" campaign, so this phase in our evolution requires an investment to further the transformation of Downtown McKinney and remain industry leader in Christmas destination tourism.

McKinney Main Street is requesting the following:

\$35,000 Lighting of Dr. Glenn Mitchell Park

- Uplighting package for year-round illumination of park trees
- 2 Arches for Mitchell Park walkway
- Installation of lighted displays

\$55,750 MPAC Outdoor Decorations

- Oversized nutcrackers (6)
- Two 3D illuminated star. Proposed locations on the corners of Virginia and Tennessee, and Louisiana and Kentucky.
- 2 sleighs

\$9,870 Community Christmas Tree Decoration

- Ornaments

\$3,200 Holiday Postcard Pop-up Photo Ops

- Three interactive photo ops created and designed by local artists

\$5,500 Lightpole snowflakes of varying sizes

Days / Hours of Business Operation Downtown McKinney is open Monday - Sunday, 24/7. Local shops and diners hours of operation varies. The McKinney Performing Arts Center restroom is open Monday - Sunday, 9 a.m. - 5 p.m.*

*Hours subject to change due to evening events or federal holidays. Facility is closed on Thanksgiving, Christmas and New Years Day.

What is the total cost for this Project?	183,070
What percentage of Project funding will be provided by the applicant?	40
Are matching funds available?	No
Estimated Annual Taxable Sales	23,702,800
Current Appraised Value of Property	239,259,274
Estimated Appraised Value (post-improvement)	239,259,274
Estimated Construction Cost for Total Project	0
Total Estimated Cost for Project Improvements included in grant request	183,070
Total Grant Amount Requested	109,320
Attach Competitive Bids for the Project	Community Christmas Tree Ornament Cost Sheet.pdf Mitchell Park Christmas Lights Bid.pdf Oversized Christmas Decoration Display Cost Sheet II.pdf Oversized Christmas Decoration Display Cost Sheet.pdf
Has a feasibility study or market analysis been completed for this proposed project?	No
Attach Executive Summary	Executive Summary.pdf
Current financial report including current and previous year's profit &	MS Balance Sheet.pdf Profit and Loss MS.pdf

loss statement and balance sheet.

Audited financials for current and previous two years (if not available, please indicate why).

[McKinney Downtown Bus ReDev Corp F990 2020 \(09-30-2021\) Audit.pdf](#)
[McKinney Downtown Business ReDev Corp F990 09-30-2022 Audit.pdf](#)

Budget

[Budget.pdf](#)

Financial Statements

[148 MS Balance Sheet_9894.pdf](#)
[148 Profit and Loss MS_5410.pdf](#)

W9

[2024 MDBR W-9.pdf](#)

IRS Determination Letter (if applicable)

[IRS Determination Letter.pdf](#)

Business plan including mission and goals of company / organization, target customers, staff, growth goals, products / services, location(s), etc.

[Strategies Work Sheet 2024 updated.pdf](#)

Plat / map of property extending 200 feet beyond property in all directions (if applicable).

[Aerial Map of MPAC Mitchell Park.png](#)

Describe planned support activities, their use, and admission fees (if applicable).

Home for the Holidays - Friday, November 29th to December 1st
Free to attend, visit with Santa, official Christmas tree lighting ceremony, classic carousel, Ferris wheel, petting zoo, live music, MRT's annual presentation of "A Christmas Carol", shopping with local vendors and Downtown businesses, and dining.

Girls Night Out Shopping event - \$15 per ticket. Shoppers are given free \$20 Downtown Dollars to shop at local Downtown businesses

Caroling on the Square presented by the Roy & Helen Hall Memorial Library

12 Wines of Christmas Wine Walk presented by Lone Star Winery

Mystical Market in Dr. Glenn Mitchell Park - Shopping event with local vendors

Timeline and schedule from design to completion.

[Downtown McKinney Christmas Decoration Timeline.pdf](#)

Plans for future expansion / growth.

Main Street looks forward to add additional holiday decoration across Hwy 5 once City Hall has been completed. We would also like to partner with The Heritage apartment complex to participate in decorating their property to continue the holiday aesthetic all the way down Virginia St.

We certify that all figures, facts and representations made in this application, including attachments, are true and correct to the best of our knowledge.

Selecting this option indicates your agreement with the above statement.

Representative
Completing Application

Date 06-28-2024

Property Owner

Date 06-26-2024

McKinney Main Street celebrates our authentic downtown as a destination for everyone. We connect our rich history and bright future through unique cultural experiences. Home to 180 small businesses, we encourage economic vitality through diverse partnerships and buy-local support.

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Downtown McKinney Christmas Decoration Plan

August – Order Christmas ornaments for tree

August – Order holiday decorations for MPAC lawn and exterior of building

August – Sign contract with lighting company for Dr. Glenn Mitchell Park

August – Sign contract with lighting company for MPAC lights and decoration application

November 12th - Community Christmas Tree arrives

November 18th - 22nd – Decorating Christmas Tree

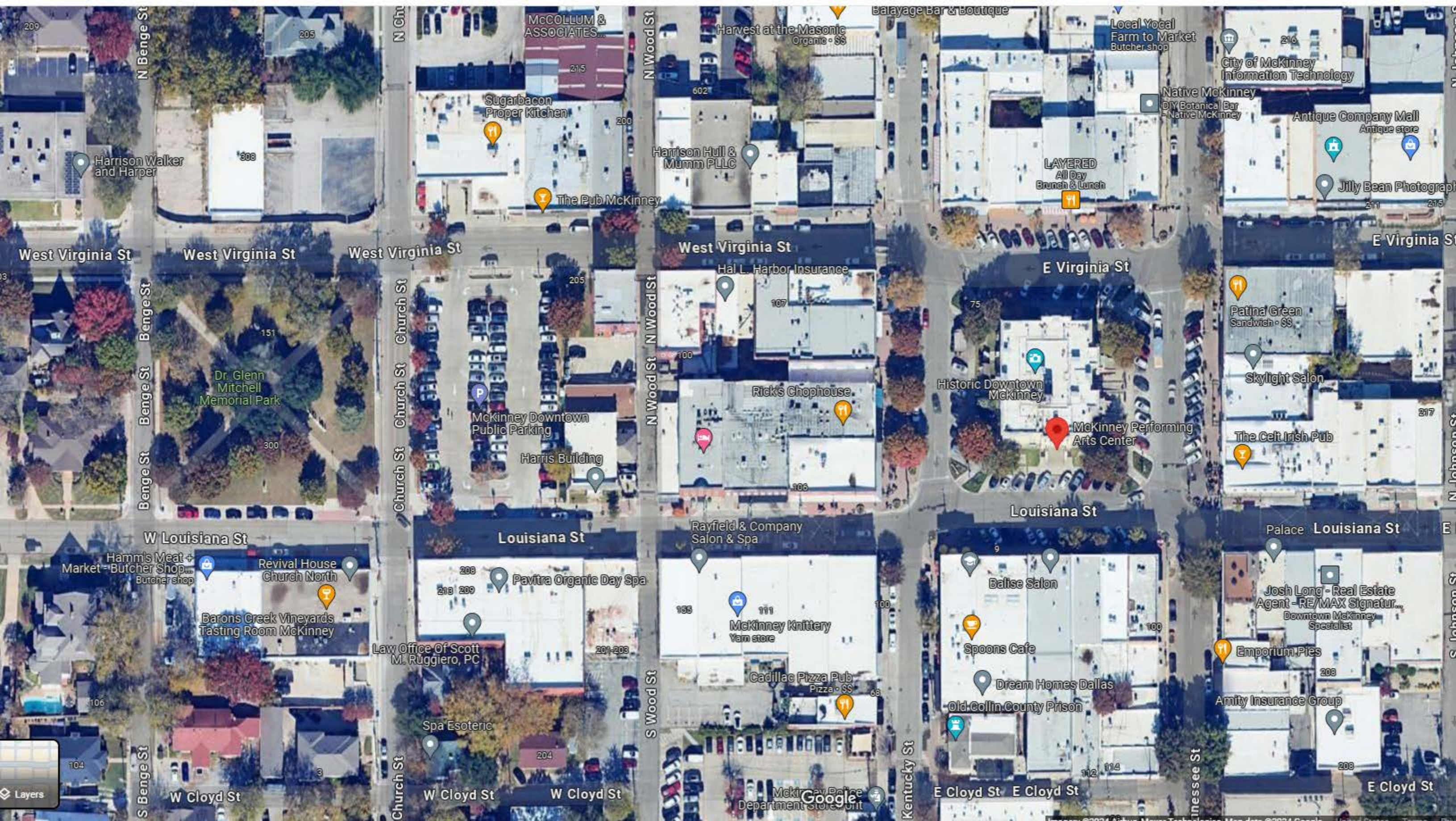
November 12th – City of McKinney streets department begins adding holiday décor to streetlamps, light poles, MPAC lawn, drop-off of Santa House

November 18th – Contracted company begins adding lights to Dr. Glenn Mitchell Park

November 18th – Magic Makers Studio by Chris Fritchie: Home comes out to decorate the interior of the Santa house

November 25th – Holiday decoration project complete

January 2nd – City personnel begin dismantling décor from areas and returning decorations to storage units.



209

205

215

602

216

308

Sugarbacon Proper Kitchen

Harrison Hull & Mumm PLLC

LAYERED All Day Brunch & Lunch

City of McKinney Information Technology

Antique Company Mall Antique store

Harrison Walker and Harper

The Pub McKinney

West Virginia St

West Virginia St

West Virginia St

West Virginia St

E Virginia St

E Virginia St

N Benge St
Benge St
Benge St

N Church St
Church St
Church St

N Wood St
N Wood St
N Wood St

N Johnson St
N Johnson St
N Johnson St

Dr. Glenn Mitchell Memorial Park

151

205

McKinney Downtown Public Parking

Harris Building

Hal L. Harbor Insurance

107

Rick's Chophouse

Historic Downtown McKinney

McKinney Performing Arts Center

Patina Green Sandwich - \$5

Skylight Salon

The Celt Irish Pub

W Louisiana St

Louisiana St

Louisiana St

Palace Louisiana St

Hamm's Meat + Market - Butcher Shop... Butcher shop

Revival House Church North

Barons Creek Vineyards Tasting Room McKinney

Law Office Of Scott M. Ruggiero, PC

Pavitra Organic Day Spa

Rayfield & Company Salon & Spa

McKinney Knittery Yarn store

Balise Salon

Josh Long - Real Estate Agent - RE/MAX Signatur... Downtown McKinney Specialist

106

Spa Esoteric

Cadillac Pizza Pub Pizza - \$5

Spoons Cafe

Dream Homes Dallas

Old Collin County Prison

Emporium Pies

Amity Insurance Group

S Benge St

Church St

S Wood St

Kentucky St

Tennessee St

W Cloyd St

W Cloyd St

W Cloyd St

E Cloyd St E Cloyd St

E Cloyd St

Layers

McKinney Police Department Store Unit

Google

© 2024 Google

THE
Majestic
CHRISTMAS COMPANY

1131 CR 561
Princeton, TX 75407

<http://majesticchristmasco.com>

[972-774-9725](tel:972-774-9725)

[email: info@majesticchristmasco.com](mailto:info@majesticchristmasco.com)

