See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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
620-255-1558

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: ▶

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 . . . . ▶ $ 66822

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 5326
	2	Program service revenue including government fees and contracts			2
	3	Membership dues and assessments			3 1113
	4	Investment income			4 494
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	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 0		
	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 2279		
	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 1979
	7a	Gross sales of inventory, less returns and allowances	7a 57395		
	b	Less: cost of goods sold	7b 38387		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c 19008
	8	Other revenue (describe in Schedule O) See Statement 1			8 215
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9 28135
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10 12075
	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
	16	Other expenses (describe in Schedule O) See Statement 2			16 15034
	17	**Total expenses.** Add lines 10 through 16		▶	17 27109
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18 1026
	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 104131
	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 105157

P 15

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	104131	22	105157
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	104131	25	105157
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	104131	27	105157

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, optional for others.)

28 Beautification of the City of Dodge City

(Grants $ 2524) If this amount includes foreign grants, check here . . . . ▶ ☐ **28a**

29 Provision for Scholarships to variousindividuals who are in need. Primarily to non-traditional students who are the head of a household and trying to improve their employment status.

(Grants $ 5575) If this amount includes foreign grants, check here . . . . ▶ ☐ **29a** 5575

30 The Provision for funds for various Community Service Projects carried on by other Non-Profit Organizations

(Grants $ 6500) If this amount includes foreign grants, check here . . . . ▶ ☐ **30a** 6500

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** 12075

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			
Brandi Simon Vice-President 1	1			
Patti Dunkle Secretary	2			
Debbie Eddy Treasurer	3			
Alverna Cantrell Parlimentarian	0			
Ella Dilts Director	0			
Susan Otterstein Director	0			
Patty McGee Director	0			

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		✓
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		✓
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		✓
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		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
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		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c		✓
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		✓
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		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
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		✓
b	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		✓

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	(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 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

Debbie Eddy — Signature of officer — Date 8-13-15

Debbie Edddy, 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

2014

Open to Public Inspection

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

Form 990EZ Part 1 Line 4 Other Investment Income

Description of Property: Investment Income	494

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

1. Gross Receipts	57395
2. Returns and Allowances	
3. Line 1 less Line 2	57395
4. Cost of Goods Sold(Line 13)	38387
5. Gross Profit (Line 13 Less Line 4)	19008
Cost of Goods Sold	
6. Inventory at Beginning of Year	0
7. Merchandise Purchased	26951
8. Cost of Labor	4557
9. Materials & Supplies	253
10. Other Costs - Commission paid Food Service License Advertising	6626
11. Add Lines 6 - 10	38387
12. Inventory at End of Year	0
13. Cost of Goods sold (line 11 less Line 12)	38387

Form 990ez Part 1 Line 7b Other Costs

Commissions Paid	5711
Licenses	225
Advertising	690
Total Other Costs	6626

Activity Classification : Community Service

Grantee Name : Various Non-Profit Organizations

Grantee Relationship : None

Name of the organization: Dodge City Area Womens Chamber of Commerce

Employer identification number: 48-0935763

Amount Given: 6,500

Activity Classification : Scholarships

Grantee Name: Various Individuals

Grantee Relationship : None

Amount Given: 5,575

Total Included on Form 990EZ Line 10 12075

Form 990EZ Line 16 Other Expenses

Description of Other Expenses

See Statement 2

Total to Form 990 EZ Line 16 See Statement 2 15034

Form 990 EZ Part II Line 24 Other Assets	Beg of Year	End of Year
Other Depreciable Assets	0	0

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

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

Dodge City Area Women's Chamber
PO Box 351
Dodge City, KS 67801

48-0935763

Statement 1

Other Revenue Line 8

Sale of Memorial Roses	200.00	
T-Shirt Sales	15.25	
Total Other Revenue		215.25

Statement 2

Other Expenses Line 16

Beautification Projects	2,524.32
Dues	338.00
Insurance	2,686.00
Membership	703.74
Publicity	375 00
Postage	202.00
Rodeo	400.00
Speaker & Guest Expense	265.83
Tourism Promotion	52.11
Fees (Annual Non-Profit Filing Fee)	40.00
Woman of the Year	346 78
Capital Outlay (Used Walk-in Cooler & Installation, Cotton Candy Machine)	6,353 73
Assistance with Medical Exp for Needy Family	150.00
T-Shirts	119.00
Donations	300.00
Supplies	177.86
Total Other Expenses	15,034.37