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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , and ending 12-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Main Street Dodge City Inc

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
311 W Spruce

City or town, state or country, and ZIP + 4
Dodge City, KS 67801

D Employer identification number
27-3710487

E Telephone number
(620) 227-9501

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ www mainstreetdodgecity org

J Tax-exempt status (check only one)— ☐ 501(c)(3) ☑ 501(c)(6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 188,770

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	110,349
	2	Program service revenue including government fees and contracts		2	1,754
	3	Membership dues and assessments		3	76,267
	4	Investment income		4	400
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	188,770
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	38,130
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	47,136
	13	Professional fees and other payments to independent contractors		13	3,140
	14	Occupancy, rent, utilities, and maintenance		14	5,200
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	56,722
	17	**Total expenses.** Add lines 10 through 16 ▶		17	150,328
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	38,442
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	85,717
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	124,159

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	105,585	22	145,832
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	105,585	25	145,832
26	**Total liabilities** (describe in Schedule O)	19,868	26	21,673
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	85,717	27	124,159

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . ☑

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
To manage the financial and logistical aspects of the downtown area, promote the downtown as the center for commerce, culture and community for both residents and visitors, work on shaping the physical image of the downtown to make it attractive for all involved, and work on developing and increasing the economic vitality of the downtown area

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Main street promotion, design and economic restructuring (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	75,448
29 Facade improvement grants (Grants $ 38,130) If this amount includes foreign grants, check here ▶ ☐	29a	38,130
30 (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31 Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ▶	32	113,578

Part IV **List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☑

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	**33**		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	**34**		No
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	**35a**		No
b	If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O	**35b**		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	**35c**		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	**36**		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ **37a** 0			
b	Did the organization file **Form 1120-POL** for this year?	**37b**		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . .	**38a**		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . **38b**			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 . . . . . **39a**			
b	Gross receipts, included on line 9, for public use of club facilities **39b**			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	**40b**		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	**40e**		No

41 List the states with which a copy of this return is filed ▶ _____

42a The organization's books are in care of ▶ Chelsey Dawson Telephone no ▶ (620) 227-9501

Located at ▶ 311 W Spruce Dodge City, KS ZIP + 4 ▶ 67801

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**42b**		No
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	**42c**		No
	If "Yes," enter the name of the foreign country ▶ _____			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ **43**

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	**44a**		No
b	Did the organization operate one or more hospital facilities during the year? *If "Yes," Form 990 must be completed instead of Form 990-EZ*	**44b**		No
c	Did the organization receive any payments for indoor tanning services during the year?	**44c**		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**44d**		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**45a**		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	**45b**		

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	**46**		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	**47**		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	**48**		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	**49a**		
b	If "Yes," was the related organization a section 527 organization?	**49b**		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee paid more than $100,000	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC)	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation

f Total number of other employees paid over $100,000 ▶

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

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation

d Total number of other independent contractors each receiving over $100,000. ▶

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** 2013-07-02

Signature of officer Date

Melissa McCoy Chairman

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Lu Ann Wetmore	2013-06-24		P00018478

Firm's name ▶ Kennedy McKee & Company LLP — Firm's EIN ▶ 48-0997992

Firm's address ▶ PO Box 1477, Dodge City, KS 678011477 — Phone no (620) 227-3135

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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Main Street Dodge City Inc

Employer identification number
27-3710487

Identifier	Return Reference	Explanation
Other Investment Income	Form 990-EZ, Part I, Line 4	Interest Income 400
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Facade improvement grant Grantee Name Ensueno Boutique Grantee Relationship none Date of Gift 03/26/12 Amount Given 3,937
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Facade improvement grant Grantee Name Carnegie Center for the Arts Grantee Address 701 N 2nd Avenue Dodge City, KS 67801 Grantee Relationship none Date of Gift 06/27/12 Amount Given 6,919
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Facade improvement grant Grantee Name Leticia Johnson Grantee Relationship none Date of Gift 09/06/12 Amount Given 975
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Facade improvement grant Grantee Name Ensueno Boutique Grantee Relationship none Date of Gift 10/26/12 Amount Given 10,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Facade improvement grant Grantee Name West Coast Plaza Grantee Relationship none Date of Gift 10/26/12 Amount Given 2,702
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Facade improvement grant Grantee Name City of Dodge City Grantee Address 806 N 2nd Avenue Dodge City, KS 67801 Grantee Relationship none Date of Gift 12/13/12 Amount Given 10,000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Facade improvement grant Grantee Name Glenn Truit Grantee Relationship none Approved but Not Paid by Filing Deadline Yes Amount Given 3,597 Total included on Form 990-EZ, line 10 38,130
Other Expenses	Form 990-EZ, Part I, Line 16	Description Design Amount 1,596 Description Economic Restructuring Amount 116 Description Downtown Promotion Amount 13,075 Description Travel and Business Entertainment Amount 12,382 Description Organization Expenses Amount 2,867 Description Telephone Amount 1,708 Description Insurance Amount 908 Description Office Supplies Amount 2,388 Description Advertising Amount 5,750 Description Professional Training Amount 540 Description Computer Maintenance and Equipment Amount 917 Description Meals Amount 748 Description Miscellaneous Amount 514 Description Payroll taxes Amount 3,148 Description Contract labor Amount 5,000 Description Employee benefits Amount 5,065 Total to Form 990-EZ, line 16 56,722
Other Liabilities	Form 990-EZ, Part II, Line 26	Description Grants payable Beg of Year Amount 0 End of Year Amount 3,597 Description Compensated absences payable Beg of Year Amount 4,301 End of Year Amount 4,301 Description Deferred dues Beg of Year Amount 15,567 End of Year Amount 13,775

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TY 2012 Transfers Personal Benefits Contracts Declaration

Name: Main Street Dodge City Inc

EIN: 27-3710487

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

Additional Data

Software ID:
Software Version:
EIN: 27-3710487
Name: Main Street Dodge City Inc

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

(a) Name and title	**(b)** Average hours per week devoted to position	**(c)**Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation
Rodrigo Aguirre Jr Director	0 00	0	0	0
Joe Bogner Chairman	0 25	0	0	0
Richard Falcon Director	2 00	0	0	0
Jesus Gonzalez Director	0 00	0	0	0
Joann Knight Director	0 25	0	0	0
Mitch Little Director	0 25	0	0	0
Melissa McCoy Vice Chairman	3 00	0	0	0
Veronica Ruiz Director	0 00	0	0	0
Emily Shultz Director	0 00	0	0	0
John Smithhisler Treasurer	1 00	0	0	0
Kent Stehlik Director	0 50	0	0	0
Daniel Stremel Director	0 25	0	0	0