City of McKinney

Mitchell Park 2023

111 N Tennessee St
McKinney TX 75069

Andrew Jones

ajones2@mckinneytexas.org



Uplighting

Hanging lights and indicate wrapping

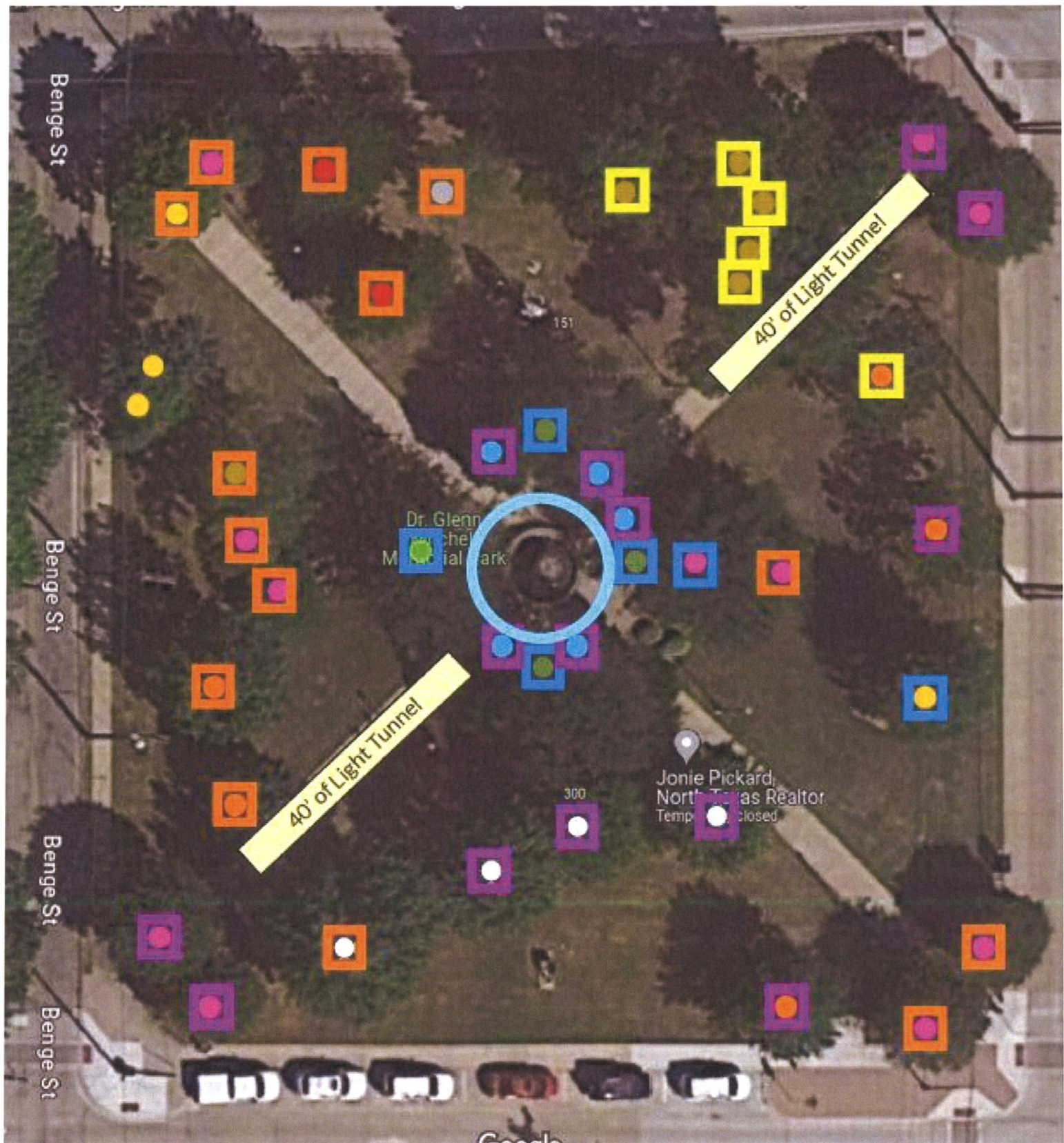


Bistro Lights over fountain -



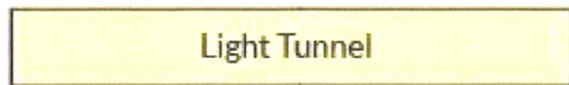
Walk-Thru Tunnel over sidewalk





- 2 - ● Unknown Oak
- 4 - ● Cedar
- 12 - ● Crepe/Small Tree
- 6 - ● Pecan
- 5 - ● Chestnut Oak
- 4 - ○ White Oak
- 5 - ● Unknown Tree A
- 1 - ● Live Oak
- 2 - ● Elm
- 1 - ● Ash

- Uplighting
- Canopy + Base Wrap
- Intricate
- Hanging
- Icicles



ITEMS	Quantity	Total
Uplighting Trees - 2 RGB Uplights per tree	14	\$1,540.00
Bistro Lighting over Fountain	1	\$1,000.00
40' Walk Thru Tunnel	2 at 40' each	\$8,000.00
Canopy / Base Tree lighting - 3000 light each	6	\$4,680.00
Intricate Tree Lighting - 3000 lights each tree	14	\$10,920.00
Tree wrapping with Hanging lights - 5000 lights each tree	6	\$7,800.00
Electrical Connections and Ext Cords	1	\$500.00
TOTAL		\$34,440

RED, GREEN & GOLD



Autograph Foliages

Search...



Autograph

20 Inch Multi-Ball Chain Ornament - Green, Gold, Silver

See All Options

Manufacturer: **Christmas by Autograph**

Stunning 20" Multi-Ball Chain Ornament - Green, Gold, Silver colors to highlight any commercial holiday tree! Easy, fast decorating! This ornament is made up of Plastic Materials.

NOTIFY ME WHEN BACK IN STOCK

SKU	J-160306
COLOR	Green, Tutone Green
PRICE	\$68.80

QTY	<input type="text" value="8"/> ▼	ADD	<input type="checkbox"/>
-----	----------------------------------	-----	--------------------------

SKU	J-160302
COLOR	Silver, Platinum, White/Silver
PRICE	\$68.80

QTY	<input type="text" value="8"/> ▼	ADD	<input type="checkbox"/>
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Total: **\$0.00**

PRICE LIST

Autograph Foliages SINCE 1971

Search...



Autograph

22 Inch Pearl Gloss Gold Shiny Finial Ornament

SKU: J-101042



Manufacturer: **ViviColor Secure with Wire**

22" Shiny Finial in beautiful gold, perfect for any holiday collection. Shop for in stock, high quality wholesale decorations is here!

44 in Stock

\$26.60

Pricing & Discounts

Quantity	1-3	4-15	16+
List Price:	\$26.60	\$26.60	\$26.60
Discount Price:	\$26.60	\$17.29	\$15.96

ADD TO CART

ADD TO WISH LIST

Request A Quote

Information

J-101042
22" Pearl Gloss Gold Shiny Finial
UV Coated Paint

PRICE LIST

Search...



23.5 Inch Reflective/Glittered Finial Ornament | Red or Silver

Autograph

See All Options



Manufacturer: **Secure with Wire!**

Autograph Foliages Commercial 23.5 Inch Reflective/Glittered Finial in Red or Silver Color. Approx. 11" Width. Made of Plastic Material. Ornaments are Shatterproof. Colors Sold Separately.

SKU	J-201214
COLOR	Red
PRICE	\$179.20

QTY

2 ▾

ADD

SKU	J-201215
COLOR	Silver, Platinum, White/Silver
PRICE	\$137.40

QTY

2 ▾

ADD

Total: **\$0.00**

PRICE LIST

Available Stock: 6 (Ships Today)*

Case Pack: 12
Piece Count: 4
Price Per Piece: \$3.48

*Ships Today on orders placed before 1pm CST. Ship times can vary during peak season. (November 1st through December 15th)

Overview

Shipping & Returns

Vickerman 4.75" Antique Gold Matte Ball Ornament. This item is made from shatterproof and UV resistant plastic for extended protection from fading and breaking. The cap is drilled and looped with floral wire to ensure it is reliable and ready to hang. This unique ornament is an exceptional addition to any collection as it matches well with a variety of décor and goes perfectly on a holiday tree. Includes 4 ornaments per pack.

Product Weight & Dimensions:

- L4.75" W4.75" H4.75"
- Product weight: 0.67 lbs

Shiny

Vickerman 4.75" ~~Antique~~ Gold Matte Ball Ornament, 4 per Bag

0.0 No Reviews [Write the First Review](#)

What do you want to know about this product?

Ask a Question

Expect an answer in about 48 hours

15.75"













N591230DMV

Qty: 1

ADD THIS ITEM TO CART

SWITCH COLOR



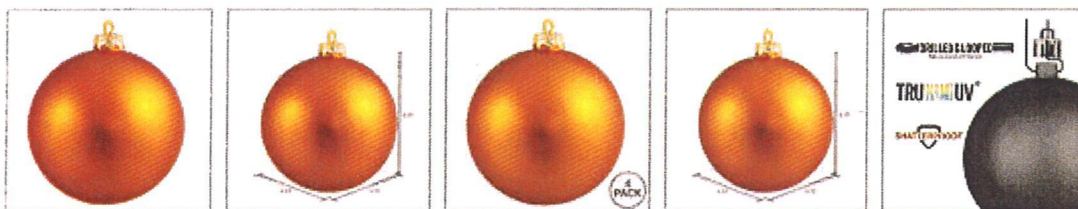
Size	Description	Price	Qty
 3" (pack of 32)	3" Antique Gold Matte Ball 32/Box Available Stock: 7 Future Stock: 24 on 7/1/2024 (PO)	\$28.71 \$0.90/pc	<input type="text" value="0"/>
 12" (pack of 1)	12" Antiq Gold Matte Ball UV Drilled Cap Available Stock: 9 Future Stock: 21 on 8/26/2024 (PO)	\$43.24	<input type="text" value="0"/>
 3" (pack of 12)	3" Antiq Gld Matte Ball UV Drilled 12/Bg Available Stock: 99	\$15.07 \$1.26/pc	<input type="text" value="0"/>
 4" (pack of 6)	4" Antique Gold Matte Ball UV Drill 6/Bg Available Stock: 26 Future Stock: 48 on 8/23/2024 (PO)	\$12.67 \$2.11/pc	<input type="text" value="0"/>
 6" (pack of 4)	6" Antique Gold Matte Ball UV Drill 4/Bg Available Stock: 59 Future Stock: 54 on 8/26/2024 (PO)	\$23.69 \$5.92/pc	<input type="text" value="0"/>
 4.75" (pack of 4)	4.75" Ant Gold Matte Ball UV Drill 4/Bg Available Stock: 6	\$13.9 \$3.48/pc	<input type="text" value="0"/>
 10" (pack of 1)	10" Antiq Gold Matte Ball UV Drilled Cap Available Stock: 1 Future Stock: 26 on 6/1/2024 (PO)	\$21.58	<input type="text" value="0"/>
 8" (pack of 1)	8" Antiq Gold Matte Ball UV Drilled Cap Available Stock: 73 Future Stock: 36 on 5/13/2024 (ASN)	\$15.06	<input type="text" value="0"/>
 15.75" (pack of 1)	15.75" Antique Gold Matte Ball UV Available Stock: 4 Future Stock: 12 on 6/1/2024 (PO)	\$75.6	<input type="text" value="0"/>
 2.4" (pack of 60)	2.4" Antique Gold Matte Ball 60/Box Available Stock: 10	\$26.23 \$0.44/pc	<input type="text" value="0"/>
 2.4" (pack of 24)	2.4" Antique Gold Matte Ball UV 24/Bag Available Stock: 28	\$17.48 \$0.73/pc	<input type="text" value="0"/>
 2.75" (pack of 12)	2.75" Ant Gold Matte Ball UV Drill 12/Bg Available Stock: 98	\$11.29 \$0.94/pc	<input type="text" value="0"/>

ADD TO CART

[< Back to Previous Page](#)



15.75

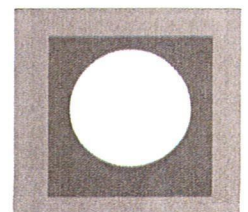


 **Ornament Kit Matched 30M**

N591230DMV

\$13.9

Quantity Break (25% Off) 6



Autograph Foliages

Search...



36" Reflective Mixed Ball Drop Ornament in Red/Green/Gold

Autograph

SKU: J-161424

Manufacturer: Christmas by Autograph

Largest selection of commercial Christmas ornaments! 100's of large multi ball drop ornaments, stars & balls in tons of colors and sizes! This ornament is made up of Plastic Materials.

11 in Stock

\$129.20

Pricing & Discounts

Quantity	1-1	2+
List Price:	\$129.20	\$129.20
Discount Price:	\$129.20	\$51.68

2

ADD TO CART

ADD TO WISH LIST

Request A Quote

Information

J-161424
36" Reflective Mixed Ball Drop Ornament

PRICE LIST

Autograph Foliages SINCE 1977

Search...



Shiny Reflective Green Ball Ornaments | 4 Inches to 20 Inches

See All Options

 Manufacturer: **Secure with Wire!**

Shiny Reflective Green Christmas ornaments; an assortment of essential ornaments for holiday decorating in popular Christmas Green from 4" to 20". This is Non-glass ornament, made of plastic.

NOTIFY ME WHEN BACK IN STOCK

SKU	J-112306	
HEIGHT	4 Inches	
PRICE	\$27.60	
QTY	12 ▼	ADD <input type="checkbox"/>
SKU	J-112316	
HEIGHT	6 Inches	
PRICE	\$70.80	
QTY	12 ▼	ADD <input type="checkbox"/>
SKU	J-112326	
HEIGHT	8 Inches	
		PRICE LIST

Autograph Foliages

Search...

SKU J-112336
 HEIGHT 10 Inches
 PRICE **\$17.16**

QTY ADD

SKU J-190244
 HEIGHT 12 Inches
 PRICE **\$45.24**

QTY ADD

SKU J-190254
 HEIGHT 15 Inches
 PRICE **\$58.32**

QTY ADD

SKU **J-171043**
 HEIGHT **20 Inches**
 PRICE **\$188.22**

QTY ADD

Total: **\$0.00**

ADD TO CART

ADD TO WISH LIST

 Request A Quote

Information

Reflective Ball Ornaments
Plastic Material

Secured with Wire!

Item No.	Size

PRICE LIST

Available Stock: 33 (Ships Today)*
 Future Stock: 644 on 5/8/2024 (ASN)
 Case Pack: 4

*Ships Today on orders placed before 1pm CST. Ship times can vary during peak season. (November 1st through December 15th)

Overview Shipping & Returns

Vickerman 12" Red Shiny Ball Ornament. This ornament features a shiny finish that will add gloss to any holiday decorating project. This item is made from shatterproof and UV resistant plastic for extended protection from fading and breaking. The cap is drilled and looped with floral wire to ensure it is reliable and ready to hang. This unique ornament is an exceptional addition to any collection as it matches well with a variety of décor and goes perfectly on a holiday tree.

Product Weight & Dimensions:

- L12" W12" H12"
- Product weight: 1.75 lbs

24" OR 20"

Vickerman 12" Red Shiny Ball Ornament

0.0 No Reviews [Write the First Review](#)

What do you want to know about this product?

