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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013**Open to Public
Inspection****A** For the 2013 calendar year, or tax year beginning

, 2013, and ending

, 20

B Check if applicable

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

C Name of organization**Dodge City Area Women's Chamber of Commerce**

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

Room/suite

PO Box 351

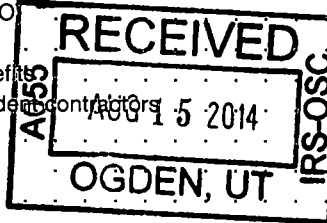
City or town, state or province, country, and ZIP or foreign postal code

Dodge City, KS 67801**D** Employer identification number**48-0935763****E** Telephone number**620-225-4960****F** Group Exemption
Number ▶**G** Accounting Method. ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶**H** Check ☐ if the organization is not
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) below are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

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	3487
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	981
	4	Investment income	4	286
	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	1906
c	Less: direct expenses from gaming and fundraising events	6c	300	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1606	
7a	Gross sales of inventory, less returns and allowances	7a	44767	
b	Less: cost of goods sold	7b	32450	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	12317	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	18677	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	12749
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	194
	16	Other expenses (describe in Schedule O)	16	6767
	17	Total expenses. Add lines 10 through 16	17	19710
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1033
	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	105164
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	104131



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Cat No 10642I

Form **990-EZ** (2013)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	105164	22 104131
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	105164	25 104131
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	105164	27 104131

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

What is the organization's primary exempt purpose? _____

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

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28 Beautification of the City of Dodge City		
(Grants \$ _____) If this amount includes foreign grants, check here ☐	28a	2002
29 Provision for Scholarships to individuals who are in need. Primarily to non-traditional students who are the head of a household and trying to improve their employment status.		
(Grants \$ _____) If this amount includes foreign grants, check here ☐	29a	5950
30 The provision for funds for various community service projects carried on by other non-profit organizations		
(Grants \$ _____) If this amount includes foreign grants, check here ☐	30a	6799
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	14751

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
Debbie Allen President	1.00			
Brandi Simon Vice President	1.00			
Misty Winger Secretary	2.00			
Debbie Eddy Treasurer	3.00			
Alverna Cantrell Parliamentarian	0.00			
Ella Dilts Director	0.00			
Susan Otterstein Director	0.00			
Karen Hamit Director	0.00			

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		☒
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)		☒
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)?		☒
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		☒
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		☒
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		☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b Did the organization file Form 1120-POL for this year?		☒
38a 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?		☒
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		☒
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		☒
41 List the states with which a copy of this return is filed ▶ _____		
42a The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		☒
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		☒
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		☒
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		☒
c Did the organization receive any payments for indoor tanning services during the year?		☒
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		☒
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		☒
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)		☒

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

	Yes	No
46		✓

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

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

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

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

	Yes	No
47		✓

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		✓
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		✓
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 0

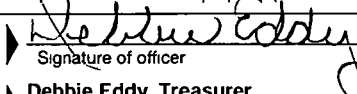
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 0

- 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  8-13-14
 Signature of officer Date
 Debbie Eddy, Treasurer
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
 Firm's name Firm's EIN
 Firm's address Phone no

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Dodge City Area Women's Chamber of Commerce

Employer identification number

48-0935763

Form 990EZ Part 1 Line 4 Other Investment Income

Amount

Description of Property: Investment Income

286

Form 990EZ Part 1 Line 7 Gross Profit from Sale of Inventory

1. Gross Receipts

44767

2. Returns and Allowances

3. Line 1 less Line 2

44767

4. Cost of Goods Sold (Line 13)

32450

5. Gross Profit (Line 3 less Line 4)

12317

Cost of Goods Sold:

6. Inventory at Beginning of Year

0 00

7. Merchandise Purchased

21192

8. Cost of Labor

5379

9. Materials & Supplies

107

10. Other Costs

5772

11. Add Lines 6 through 10

32450

12. Inventory at End of Year

0.00

13. Cost of Goods Sold (Line 11 less Line 12)

32450

Form 990EZ Part 1 Line 7b Other Costs

Commissions Paid

5,042

Licenses

200

Advertising

530

Total Other Costs

5772

Activity Classification: Community Service

Grantee Name: Various Non-Profit Organizations

Grantee Relationship: None

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization	Employer identification number
Dodge City Area Womens Chamber of Commerce, Inc	48-0935763

Amount Given: 6799

Activity Classification: Scholarships

Grantee: Various Individuals

Grantee Relationship: None

Amount Given: 5950

Total Included on Form 990EZ Line 10 12749

Form 990EZ Line 16 Other Expenses

Description of Other Expenses

Beautification Projects 1898

Dues 328

Insurance 2189

Membership 500

Miscellaneous Expense 77

Publicity 300

Rodeo 626

Speaker & Guest Expense 267

Tourism Promotions 382

Fees (Annual Corporate Non-Profit Report Filing Fee) 40

Woman of the Year 160

Total to Form 990EZ Line 16 6767

Form 990 EZ Part II Line 24 Other Assets

	Beg of Year	End of Year
Other Depreciable Assets	0	0

Form 990EZ Part III Primary Exempt Purpose: Promotion of the Educational, Cultural and Commercial Purposes of Civic Involvement in Dodge City and the Surrounding Area.

Form 990EZ Part V: Information Regarding Personal Benefit Contracts: The Organization did not receive any funds or pay any premiums directly or indirectly on a personal benefit contract.