Ask a Question

Expect an answer in about 48 hours

N593003DSV

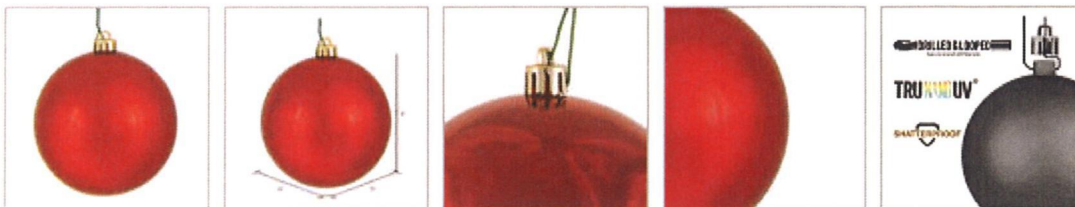
Qty:

ADD THIS ITEM TO CART

SWITCH COLOR



[< Back to Previous Page](#)

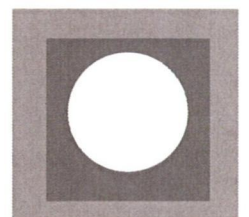




 **Ornament Kit Matched 03S**

N593003DSV

\$43.24

Quantity Break (25% Off) 4



Size	Description	Price	Qty
 24" (pack of 1)	24" Giant Red Shiny Ball UV Available Stock: 1 Future Stock: 96 on 8/26/2024 (PO)	\$240.53	<input type="text" value="0"/>
 2.4" (pack of 60)	2.4" Red Shiny Ball 60/Box Available Stock: 0 Future Stock: 48 on 7/1/2024 (PO)	\$26.23 \$0.44/pc	<input type="text" value="0"/>

ADDITIONAL DETAILS


Product Type:
Ball Ornament

Primary Material:
Plastic

Case Pack:
4

Shipping method:
Package

UPC:
734205353806



WARRANTY

What do you want to know about this product? (Questions & Answers)

[Ask a Question](#)

Size	Description	Price	Qty
 3" (pack of 32)	3" Christmas Red Shiny Ball 32/Box Available Stock: 1 Future Stock: 120 on 7/1/2024 (PO)	\$28.71 \$0.90/pc	<input type="text" value="0"/>
 2.75" (pack of 12)	2.75" Red Shiny Ball UV Drilled 12/Bag Available Stock: 0 Future Stock: 939 on 6/1/2024 (PO)	\$11.29 \$0.94/pc	<input type="text" value="0"/>
 12" (pack of 1)	12" Red Shiny Ball UV Drilled Cap Available Stock: 33 Future Stock: 644 on 5/8/2024 (ASN)	\$43.24	<input type="text" value="0"/>
 3" (pack of 12)	3" Red Shiny Ball UV Drilled 12/Bag Available Stock: 426 Future Stock: 1539 on 5/13/2024 (ASN)	\$15.07 \$1.26/pc	<input type="text" value="0"/>
 2.4" (pack of 24)	2.4" Red Shiny Ball UV 24/Bag Available Stock: 47 Future Stock: 126 on 8/23/2024 (PO)	\$17.48 \$0.73/pc	<input type="text" value="0"/>
 4" (pack of 6)	4" Red Shiny Ball UV Drilled 6/Bag Available Stock: 2816 Future Stock: 1144 on 5/15/2024 (ASN)	\$12.67 \$2.11/pc	<input type="text" value="0"/>
 4.75" (pack of 4)	4.75" Red Shiny Ball UV Drilled 4/Bag Available Stock: 0 Future Stock: 1726 on 5/8/2024 (ASN)	\$13.9 \$3.48/pc	<input type="text" value="0"/>
 10" (pack of 1)	10" Red Shiny Ball UV Drilled Cap Available Stock: 884 Future Stock: 804 on 5/13/2024 (ASN)	\$21.58	<input type="text" value="0"/>
 6" (pack of 4)	6" Red Shiny Ball UV Drilled 4/Bag Available Stock: 2810 Future Stock: 1532 on 5/15/2024 (ASN)	\$23.69 \$5.92/pc	<input type="text" value="0"/>
 8" (pack of 1)	8" Red Shiny Ball UV Drilled Cap Available Stock: 987 Future Stock: 3302 on 5/13/2024 (ASN)	\$15.06	<input type="text" value="0"/>
 15.75" (pack of 1)	15.75" Red Shiny Ball UV Available Stock: 3 Future Stock: 350 on 5/15/2024 (ASN)	\$75.6	<input type="text" value="0"/>
 20" (pack of 1)	20" Giant Red Shiny Ornament Available Stock: 0 Future Stock: 137 on 8/26/2024 (PO)	\$170.28	<input type="text" value="0"/>

ADD TO CART

Future Stock:

6 on 8/12/2024 (PO)

Case Pack:

1

*Ships Today on orders placed before 1pm CST. Ship times can vary during peak season. (November 1st through December 15th)

Overview

Shipping & Returns

Vickerman 35" Champagne Shiny Finial Ornament with Glitter Accents. This ornament is made from shatterproof plastic and features a metal loop to ensure it is durable and ready to hang. This unique item is an exceptional addition to any collection as it matches well with a variety of décor and goes perfectly on a holiday tree.

Product Weight & Dimensions:

- L12" W12" H35"
- Product weight: 2 lbs

Vickerman 35" Champagne Shiny Finial Ornament with Glitter Accents

0.0 No Reviews [Write the First Review](#)

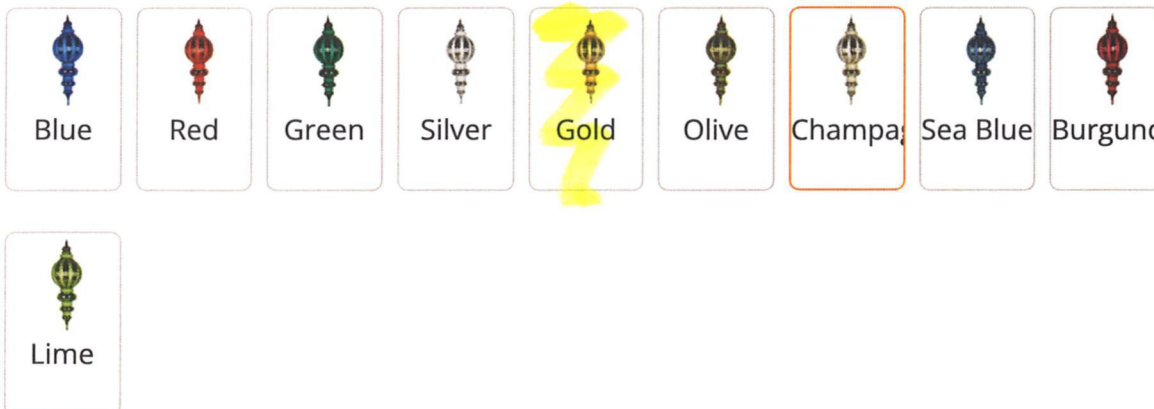
Q&A (Questions & Answers) 1 answered question

[Ask a Question](#)

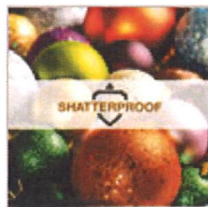
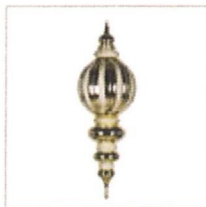
M163538

Qty: 1

[ADD THIS ITEM TO CART](#)



[< Back to Previous Page](#)



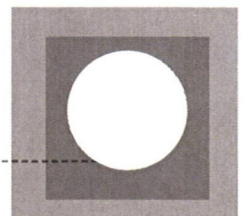
M163538


\$91.2

Quantity Break (25% Off) 2

Available Stock:


11 (Ships Today)*



Description	Price	Qty
 35" Champagne Shiny Glitter Finial Available Stock: 11 Future Stock: 6 on 8/12/2024 (PO)	\$91.2	0

ADD TO CART

ADDITIONAL DETAILS

Product Type:	
Finial Ornament	
Primary Material:	
Plastic	
Case Pack:	
1	
Shipping method:	
Package	
UPC:	
734205417294	

WARRANTY

Q&A (Questions & Answers)

[Ask a Question](#)

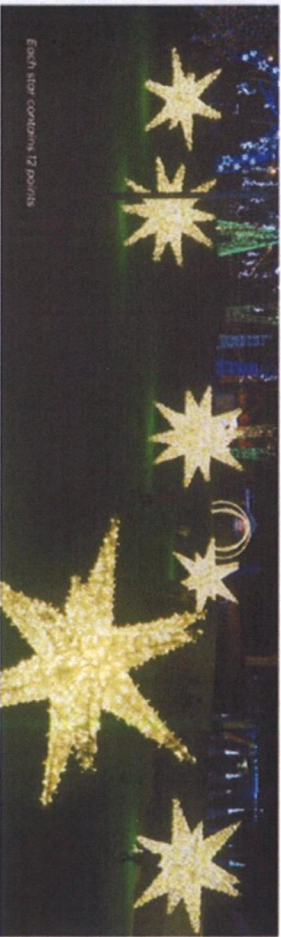
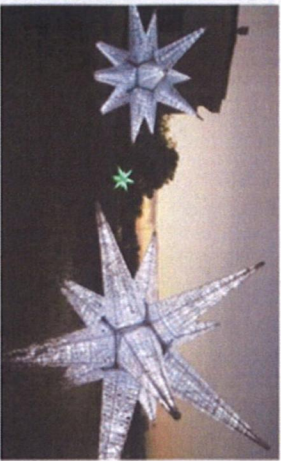
Search for answers to your question

Showing 1 out of 1 Questions

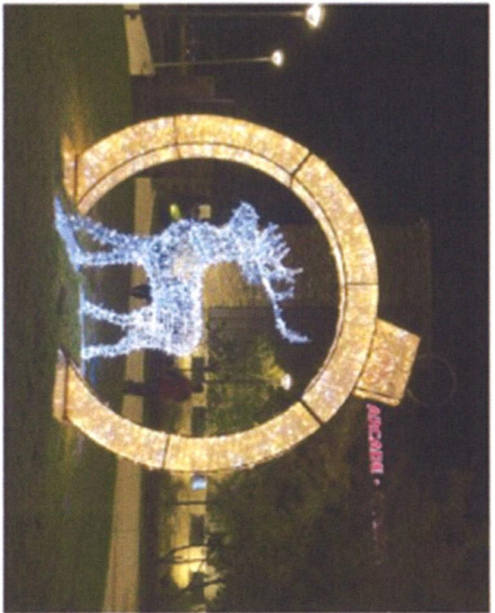
Sort By



Design Star	
Size	Price
6.5'	\$1,310
9.5'	\$9,710
12'	\$36,050
16'	\$53,100
20'	\$43,100



Each star contains 12 points



Majestic Stag 3D	
Size	Price
10'	\$11,600
22'	\$27,600

Ornament Arch	
Size	Price
9.5'	\$8,240
11'	\$9,120
12'	\$8,888
16'	\$11,111



Large Iron Classic Christmas Sleigh "Philadelphia II"
Size Price
18' x 37' x 36' \$3,950



Fiberglass Toy Soldiers			
	Item	Height	Price
A	Gold Nutcracker	2.7ft	\$659
B	Nutcracker	2.7ft	\$659
C	Nutcracker Soldier	4ft	\$540
D	Tin Soldier	5ft	\$834
E	Toy Soldier with Drum	6ft	\$1,500
F	Traditional Nutcracker	8ft	\$3,594
G	Nutcracker Archway	19ft x 9ft	\$15,570
H	Toy Soldier with Trumpet	6ft	\$1,470



Outdoor Toy Soldiers with Lights			
	Item	Height	Price
A	Classic Nutcracker	10' Warm LED	\$5,994
B	Gold Nutcracker	10' Warm LED	\$5,994
C	Lit Jeweled Nutcracker	75' Multi LED	\$1,495
D	Lit Jeweled Nutcracker	92' Multi LED	\$2,619

Fiberglass Toy Soldiers (Size Option)			
	Item	Height	Price
E	Toy Soldier with Drum	9ft	\$5,836
F	Traditional Nutcracker	9ft	\$3,836



Metal Toy Soldiers			
	Item	Height	Price
A	Soldier - holding Baton	5ft	\$520
B	Soldier - holding Drums	5ft	\$520
C	Soldier - holding Trumpet	5ft	\$520



9' Toy Soldier w/Trumpet

In Stock SKU 3DF-12010

\$3,450.00

Far from a miniature figurine, the 9' Toy Soldier stands tall playing the herald trumpet with his belt and hat dressed by a fleur-de-lis. He is here to help gather everyone for the holidays. The horn itself is solid and cannot collect water or dirt/dew/ris. • Commercial Grade • Quality... [Read more](#)

- 1 +

Add to Cart

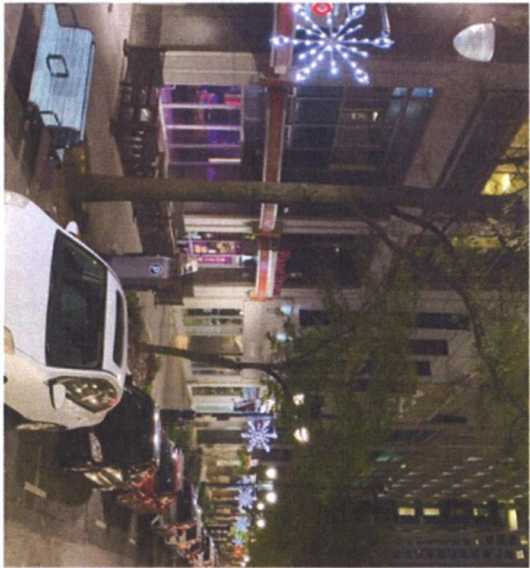
PayPal

Pay Later

Free Shipping on Orders Over \$150

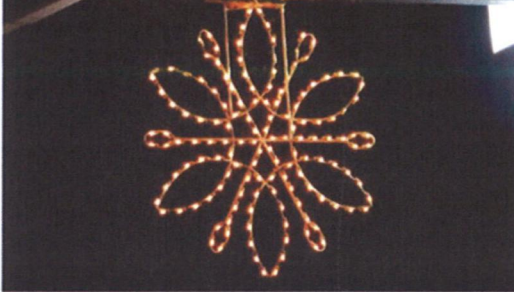
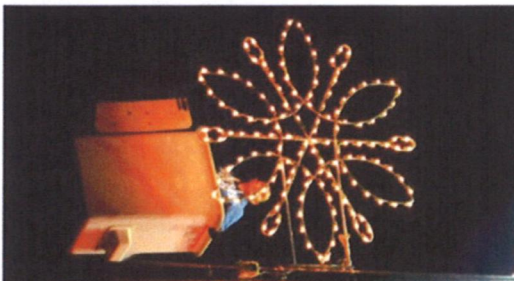
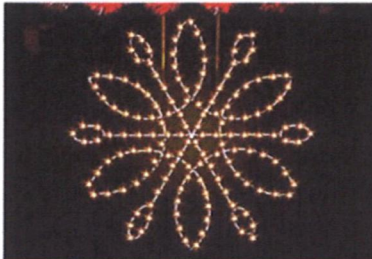
Wish List Compare





Diamond Snowflake					
Item	Size	Lbs.	Bulb Count	LED	
PWW-527	3'	18	30		\$529
PWW-526	4'	20	56		\$636
PWW-525	5'	22	66		\$672
PWW-524	6'	24	84		\$727

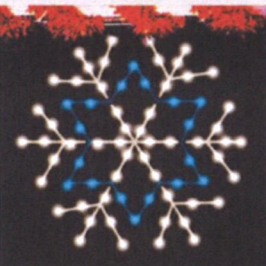
Star Snowflake				
Item	Size	Lbs.	Bulb Count	LED
PWW-527	3'	21	40	\$629
PWW-526	4'	24	102	\$713
PWW-525	5'	26	114	\$835
PWW-524	6'	28	144	\$981



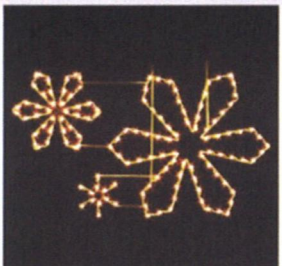
Snowflakes available in warm white, cool white, or pure white LED lights



Winterfest Snowflake				
Item	Size	Lbs.	Bulb Count	LED
PWW-522	3'	20	54	\$620
PWW-521	4'	23	78	\$716
PWW-520	5'	26	93	\$797
PWW-529	6'	28	108	\$902



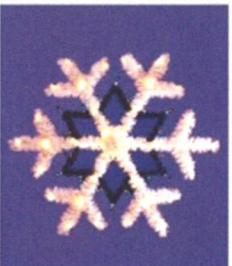
Star Snowflake				
Item	Size	Lbs.	Bulb Count	LED
PWW-527	3'	20	72	\$666



Snowflake Cascade				
Item	Size	Lbs.	Bulb Count	LED
PWW-44	4.5' x 8'	32	147	\$1318



Alpine Snowflake				
Item	Size	Lbs.	Bulb Count	LED
PWW-108	3'	15	42	\$443



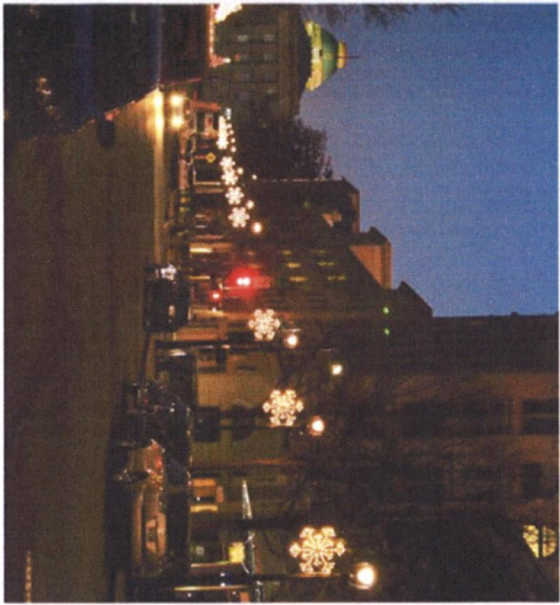
Giant Star Snowflake				
Item	Size	Lbs.	Bulb Count	LED
P-203	4' x 4'	29	60	\$488
P-204	5' x 5'	31	66	\$465
P-205	6' x 6'	33	72	\$543



Arctic Snowflake				
Item	Size	Lbs.	Bulb Count	LED
PWW-560	6'	34	152	\$1,426



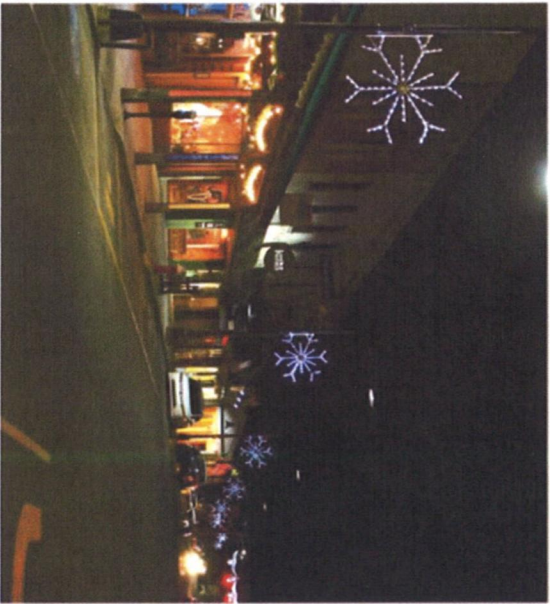
Giant Star Snowflake				
Item	Size	Lbs.	Bulb Count	LED
P-200	4'	24	42	\$612
P-201	5'	27	48	\$777
P-202	6'	30	60	\$899



Presidential Snowflake				
Item	Size	Qty	Sub Count	LED
P-607	7'	21	63	\$703
P-608	6'	24	96	\$327
P-609	5'	20	80	\$407
P-200	6'	29	84	\$900



Signature Snowflake				
Item	Size	Qty	Sub Count	LED
P-601	7'	36	54	\$442
P-602	3'	54	54	\$556
P-603	4'	72	72	\$635
P-604	5'	84	84	\$481
P-605	6'	90	90	\$772



McKinney Christmas Decoration Refresh

\$35,000 Lighting of Dr. Glenn Mitchell Park

- Uplighting package for year-round illumination of park trees
- Rental lights

\$40,000 MPAC Property Decorations

- Oversized nutcrackers
- Two 3D illuminated star. Proposed locations on the corners of Virginia and Tennessee, and Louisiana and Kentucky.
- Holiday lights on MPAC columns (1st and 2nd floor)
- Garland for MPAC columns
- New sleigh

\$10,000 Community Christmas Tree Decoration

- Ornaments

\$10,000 Holiday Postcard Pop-up Photo Op

- Three interactive photo ops created and designed by local artists

McKinney Main Street

Balance Sheet As of May 31, 2024

	TOTAL	
	AS OF MAY 31, 2024	AS OF MAY 31, 2023 (PY)
ASSETS		
Current Assets		
Bank Accounts		
Cash - Deposit in Transit	0.00	0.00
Clearing	0.00	0.00
First United Bank Checking	141,104.83	31,004.76
First United Savings	24,730.36	84,038.37
Petty Cash	0.00	0.00
Total Bank Accounts	\$165,835.19	\$115,043.13
Accounts Receivable		
Accounts Receivable	17,923.88	15,300.00
Total Accounts Receivable	\$17,923.88	\$15,300.00
Other Current Assets		
Deferred Expenses	0.00	0.00
Other Receivables	0.00	0.00
Prepaid Expenses	0.00	0.00
Uncategorized Asset	0.00	0.00
Undeposited Funds	3,116.24	0.00
Total Other Current Assets	\$3,116.24	\$0.00
Total Current Assets	\$186,875.31	\$130,343.13
Other Assets		
Cultural District	127,182.98	127,182.98
Cultural District - Accumulated Depreciation	-25,370.26	-19,011.12
Total Cultural District	101,812.72	108,171.86
DASH Trolley	8,090.00	
Other Long-term Assets	0.00	0.00
Accumulated Amortization - Other Assets	0.00	0.00
Total Other Long-term Assets	0.00	0.00
Polaris Gem	24,193.89	24,193.89
Accumulated Depreciation	-24,193.89	-24,193.89
Total Polaris Gem	0.00	0.00
Santa House	17,386.73	17,386.73
Accumulated Depreciation	-13,040.03	-11,301.36
Total Santa House	4,346.70	6,085.37
Wireless Speakers	33,320.00	33,320.00
Accumulated Depreciation	-26,973.32	-22,213.30
Total Wireless Speakers	6,346.68	11,106.70
Total Other Assets	\$120,596.10	\$125,363.93
TOTAL ASSETS	\$307,471.41	\$255,707.06

McKinney Main Street

Balance Sheet

As of May 31, 2024

	TOTAL	
	AS OF MAY 31, 2024	AS OF MAY 31, 2023 (PY)
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
Accounts Payable	0.00	0.00
Total Accounts Payable	\$0.00	\$0.00
Credit Cards		
NEW Main Street Card	11,163.31	11,438.89
OLD CitiCard Main Street	589.17	450.42
Total Credit Cards	\$11,752.48	\$11,889.31
Other Current Liabilities		
City of McKinney - Silo Mural Donations	0.00	0.00
Direct Deposit Payable	258.58	0.00
Downtown Dollars	3,022.22	3,302.22
McKinney Strong Campaign	0.00	0.00
Other Current Liabilities	0.00	0.00
Payroll Liabilities		
Federal Taxes (941/944)	42.84	44.21
TX Unemployment Tax	0.00	0.00
Total Payroll Liabilities	42.84	44.21
Unearned Revenue	6,000.00	4,000.00
Total Other Current Liabilities	\$9,323.64	\$7,346.43
Total Current Liabilities	\$21,076.12	\$19,235.74
Total Liabilities	\$21,076.12	\$19,235.74
Equity		
Opening Bal Equity	0.00	0.00
Retained Earnings	532,121.69	463,255.15
Net Income	-245,726.40	-226,783.83
Total Equity	\$286,395.29	\$236,471.32
TOTAL LIABILITIES AND EQUITY	\$307,471.41	\$255,707.06

McKinney Main Street

Profit and Loss by Class
October 2023 - May 2024

	ARTS IN BLOOM	CULTURAL DISTRICT	DASH	DOWNTOWN TRAINING/DEVELOPMENT	GIRLS NIGHT OUT	HOME FOR THE HOLIDAYS	KREWE OF BARKUS	MCKINNEY CHRISTMAS TREE	NIGHT MARKET	OKTOBERFEST	RED, WHITE & BOOM!	TEXAS MUSIC REVOLUTION	TINY DOORS	NOT SPECIFIED	TOTAL
Income															
Downtown Membership Income		1,901.69													\$1,901.69
Events Income	45,523.09	10,366.03			7,803.78	80,974.34		5,559.08	-24.92	0.00			292.25		\$150,493.65
Alcohol Sales	0.00														\$0.00
Pre-Sale Ticket Revenue										1,000.00					\$1,000.00
Red, White & BOOM!											692.07				\$692.07
Ticket Sales	51,972.07														\$51,972.07
Vendor Commission	0.00														\$0.00
Total Events Income	97,495.16	10,366.03			7,803.78	80,974.34		5,559.08	-24.92	1,000.00	692.07		292.25		\$204,157.79
Grants Received			0.00					63,500.00							\$63,500.00
Non Profit Income		0.00													\$0.00
Programs Income			15,210.00	1,360.22											\$16,570.22
Sponsorship Income	28,000.00					35,000.00	4,750.00	2,000.00		2,000.00	650.00	5,000.00			\$77,400.00
Vendor Income	33,208.38					73,860.62	1,275.00			-335.17					\$108,008.83
Vendor Application Fee	2,935.81														\$2,935.81
Total Vendor Income	36,144.19					73,860.62	1,275.00			-335.17					\$110,944.64
Total Income	\$161,639.35	\$12,267.72	\$15,210.00	\$1,360.22	\$7,803.78	\$253,334.96	\$6,025.00	\$7,559.08	\$-24.92	\$2,664.83	\$1,342.07	\$5,000.00	\$292.25	\$0.00	\$474,474.34
GROSS PROFIT	\$161,639.35	\$12,267.72	\$15,210.00	\$1,360.22	\$7,803.78	\$253,334.96	\$6,025.00	\$7,559.08	\$-24.92	\$2,664.83	\$1,342.07	\$5,000.00	\$292.25	\$0.00	\$474,474.34
Expenses															
Administrative Expenses		5,000.00		24.99											\$5,024.99
Associations/Dues/Subscriptions		12,018.72													\$12,018.72
Board Expense		4,255.93													\$4,255.93
Bookkeeping/Audit		5,123.84													\$5,123.84
Communications			700.64												\$700.64
Contract Labor			39,780.00												\$39,780.00
Office Expenses		1,966.43				70.99									\$2,037.42
Other Fees															\$0.00
Bank Service Charges			36.00									126.00			\$162.00
Credit Card Fees		21.32													\$21.32
QuickBooks Payments Fees													2,886.25		\$2,886.25
Total Other Fees		21.32	36.00									126.00	2,886.25		\$3,069.57
Postage		98.45													\$98.45
Supplies		1,387.73	1,968.18												\$3,355.91
Food		1,763.09		736.38		81.11									\$2,580.58
Total Supplies		3,150.82	1,968.18	736.38		81.11									\$5,936.49
Travel/Training		1,279.92		545.92											\$1,825.84
Food		88.59													\$88.59
Total Travel/Training		1,368.51		545.92											\$1,914.43
Total Administrative Expenses		33,004.02	42,484.82	1,307.29		152.10						126.00	2,886.25		\$79,960.48
Event Expenses	454.21	13,756.52			11,602.50	-51.46	214.00			14,041.50		349.70	8,260.79		\$48,627.76
Activities Expense	388.16					58,880.00									\$59,268.16
Alcohol Expense										0.00					\$0.00
Cashier Staffing	340.00														\$340.00
TABC Permit										155.00					\$155.00
Total Alcohol Expense	340.00									155.00					\$495.00
Bar Staff										0.00					\$0.00
Decorations Expense	5,954.67	1,312.73			58.46	2,020.90		50,350.05							\$59,696.81
Downtown Christmas Tree Expense								17,456.29							\$17,456.29
Entertainer Expense	18,520.00	250.00				19,338.00	1,000.00			-550.00		92,000.00			\$130,558.00
Event Staff	3,900.00	385.00				7,049.75									\$11,334.75
Hospitality	146.04	600.00													\$746.04
Infrastructure															\$0.00
Electricity	26,130.30					30,540.53				0.00					\$56,670.83
Fencing	2,284.05					4,741.00									\$7,025.05
Ice	1,890.00					8,160.00									\$10,050.00
Portables	2,043.70	251.45				1,484.80									\$3,779.95
Rentals	23,751.74	1,360.00				27,525.44		5,990.28		2,778.02					\$61,405.48
Total Infrastructure	56,099.79	1,611.45				72,451.77		5,990.28		2,778.02					\$138,931.31
Marketing Expense	1,700.00	4,870.40				883.83				300.00		900.00	139.32		\$8,793.55
Billboards		12,676.00				12,676.00									\$25,352.00
Event T-Shirts	230.75					824.40	818.46								\$1,873.61
Misc Marketing		144.68			195.00					0.00					\$339.68
Newspaper		1,320.00				13,800.00				7,500.00					\$22,620.00
Radio							786.00								\$786.00
Signage	4,100.28	707.04				3,378.94	114.79			213.93			54.92		\$8,569.90
Social Media	3,564.17	3,945.30			1,142.00	5,100.00				0.00		1,875.00			\$15,626.47
Total Marketing Expense	9,595.20	23,663.42			1,337.00	36,663.17	1,719.25			8,013.93		2,775.00	194.24		\$83,961.21
Merchandise	5,860.57														\$5,860.57
Other Miscellaneous Service Cost	525.00	550.00				500.00				3,592.09					\$5,167.09
Staffing Expense						627.50				500.00					\$1,127.50
Cashiers	2,075.00														\$2,075.00
Misc Labor	1,290.00	165.00				795.00									\$2,250.00
Porters/Cleanup	1,825.00									0.00					\$1,825.00
Total Staffing Expense	5,190.00	165.00				1,422.50				500.00					\$7,277.50
Supplies & Materials	1,909.50					378.88	35.71								\$2,324.09
Ticket Redemption	38,510.21														\$38,510.21
Total Event Expenses	147,393.35	42,294.12			12,997.96	198,653.51	2,968.96	73,796.62		28,530.54		95,124.70	8,455.03		\$610,214.79

McKinney Main Street

Profit and Loss by Class

October 2023 - May 2024

	ARTS IN BLOOM	CULTURAL DISTRICT	DASH	DOWNTOWN TRAINING/DEVELOPMENT	GIRLS NIGHT OUT	HOME FOR THE HOLIDAYS	KREWE OF BARKUS	MCKINNEY CHRISTMAS TREE	NIGHT MARKET	OKTOBERFEST	RED, WHITE & BOOM!	TEXAS MUSIC REVOLUTION	TINY DOORS	NOT SPECIFIED	TOTAL	
Payroll Expenses															\$0.00	
Taxes			754.39												0.00	\$754.39
Wages			9,861.25												0.00	\$9,861.25
Total Payroll Expenses			10,615.64												0.00	\$10,615.64
Program Expenses				6,000.00												\$6,000.00
Promotional Project Expense		2,300.00														\$2,300.00
Total Program Expenses		2,300.00		6,000.00												\$8,300.00
Repair & Maintenance		1,840.00	440.19													\$2,980.19
Taxes Paid		53.00				700.00										\$53.00
Total Expenses	\$147,393.35	\$79,491.14	\$53,540.65	\$7,307.29	\$12,997.96	\$198,505.61	\$2,968.96	\$73,796.62	\$0.00	\$28,530.54	\$0.00	\$95,250.70	\$8,455.03	\$2,886.25	\$712,124.10	
NET OPERATING INCOME	\$14,246.00	\$ -67,223.42	\$ -38,330.65	\$ -5,947.07	\$ -5,194.18	\$53,829.35	\$3,056.04	\$ -66,237.54	\$ -24.92	\$ -25,865.71	\$1,342.07	\$ -90,250.70	\$ -8,162.78	\$ -2,886.25	\$ -237,649.76	
Other Income																
Interest Earned														495.20	\$495.20	
Total Other Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$495.20	\$495.20	
Other Expenses																
Depreciation Expense		4,239.44												4,332.40	\$8,571.84	
Total Other Expenses	\$0.00	\$4,239.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,332.40	\$8,571.84	
NET OTHER INCOME	\$0.00	\$ -4,239.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ -3,837.20	\$ -8,076.64	
NET INCOME	\$14,246.00	\$ -71,462.86	\$ -38,330.65	\$ -5,947.07	\$ -5,194.18	\$53,829.35	\$3,056.04	\$ -66,237.54	\$ -24.92	\$ -25,865.71	\$1,342.07	\$ -90,250.70	\$ -8,162.78	\$ -6,723.45	\$ -245,726.40	

THE SCAUZILLO FIRM, PLLC
P. O. BOX 2018
WYLIE, TX 75098-2018
972-562-2222

August 1, 2022

McKinney Downtown Business
Re-Development Corp.
111 N. Tennessee St.
McKinney, TX 75069

Dear Sirs:

Your 2020 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Frank R Jr Scauzillo

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MCKINNEY DOWNTOWN BUSINESS
RE-DEVELOPMENT CORP.

04-3615798

	2020	2019	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	245	6,878	-6,633
PROGRAM SERVICE REVENUE.....	892,143	386,517	505,626
INVESTMENT INCOME.....	29	163	-134
TOTAL REVENUE.....	892,417	393,558	498,859
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS...	289	3,983	-3,694
OTHER EXPENSES.....	735,813	442,735	293,078
TOTAL EXPENSES.....	736,102	446,718	289,384
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	156,315	-53,160	209,475
TOTAL ASSETS AT END OF YEAR.....	539,061	279,613	259,448
TOTAL LIABILITIES AT END OF YEAR.....	123,885	20,752	103,133
NET ASSETS/FUND BALANCES AT END OF YEAR.	415,176	258,861	156,315

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2020

GENERAL INFORMATION
MCKINNEY DOWNTOWN BUSINESS
RE-DEVELOPMENT CORP.

PAGE 1

04-3615798

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH O, 8868

CARRYOVERS TO 2021

NONE

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FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	711,908.	711,908.	PART IX, LINE 25, COL. B
GRANTS	0.	0.	PART IX, LINES 1-3, COL. B
REVENUE	725,496.	892,143.	PART VIII, LINE 2, COL. A

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Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 10/01, 2020, and ending 9/30, 202021

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax
MCKINNEY DOWNTOWN BUSINESS RE-DEVELOPMENT CORP.

Taxpayer identification number
04-3615798

ANDREW JONES

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1 a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b <u>892,417.</u>
2 a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b _____
3 a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5 b _____
6 a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6 b _____
7 a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7 b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize THE SCAUZILLO FIRM, PLLC to enter my PIN 74433 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency (ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____ Date ▶ 8/01/2022

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 75369741855
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ FRANK R JR SCAUZILLO Date ▶ 8/01/2022

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Inspection Copy

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time.

 Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.		Taxpayer identification number (TIN)
	MCKINNEY DOWNTOWN BUSINESS RE-DEVELOPMENT CORP.		04-3615798
	Number, street, and room or suite number. If a P.O. box, see instructions. 111 N. TENNESSEE ST.		
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MCKINNEY, TX 75069		

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ CITY OF MCKINNEY -----

Telephone No. ▶ 972-547-2662 Fax No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 8/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20____ or
- ▶ tax year beginning 10/01, 2020, and ending 9/30, 2021.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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 **2020** calendar year, or tax year beginning **10/01**, **2020**, and ending **9/30**, **2021**

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	MCKINNEY DOWNTOWN BUSINESS RE-DEVELOPMENT CORP. 111 N. TENNESSEE ST. MCKINNEY, TX 75069	04-3615798
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		9725472662
<input type="checkbox"/> Final return/terminated		G Gross receipts \$
<input type="checkbox"/> Amended return		892,417.
<input type="checkbox"/> Application pending	F Name and address of principal officer: ANDREW JONES SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶	WWW.DOWNTOWNMCKINNEY.COM	
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2002 M State of legal domicile: TX

Part I Summary

	<p>1 Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS TO MAINTAIN AND ENHANCE A VIBRANT DOWNTOWN AREA THROUGH ECONOMIC REDEVELOPMENT, DESIGN, ORGANIZATION AND PROMOTION AS PART OF MCKINNEY'S MAIN STREET PROGRAM. MAIN STREET IS A NATIONAL PROGRAM BORN OUT OF THE NATIONAL TRUST FOR HISTORIC PRESERVATION.</u></p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	9	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1	
	6 Total number of volunteers (estimate if necessary)	6	300	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	6,878.	245.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	386,517.	892,143.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	163.	29.	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	393,558.	892,417.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,983.	289.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	442,735.	735,813.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	446,718.	736,102.	
19 Revenue less expenses. Subtract line 18 from line 12	-53,160.	156,315.		
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)	279,613.	539,061.	
	22 Net assets or fund balances. Subtract line 21 from line 20	20,752.	123,885.	
		258,861.	415,176.	

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	Date			
	▶ ANDREW JONES Type or print name and title		EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FRANK R JR SCAUZILLO		8/01/22	<input type="checkbox"/>	P00448660
	Firm's name ▶	Firm's EIN ▶			
	THE SCAUZILLO FIRM, PLLC	20-1452960			
Firm's address ▶	Phone no.				
P. O. BOX 2018 WYLIE, TX 75098-2018	972-562-2222				

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



Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 711,908. including grants of \$) (Revenue \$ 725,496.)

PROMOTION OF HISTORICAL DOWNTOWN MCKINNEY COMMUNITY AND BUSINESSES

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 711,908.



Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I.</i> See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization 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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.....		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.....		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, federal returns, unrelated business income, foreign accounts, tax shelter transactions, and charitable contributions.



Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included on line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... 6 Did the organization have members or stockholders?... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body?... 8b Each committee with authority to act on behalf of the governing body?... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?... 10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?... 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O... 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13... 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done... SEE SCHEDULE O... 13 Did the organization have a written whistleblower policy?... 14 Did the organization have a written document retention and destruction policy?... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official... 15b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)... 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?... 16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CITY OF MCKINNEY 111 W. TENNESSEE ST. MCKINNEY TX 75069 972-547-2662



Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT HAMILTON PRESIDENT	5 0	X		X				0.	0.	0.
(2) KATHRYN WAITE TREASURER	10 0	X		X				0.	0.	0.
(3) DOUG WILLMARTH VICE PRESIDENT	5 0	X		X				0.	0.	0.
(4) TAYLOR PHELAN DIRECTOR	5 0	X						0.	0.	0.
(5) CHRIS WILKES DIRECTOR	5 0	X						0.	0.	0.
(6) AMY PYEATT DIRECTOR	5 0	X						0.	0.	0.
(7) PRESTON SCHWALLS DIRECTOR	5 0	X						0.	0.	0.
(8) VON DANIEL DIRECTOR	5 0	X						0.	0.	0.
(9) KIM BLACK DIRECTOR	5 0	X						0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

1 b Subtotal	0.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 245.				
	g Noncash contributions included in lines 1a-1f	1 g				
	h Total. Add lines 1a-1f		245.			
Program Service Revenue	Business Code					
	2 a OKTOBERFEST		521,021.	521,021.		
	b CULTURAL DISTRICT		117,204.	117,204.		
	c TX MUSIC REVOLUTION		84,651.	84,651.		
	d ARTS IN BLOOM		81,436.	81,436.		
	e HOME FOR THE HOLIDAYS		62,083.	62,083.		
	f All other program service revenue	SEE SCH O	25,748.	25,748.		
g Total. Add lines 2a-2f		892,143.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		29.	29.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		6 a				
		6 b Less: rental expenses	6 b			
	c Rental income or (loss)	6 c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7 a				
		b Less: cost or other basis and sales expenses	7 b			
	c Gain or (loss)	7 c				
d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
	8 a					
	b Less: direct expenses	8 b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19						
	9 a					
	b Less: direct expenses	9 b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances						
	10 a					
	b Less: cost of goods sold	10 b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11 a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		892,417.	892,172.	0.	0.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	220.		220.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	69.		69.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	7,632.		7,632.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,499.		6,499.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>EVENT EXPENSES, OKTOBERFEST</u>	319,701.	319,701.		
b <u>EVENT EXPENSES, CULTURAL DIST</u>	147,730.	147,730.		
c <u>EVENT EXPENSES, TX MUSIC</u>	79,306.	79,306.		
d <u>EVENT EXPENSES, HOME/HOLIDAYS</u>	57,123.	57,123.		
e All other expenses. <u>SEE SCH. O</u>	117,822.	108,048.	9,774.	
25 Total functional expenses. Add lines 1 through 24e	736,102.	711,908.	24,194.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	116,502.	1	366,615.
	2 Savings and temporary cash investments		2	23,636.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	585.	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 202,084.		
	b Less: accumulated depreciation	10b 53,274.	162,526.	10c 148,810.
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	279,613.	16	539,061.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue	11,336.	19	3,049.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,416.	25	120,836.
	26 Total liabilities. Add lines 17 through 25	20,752.	26	123,885.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	258,861.	27	415,176.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances.	258,861.	32	415,176.
33 Total liabilities and net assets/fund balances.	279,613.	33	539,061.	

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	892,417.
2	Total expenses (must equal Part IX, column (A), line 25)	2	736,102.
3	Revenue less expenses. Subtract line 2 from line 1	3	156,315.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	258,861.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	415,176.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

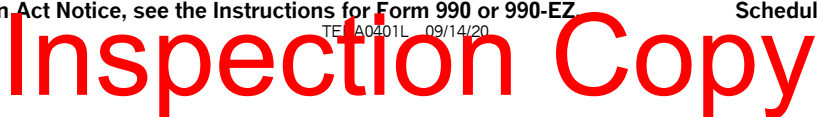
Name of the organization MCKINNEY DOWNTOWN BUSINESS RE-DEVELOPMENT CORP.	Employer identification number 04-3615798
--	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 33-1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	186,532.	242,663.	102,248.	6,878.	245.	538,566.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	623,916.	689,493.				1,313,409.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.			895,188.	386,517.	892,143.	2,173,848.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	810,448.	932,156.	997,436.	393,395.	892,388.	4,025,823.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						4,025,823.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.	810,448.	932,156.	997,436.	393,395.	892,388.	4,025,823.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		72.			29.	101.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	72.	0.	0.	29.	101.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)	810,448.	932,228.	997,436.	393,395.	892,417.	4,025,924.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)).	15	100.00 %
16 Public support percentage from 2019 Schedule A, Part III, line 15.	16	0.00 %

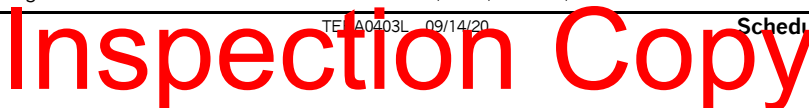
Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	0.00 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17.	18	0.00 %

19a 33-1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶



Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described in line 11a above?	11b	
c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990 or 990-EZ) 2020

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

BAA

Schedule A (Form 990 or 990-EZ) 2020

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization MCKINNEY DOWNTOWN BUSINESS RE-DEVELOPMENT CORP.

Employer identification number 04-3615798

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MCKINNEY DOWNTOWN BUSINESS	Employer identification number 04-3615798
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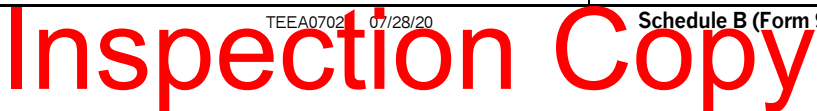
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF MCKINNEY P. O. BOX 517 MCKINNEY, TX 75070	\$ 152,790.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FIRST UNITED BANK 1700 NORTH REDBUD BLVD. MCKINNEY, TX 75069	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MCKINNEY COMMUNITY DEVELOPMENT CORP 5900 S. LAKE FOREST DR, 110 MCKINNEY, TX 75070	\$ 56,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	TEXAS COMMISSION ON THE ARTS P O BOX 13406 AUSTIN, TX 78711	\$ 23,406.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PARK PLACE LX OF TEXAS LTD. 6785 DALLAS PARKWAY PLANO, TX 75024	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ALLIANCE OF ELITE YOUTH LEADERSHIP P O BOX 262 MCKINNEY, TX 75070	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MCKINNEY DOWNTOWN BUSINESS	Employer identification number 04-3615798
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TEXAN'S CREDIT UNION 777 E. CAMPBELL RD RICHARDSON, TX 75081	\$ 9,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization MCKINNEY DOWNTOWN BUSINESS	Employer identification number 04-3615798
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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Name of organization MCKINNEY DOWNTOWN BUSINESS Employer identification number 04-3615798

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ N/A Use duplicate copies of Part III if additional space is needed.

Table with 4 main sections, each containing columns (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, and (e) Transfer of gift (Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee).



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

MCKINNEY DOWNTOWN BUSINESS RE-DEVELOPMENT CORP.

04-3615798

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for conservation easement statistics.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

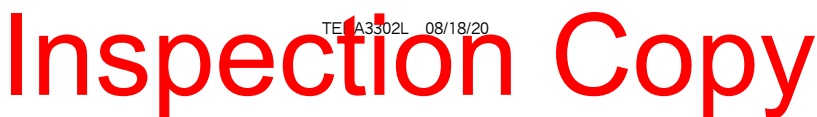
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment	202,084.		53,274.	148,810.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 148,810.



Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

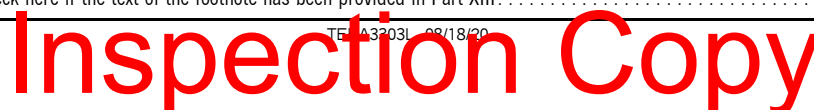
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CREDIT CARD PAYABLE	18,748.
(3) DUE TO VENDORS	102,088.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	120,836.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization **MCKINNEY DOWNTOWN BUSINESS RE-DEVELOPMENT CORP.**

Employer identification number
04-3615798

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

OUR MISSION IS TO MAINTAIN AND ENHANCE A VIBRANT DOWNTOWN AREA THROUGH ECONOMIC REDEVELOPMENT, DESIGN, ORGANIZATION AND PROMOTION AS PART OF MCKINNEY'S MAIN STREET PROGRAM. MAIN STREET IS A NATIONAL PROGRAM BORN OUT OF THE NATIONAL TRUST FOR HISTORIC PRESERVATION.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS PROVIDED TO THE THE BOARD TREASURER AND EXECUTIVE DIRECTOR FOR REVIEW. AT THE DISCRETION OF THESE TWO OFFICERS, THE DRAFT IS CIRCULATED TO THE BOARD FOR COMMENT.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICT POLICY IS PROVIDED AND DISCUSSED AT BOARD MEETINGS. BOARD MEMBERS SELF-REPORT ANY CONFLICTS. NO BOARD MEMBER HAS REPORTED ANY CONFLCT OF INTEREST.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL GOVERNING DOCUMENTS AND DISCLOSURES ARE AVAILABLE UPON REQUEST.

**FORM 990, PART VIII, LINE 2F
OTHER PROGRAM SERVICE REVENUE**

DESCRIPTION	BUS. CODE	TOTAL REVENUE	RELATED OR EXEMPT FUNCTION REVENUE	UNRELATED BUSINESS REVENUE	REVENUE EXCLUDED FROM TAX
JUNETEENTH		\$ 13,350.	\$ 13,350.		
MCKINNEY CHRISTMAS		8,836.	8,836.		
RED WHITE & BOOM		2,301.	2,301.		
MCKINNEY MUSICIANS		1,261.	1,261.		
TOTALS		<u>\$ 25,748.</u>	<u>\$ 25,748.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ASSOCIATION DUES	5,928.		5,928.	
BOARD EXPENSE	291.		291.	
CASUAL LABOR	1,990.		1,990.	
EVENT EXPENSES, ARTS IN BLOOM	52,698.	52,698.		
EVENT EXPENSES, DASH	18,090.	18,090.		
EVENT EXPENSES, JUNETEENTH	12,562.	12,562.		

Inspection Copy

Name of the organization **MCKINNEY DOWNTOWN BUSINESS
RE-DEVELOPMENT CORP.**

Employer identification number
04-3615798

**FORM 990, PART IX, LINE 24E (CONTINUED)
OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT & GENERAL</u>	<u>FUNDRAISING</u>
EVENT EXPENSES, LIGHT UP BLOCK	10,643.	10,643.		
EVENT EXPENSES, MUSICIANS	1,250.	1,250.		
EVENT EXPENSES, RED WHITE BOOM	2,435.	2,435.		
EVENT EXPESNES, CHRISTMAS	10,370.	10,370.		
FOOD COSTS (REFUNDS)	-261.		-261.	
MARKETING, MISCELLANEOUS	229.		229.	
MARKETING, SOCIAL MEDIA	53.		53.	
PROMOTIONAL	245.		245.	
QBO SOFTWARE LICENSE	1,299.		1,299.	
TOTAL	<u>\$ 117,822.</u>	<u>\$ 108,048.</u>	<u>\$ 9,774.</u>	<u>\$ 0.</u>

THE SCAUZILLO FIRM, PLLC
P. O. BOX 2018
WYLIE, TX 75098-2018
972-562-2222

May 4, 2023

McKinney Downtown Business
Re-Development Corp.
111 N. Tennessee St.
McKinney, TX 75069

Dear Client:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Frank R Jr Scauzillo

MCKINNEY DOWNTOWN BUSINESS
RE-DEVELOPMENT CORP.

04-3615798

	2021	2020	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	0	245	-245
PROGRAM SERVICE REVENUE.....	1,220,048	892,143	327,905
INVESTMENT INCOME.....	165	29	136
TOTAL REVENUE.....	1,220,213	892,417	327,796
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS...	0	289	-289
OTHER EXPENSES.....	1,206,206	735,813	470,393
TOTAL EXPENSES.....	1,206,206	736,102	470,104
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	14,007	156,315	-142,308
TOTAL ASSETS AT END OF YEAR.....	578,038	539,061	38,977
TOTAL LIABILITIES AT END OF YEAR.....	148,855	123,885	24,970
NET ASSETS/FUND BALANCES AT END OF YEAR.	429,183	415,176	14,007

2021

GENERAL INFORMATION
MCKINNEY DOWNTOWN BUSINESS
RE-DEVELOPMENT CORP.

PAGE 1

04-3615798

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH O, 8868

CARRYOVERS TO 2022

NONE

FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	1,187,304.	1,187,304.	PART IX, LINE 25, COL. B
GRANTS	0.	0.	PART IX, LINES 1-3, COL. B
REVENUE	1,220,048.	1,220,048.	PART VIII, LINE 2, COL. A

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning 10/01, 2021, and ending 9/30, 20 2022

2021

Department of the Treasury
Internal Revenue Service

► **Do not send to the IRS. Keep for your records.**
► **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer MCKINNEY DOWNTOWN BUSINESS
RE-DEVELOPMENT CORP.

EIN or SSN
04-3615798

Name and title of officer or person subject to tax

ANDREW JONES EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,220,213.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize THE SCAUZILLO FIRM, PLLC to enter my PIN 58727 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ►

Date ►

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

75369741855
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► FRANK R JR SCAUZILLO

Date ►

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time.

 Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	MCKINNEY DOWNTOWN BUSINESS RE-DEVELOPMENT CORP.	04-3615798
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	
	111 N. TENNESSEE ST. City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MCKINNEY, TX 75069	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ CITY OF MCKINNEY

Telephone No. ▶ 972-547-2662 Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 8/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 10/01, 2021, and ending 9/30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c \$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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 **2021** calendar year, or tax year beginning **10/01**, **2021**, and ending **9/30**, **2022**

B Check if applicable:	C	D Employer identification number		
<input type="checkbox"/> Address change	MCKINNEY DOWNTOWN BUSINESS RE-DEVELOPMENT CORP. 111 N. TENNESSEE ST. MCKINNEY, TX 75069	04-3615798		
<input type="checkbox"/> Name change		E Telephone number		
<input type="checkbox"/> Initial return		9725472662		
<input type="checkbox"/> Final return/terminated		G Gross receipts \$	1,220,213.	
<input type="checkbox"/> Amended return		F Name and address of principal officer:	ANDREW JONES SAME AS C ABOVE	
<input type="checkbox"/> Application pending		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.		
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶		
J Website:	WWW.DOWNTOWNMCKINNEY.COM			
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2002	M State of legal domicile: TX	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS TO MAINTAIN AND ENHANCE A VIBRANT DOWNTOWN AREA THROUGH ECONOMIC REDEVELOPMENT, DESIGN, ORGANIZATION AND PROMOTION AS PART OF MCKINNEY'S MAIN STREET PROGRAM. MAIN STREET IS A NATIONAL PROGRAM BORN OUT OF THE NATIONAL TRUST FOR HISTORIC PRESERVATION.</u>			
Activities & Governance	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		9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		9
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5		1
	6 Total number of volunteers (estimate if necessary)	6		300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	245.		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	892,143.	1,220,048.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29.	165.	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	892,417.	1,220,213.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		289.		
16a Professional fundraising fees (Part IX, column (A), line 11e)				
b Total fundraising expenses (Part IX, column (D), line 25) ▶				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		735,813.	1,206,206.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	736,102.	1,206,206.		
19 Revenue less expenses. Subtract line 18 from line 12	156,315.	14,007.		
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)	539,061.	578,038.	
	22 Net assets or fund balances. Subtract line 21 from line 20	123,885.	148,855.	
		415,176.	429,183.	

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	Date	
	ANDREW JONES Type or print name and title		EXECUTIVE DIRECTOR
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	FRANK R JR SCAUZILLO		
	Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed
	Firm's address	20-1452960	PTIN P00448660
	THE SCAUZILLO FIRM, PLLC		
	P. O. BOX 2018		
	WYLIE, TX 75098-2018		
		Phone no.	972-562-2222

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,187,304. including grants of \$) (Revenue \$ 1,220,048.)

PROMOTION OF HISTORICAL DOWNTOWN MCKINNEY COMMUNITY AND BUSINESSES

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,187,304.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b Is the organization 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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b		
4a	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)? 4a		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17		
If 'Yes,' complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.
 Check if Schedule O contains a response or note to any line in this Part VI.

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1 b	Enter the number of voting members included on line 1a, above, who are independent. 1 b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	The organization's CEO, Executive Director, or top management official.		X
15 b	Other officers or key employees of the organization.		X
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 CITY OF MCKINNEY 111 W. TENNESSEE ST. MCKINNEY TX 75069 972-547-2662

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT HAMILTON PRESIDENT	5 0	X		X				0.	0.	0.
(2) GINGER HAYES DIRECTOR	10 0	X		X				0.	0.	0.
(3) DOUG WILLMARTH VICE PRESIDENT	5 0	X		X				0.	0.	0.
(4) TAYLOR PHELAN DIRECTOR	5 0	X						0.	0.	0.
(5) CHRIS WILKES SECRETARY	5 0	X						0.	0.	0.
(6) AMY PYEATT DIRECTOR	5 0	X						0.	0.	0.
(7) PRESTON SCHWALLS DIRECTOR	5 0	X						0.	0.	0.
(8) VON DANIEL DIRECTOR	5 0	X						0.	0.	0.
(9) KIM BLACK DIRECTOR	5 0	X						0.	0.	0.
(10) TOBY THOMASON DIRECTOR	0 0	X						0.	0.	0.
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

1 b Subtotal	0.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f				
	g Noncash contributions included in lines 1a-1f	1 g				
	h Total. Add lines 1a-1f					
Program Service Revenue	Business Code					
	2 a OKTOBERFEST		543,548.	543,548.		
	b HOME FOR THE HOLIDAYS		305,136.	305,136.		
	c ARTS IN BLOOM		140,349.	140,349.		
	d TX MUSIC REVOLUTION		113,565.	113,565.		
	e OTHER SPECIAL EVENTS		48,094.	48,094.		
	f All other program service revenue	SEE SCH O	69,356.	69,356.		
g Total. Add lines 2a-2f		1,220,048.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		165.	165.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		6 b Less: rental expenses	6 b			
	c Rental income or (loss)	6 c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses	7 b			
	c Gain or (loss)	7 c				
	d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8 a					
b Less: direct expenses	8 b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	9 a					
b Less: direct expenses	9 b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10 a					
b Less: cost of goods sold	10 b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11 a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		1,220,213.	1,220,213.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	5,812.		5,812.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,499.		6,499.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>EVENT EXPENSES, OKTOBERFEST</u>	384,708.	384,708.		
b <u>EVENT EXPENSES, HOME/HOLIDAYS</u>	333,449.	333,449.		
c <u>EVENT EXPENSES, ARTS IN BLOOM</u>	126,153.	126,153.		
d <u>EVENT EXPENSES, CULTURAL DIST</u>	109,591.	109,591.		
e All other expenses. SEE SCH. O	239,994.	233,403.	6,591.	
25 Total functional expenses. Add lines 1 through 24e	1,206,206.	1,187,304.	18,902.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	366,615.	1	360,301.
	2 Savings and temporary cash investments	23,636.	2	83,801.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 202,084.		
	b Less: accumulated depreciation	10b 68,148.	148,810.	10c 133,936.
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		539,061.	16	578,038.
Liabilities	17 Accounts payable and accrued expenses		17	91,447.
	18 Grants payable		18	
	19 Deferred revenue	3,049.	19	36,954.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	120,836.	25	20,454.
	26 Total liabilities. Add lines 17 through 25	123,885.	26	148,855.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	415,176.	27	429,183.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	415,176.	32	429,183.
33 Total liabilities and net assets/fund balances	539,061.	33	578,038.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,220,213.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,206,206.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,007.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	415,176.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	429,183.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization MCKINNEY DOWNTOWN BUSINESS RE-DEVELOPMENT CORP.	Employer identification number 04-3615798
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	242,663.	102,248.	6,878.	245.		352,034.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	689,493.					689,493.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.		895,188.	386,517.	892,143.		2,173,848.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	932,156.	997,436.	393,395.	892,388.	0.	3,215,375.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						3,215,375.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.	932,156.	997,436.	393,395.	892,388.	0.	3,215,375.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	72.			29.		101.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	72.	0.	0.	29.	0.	101.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)	932,228.	997,436.	393,395.	892,417.	0.	3,215,476.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization MCKINNEY DOWNTOWN BUSINESS RE-DEVELOPMENT CORP.

Employer identification number 04-3615798

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [X] 501(c)(3) (enter number) organization
[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[] 527 political organization
Form 990-PF [] 501(c)(3) exempt private foundation
[] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization MCKINNEY DOWNTOWN BUSINESS	Employer identification number 04-3615798
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF MCKINNEY P. O. BOX 517 MCKINNEY, TX 75070	\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MCKINNEY COMMUNITY DEVELOPMENT CORP 5900 S. LAKE FOREST DR, 110 MCKINNEY, TX 75070	\$ 25,779.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	TEXAN'S CREDIT UNION 777 E. CAMPBELL RD RICHARDSON, TX 75081	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BLUE BOX 111 W LOUISIANA STREET MCKINNEY, TX 75069	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COMMERCIAL BANK OF TEXAS, NA 321 N CENTRAL EXPWY, STE 100 MCKINNEY, TX 75070	\$ 15,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HEB 6001 PRESTON RD, STE 100 PLANO, TX 75093	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MCKINNEY DOWNTOWN BUSINESS	Employer identification number 04-3615798
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization MCKINNEY DOWNTOWN BUSINESS	Employer identification number 04-3615798
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... ▶\$ _____ *N/A*
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MCKINNEY DOWNTOWN BUSINESS
RE-DEVELOPMENT CORP.

Employer identification number

04-3615798

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment	202,084.		68,148.	133,936.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 133,936.

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CREDIT CARD PAYABLE	20,375.
(3) PAYROLL TAXES WITHHELD	79.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	20,454.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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 Form 990-EZ.

2021

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
**MCKINNEY DOWNTOWN BUSINESS
RE-DEVELOPMENT CORP.**

Employer identification number
04-3615798

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

OUR MISSION IS TO MAINTAIN AND ENHANCE A VIBRANT DOWNTOWN AREA THROUGH ECONOMIC REDEVELOPMENT, DESIGN, ORGANIZATION AND PROMOTION AS PART OF MCKINNEY'S MAIN STREET PROGRAM. MAIN STREET IS A NATIONAL PROGRAM BORN OUT OF THE NATIONAL TRUST FOR HISTORIC PRESERVATION.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS PROVIDED TO THE THE BOARD TREASURER AND EXECUTIVE DIRECTOR FOR REVIEW. AT THE DISCRETION OF THESE TWO OFFICERS, THE DRAFT IS CIRCULATED TO THE BOARD FOR COMMENT.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICT POLICY IS PROVIDED AND DISCUSSED AT BOARD MEETINGS. BOARD MEMBERS SELF-REPORT ANY CONFLICTS. NO BOARD MEMBER HAS REPORTED ANY CONFLCT OF INTEREST.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL GOVERNING DOCUMENTS AND DISCLOSURES ARE AVAILABLE UPON REQUEST.

**FORM 990, PART VIII, LINE 2F
OTHER PROGRAM SERVICE REVENUE**

DESCRIPTION	BUS. CODE	TOTAL REVENUE	RELATED OR EXEMPT FUNCTION REVENUE	UNRELATED BUSINESS REVENUE	REVENUE EXCLUDED FROM TAX
JUNETEENTH CULTURAL DISTRICT		\$ 31,012.	\$ 31,012.		
MCKINNEY MUSICIANS		19,884.	19,884.		
MCKINNEY CHRISTMAS		10,527.	10,527.		
RED WHITE & BOOM		5,257.	5,257.		
DASH		2,601.	2,601.		
		75.	75.		
TOTALS		\$ 69,356.	\$ 69,356.	\$ 0.	\$ 0.

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ASSOCIATION DUES	2,538.		2,538.	
BANK CHARGES	1,158.		1,158.	
EVENT EXPENSES, DASH	53,618.	53,618.		
EVENT EXPENSES, JUNETEENTH	22,381.	22,381.		

Name of the organization MCKINNEY DOWNTOWN BUSINESS
RE-DEVELOPMENT CORP.

Employer identification number
04-3615798

**FORM 990, PART IX, LINE 24E (CONTINUED)
OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT & GENERAL</u>	<u>FUNDRAISING</u>
EVENT EXPENSES, LIGHT UP BLOCK	6,115.	6,115.		
EVENT EXPENSES, MUSICIANS	10,979.	10,979.		
EVENT EXPENSES, OTHER EVENTS	23,382.	23,382.		
EVENT EXPENSES, RED WHITE BOOM	725.	725.		
EVENT EXPENSES, TX MUSIC	102,242.	102,242.		
EVENT EXPENSES, CHRISTMAS	13,961.	13,961.		
MARKETING, MISCELLANEOUS				
MARKETING, SOCIAL MEDIA				
PROMOTIONAL				
QBO SOFTWARE LICENSE	2,895.		2,895.	
TOTAL	<u>\$ 239,994.</u>	<u>\$ 233,403.</u>	<u>\$ 6,591.</u>	<u>\$ 0.</u>

McKinney Main Street

Balance Sheet As of May 31, 2024

	TOTAL	
	AS OF MAY 31, 2024	AS OF MAY 31, 2023 (PY)
ASSETS		
Current Assets		
Bank Accounts		
Cash - Deposit in Transit	0.00	0.00
Clearing	0.00	0.00
First United Bank Checking	141,104.83	31,004.76
First United Savings	24,730.36	84,038.37
Petty Cash	0.00	0.00
Total Bank Accounts	\$165,835.19	\$115,043.13
Accounts Receivable		
Accounts Receivable	17,923.88	15,300.00
Total Accounts Receivable	\$17,923.88	\$15,300.00
Other Current Assets		
Deferred Expenses	0.00	0.00
Other Receivables	0.00	0.00
Prepaid Expenses	0.00	0.00
Uncategorized Asset	0.00	0.00
Undeposited Funds	3,116.24	0.00
Total Other Current Assets	\$3,116.24	\$0.00
Total Current Assets	\$186,875.31	\$130,343.13
Other Assets		
Cultural District		
Cultural District	127,182.98	127,182.98
Cultural District - Accumulated Depreciation	-25,370.26	-19,011.12
Total Cultural District	101,812.72	108,171.86
DASH Trolley		
DASH Trolley	8,090.00	
Other Long-term Assets		
Other Long-term Assets	0.00	0.00
Accumulated Amortization - Other Assets	0.00	0.00
Total Other Long-term Assets	0.00	0.00
Polaris Gem		
Polaris Gem	24,193.89	24,193.89
Accumulated Depreciation	-24,193.89	-24,193.89
Total Polaris Gem	0.00	0.00
Santa House		
Santa House	17,386.73	17,386.73
Accumulated Depreciation	-13,040.03	-11,301.36
Total Santa House	4,346.70	6,085.37
Wireless Speakers		
Wireless Speakers	33,320.00	33,320.00
Accumulated Depreciation	-26,973.32	-22,213.30
Total Wireless Speakers	6,346.68	11,106.70
Total Other Assets	\$120,596.10	\$125,363.93
TOTAL ASSETS	\$307,471.41	\$255,707.06

McKinney Main Street

Balance Sheet

As of May 31, 2024

	TOTAL	
	AS OF MAY 31, 2024	AS OF MAY 31, 2023 (PY)
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
Accounts Payable	0.00	0.00
Total Accounts Payable	\$0.00	\$0.00
Credit Cards		
NEW Main Street Card	11,163.31	11,438.89
OLD CitiCard Main Street	589.17	450.42
Total Credit Cards	\$11,752.48	\$11,889.31
Other Current Liabilities		
City of McKinney - Silo Mural Donations	0.00	0.00
Direct Deposit Payable	258.58	0.00
Downtown Dollars	3,022.22	3,302.22
McKinney Strong Campaign	0.00	0.00
Other Current Liabilities	0.00	0.00
Payroll Liabilities		
Federal Taxes (941/944)	42.84	44.21
TX Unemployment Tax	0.00	0.00
Total Payroll Liabilities	42.84	44.21
Unearned Revenue	6,000.00	4,000.00
Total Other Current Liabilities	\$9,323.64	\$7,346.43
Total Current Liabilities	\$21,076.12	\$19,235.74
Total Liabilities	\$21,076.12	\$19,235.74
Equity		
Opening Bal Equity	0.00	0.00
Retained Earnings	532,121.69	463,255.15
Net Income	-245,726.40	-226,783.83
Total Equity	\$286,395.29	\$236,471.32
TOTAL LIABILITIES AND EQUITY	\$307,471.41	\$255,707.06

McKinney Main Street

Profit and Loss by Class
October 2023 - May 2024

	ARTS IN BLOOM	CULTURAL DISTRICT	DASH	DOWNTOWN TRAINING/DEVELOPMENT	GIRLS NIGHT OUT	HOME FOR THE HOLIDAYS	KREWE OF BARKUS	MCKINNEY CHRISTMAS TREE	NIGHT MARKET	OKTOBERFEST	RED, WHITE & BOOM!	TEXAS MUSIC REVOLUTION	TINY DOORS	NOT SPECIFIED	TOTAL
Income															
Downtown Membership Income		1,901.69													\$1,901.69
Events Income	45,523.09	10,366.03			7,803.78	80,974.34		5,559.08	-24.92	0.00			292.25		\$150,493.65
Alcohol Sales	0.00														\$0.00
Pre-Sale Ticket Revenue										1,000.00					\$1,000.00
Red, White & BOOM!											692.07				\$692.07
Ticket Sales	51,972.07														\$51,972.07
Vendor Commission	0.00														\$0.00
Total Events Income	97,495.16	10,366.03			7,803.78	80,974.34		5,559.08	-24.92	1,000.00	692.07		292.25		\$204,157.79
Grants Received			0.00					63,500.00							\$63,500.00
Non Profit Income		0.00													\$0.00
Programs Income			15,210.00	1,360.22											\$16,570.22
Sponsorship Income	28,000.00					35,000.00	4,750.00	2,000.00		2,000.00	650.00	5,000.00			\$77,400.00
Vendor Income	33,208.38					73,860.62	1,275.00			-335.17					\$108,008.83
Vendor Application Fee	2,935.81														\$2,935.81
Total Vendor Income	36,144.19					73,860.62	1,275.00			-335.17					\$110,944.64
Total Income	\$161,639.35	\$12,267.72	\$15,210.00	\$1,360.22	\$7,803.78	\$253,334.96	\$6,025.00	\$7,559.08	\$-24.92	\$2,664.83	\$1,342.07	\$5,000.00	\$292.25	\$0.00	\$474,474.34
GROSS PROFIT	\$161,639.35	\$12,267.72	\$15,210.00	\$1,360.22	\$7,803.78	\$253,334.96	\$6,025.00	\$7,559.08	\$-24.92	\$2,664.83	\$1,342.07	\$5,000.00	\$292.25	\$0.00	\$474,474.34
Expenses															
Administrative Expenses		5,000.00		24.99											\$5,024.99
Associations/Dues/Subscriptions		12,018.72													\$12,018.72
Board Expense		4,255.93													\$4,255.93
Bookkeeping/Audit		5,123.84													\$5,123.84
Communications			700.64												\$700.64
Contract Labor			39,780.00												\$39,780.00
Office Expenses		1,966.43				70.99									\$2,037.42
Other Fees															\$0.00
Bank Service Charges			36.00									126.00			\$162.00
Credit Card Fees		21.32													\$21.32
QuickBooks Payments Fees													2,886.25		\$2,886.25
Total Other Fees		21.32	36.00									126.00	2,886.25		\$3,069.57
Postage		98.45													\$98.45
Supplies		1,387.73	1,968.18												\$3,355.91
Food		1,763.09		736.38		81.11									\$2,580.58
Total Supplies		3,150.82	1,968.18	736.38		81.11									\$5,936.49
Travel/Training		1,279.92		545.92											\$1,825.84
Food		88.59													\$88.59
Total Travel/Training		1,368.51		545.92											\$1,914.43
Total Administrative Expenses		33,004.02	42,484.82	1,307.29		152.10						126.00	2,886.25		\$79,960.48
Event Expenses	454.21	13,756.52			11,602.50	-51.46	214.00			14,041.50		349.70	8,260.79		\$48,627.76
Activities Expense	388.16					58,880.00									\$59,268.16
Alcohol Expense										0.00					\$0.00
Cashier Staffing	340.00														\$340.00
TABC Permit										155.00					\$155.00
Total Alcohol Expense	340.00									155.00					\$495.00
Bar Staff										0.00					\$0.00
Decorations Expense	5,954.67	1,312.73			58.46	2,020.90		50,350.05							\$59,696.81
Downtown Christmas Tree Expense								17,456.29							\$17,456.29
Entertainer Expense	18,520.00	250.00				19,338.00	1,000.00			-550.00		92,000.00			\$130,558.00
Event Staff	3,900.00	385.00				7,049.75									\$11,334.75
Hospitality	146.04	600.00													\$746.04
Infrastructure															\$0.00
Electricity	26,130.30					30,540.53				0.00					\$56,670.83
Fencing	2,284.05					4,741.00									\$7,025.05
Ice	1,890.00					8,160.00									\$10,050.00
Portables	2,043.70	251.45				1,484.80									\$3,779.95
Rentals	23,751.74	1,360.00				27,525.44		5,990.28		2,778.02					\$61,405.48
Total Infrastructure	56,099.79	1,611.45				72,451.77		5,990.28		2,778.02					\$138,931.31
Marketing Expense	1,700.00	4,870.40				883.83				300.00		900.00	139.32		\$8,793.55
Billboards		12,676.00				12,676.00									\$25,352.00
Event T-Shirts	230.75					824.40	818.46								\$1,873.61
Misc Marketing		144.68			195.00					0.00					\$339.68
Newspaper		1,320.00				13,800.00				7,500.00					\$22,620.00
Radio							786.00								\$786.00
Signage	4,100.28	707.04				3,378.94	114.79			213.93			54.92		\$8,569.90
Social Media	3,564.17	3,945.30			1,142.00	5,100.00				0.00		1,875.00			\$15,626.47
Total Marketing Expense	9,595.20	23,663.42			1,337.00	36,663.17	1,719.25			8,013.93		2,775.00	194.24		\$83,961.21
Merchandise	5,860.57														\$5,860.57
Other Miscellaneous Service Cost	525.00	550.00				500.00				3,592.09					\$5,167.09
Staffing Expense						627.50				500.00					\$1,127.50
Cashiers	2,075.00														\$2,075.00
Misc Labor	1,290.00	165.00				795.00									\$2,250.00
Porters/Cleanup	1,825.00									0.00					\$1,825.00
Total Staffing Expense	5,190.00	165.00				1,422.50				500.00					\$7,277.50
Supplies & Materials	1,909.50					378.88	35.71								\$2,324.09
Ticket Redemption	38,510.21														\$38,510.21
Total Event Expenses	147,393.35	42,294.12			12,997.96	198,653.51	2,968.96	73,796.62		28,530.54		95,124.70	8,455.03		\$610,214.79

McKinney Main Street

Profit and Loss by Class

October 2023 - May 2024

	ARTS IN BLOOM	CULTURAL DISTRICT	DASH	DOWNTOWN TRAINING/DEVELOPMENT	GIRLS NIGHT OUT	HOME FOR THE HOLIDAYS	KREWE OF BARKUS	MCKINNEY CHRISTMAS TREE	NIGHT MARKET	OKTOBERFEST	RED, WHITE & BOOM!	TEXAS MUSIC REVOLUTION	TINY DOORS	NOT SPECIFIED	TOTAL	
Payroll Expenses															\$0.00	
Taxes			754.39												0.00	\$754.39
Wages			9,861.25												0.00	\$9,861.25
Total Payroll Expenses			10,615.64												0.00	\$10,615.64
Program Expenses				6,000.00												\$6,000.00
Promotional Project Expense		2,300.00														\$2,300.00
Total Program Expenses		2,300.00		6,000.00												\$8,300.00
Repair & Maintenance		1,840.00	440.19													\$2,980.19
Taxes Paid		53.00				700.00										\$53.00
Total Expenses	\$147,393.35	\$79,491.14	\$53,540.65	\$7,307.29	\$12,997.96	\$198,505.61	\$2,968.96	\$73,796.62	\$0.00	\$28,530.54	\$0.00	\$95,250.70	\$8,455.03	\$2,886.25	\$712,124.10	
NET OPERATING INCOME	\$14,246.00	\$ -67,223.42	\$ -38,330.65	\$ -5,947.07	\$ -5,194.18	\$53,829.35	\$3,056.04	\$ -66,237.54	\$ -24.92	\$ -25,865.71	\$1,342.07	\$ -90,250.70	\$ -8,162.78	\$ -2,886.25	\$ -237,649.76	
Other Income																
Interest Earned														495.20	\$495.20	
Total Other Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$495.20	\$495.20	
Other Expenses																
Depreciation Expense		4,239.44												4,332.40	\$8,571.84	
Total Other Expenses	\$0.00	\$4,239.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,332.40	\$8,571.84	
NET OTHER INCOME	\$0.00	\$ -4,239.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ -3,837.20	\$ -8,076.64	
NET INCOME	\$14,246.00	\$ -71,462.86	\$ -38,330.65	\$ -5,947.07	\$ -5,194.18	\$53,829.35	\$3,056.04	\$ -66,237.54	\$ -24.92	\$ -25,865.71	\$1,342.07	\$ -90,250.70	\$ -8,162.78	\$ -6,723.45	\$ -245,726.40	

ATLANTA GA 39901-0001

In reply refer to: 0752857837
Apr. 20, 2016 LTR 4168C 0
04-3615798 000000 00
00029561
BODC: TE

MCKINNEY DOWNTOWN BUSINESS
REDEVELOPMENT BOARD INC
% AMY BEAR
111 N TENNESSEE ST
MCKINNEY TX 75069-4319

020666

Employer ID Number: 04-3615798
Form 990 required: YES

Dear Taxpayer:

We issued you a determination letter in October 2002, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0752857837
Apr. 20, 2016 LTR 4168C 0
04-3615798 000000 00
00029562

MCKINNEY DOWNTOWN BUSINESS
REDEVELOPMENT BOARD INC
% AMY BEAR
111 N TENNESSEE ST
MCKINNEY TX 75069-4319

Sincerely yours,




Teri M. Johnson
Operations Manager, AM Ops. 3

ATLANTA GA 39901-0001

020666.655390.319170.32384 1 AT 0.399 530





MCKINNEY DOWNTOWN BUSINESS
REDEVELOPMENT BOARD INC
% AMY BEAR
111 N TENNESSEE ST
MCKINNEY TX 75069-4319

020666

CUT OUT AND RETURN THE VOUCHER IMMEDIATELY BELOW IF YOU ONLY HAVE AN INQUIRY.
DO NOT USE IF YOU ARE MAKING A PAYMENT.

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
EVEN IF YOU ALSO HAVE AN INQUIRY.

 The IRS address must appear in the window.

0752857837

BODCD-TE

Use for inquiries only

Letter Number: LTR4168C
Letter Date : 2016-04-20
Tax Period : 000000

INTERNAL REVENUE SERVICE


ATLANTA GA 39901-0001



043615798

MCKINNEY DOWNTOWN BUSINESS
REDEVELOPMENT BOARD INC
% AMY BEAR
111 N TENNESSEE ST
MCKINNEY TX 75069-4319

043615798 AJ MCKI 00 2 000000 670 000000000000

 The IRS address must appear in the window.

0752857837

BODCD-TE

Use for payments

Letter Number: LTR4168C
Letter Date : 2016-04-20
Tax Period : 000000

INTERNAL REVENUE SERVICE

KANSAS CITY MO 64999-0204



043615798

MCKINNEY DOWNTOWN BUSINESS
REDEVELOPMENT BOARD INC
% AMY BEAR
111 N TENNESSEE ST
MCKINNEY TX 75069-4319

043615798 AJ MCKI 00 2 000000 670 000000000000

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
McKinney Downtown Business Redevelopment

2 Business name/disregarded entity name, if different from above
McKinney Main Street

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
111 N Tennessee Street

6 City, state, and ZIP code
McKinney TX 75069

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

			-						
--	--	--	---	--	--	--	--	--	--

or

Employer identification number

0	4	-	3	6	1	5	7	9	8
---	---	---	---	---	---	---	---	---	---

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ►  Date ► 1/10/24

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid) /

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.