efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492222008707 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2016 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. Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 01-01-2016 and ending 12-31-2016 B Check if applicable D Employer identification number C Name of organization \square Address change Main Street Dodge City Inc 27-3710487 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 101 E Wyatt Earp Blvd ☐ Final return/terminated (620) 227-9501 City or town, state or province, country, and ZIP or foreign postal code □ Amended return Dodge City, KS 67801 F Group Exemption ☐ Application pending Number Check ▶ ☐ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method 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 ☑ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 83,755 2 2 Program service revenue including government fees and contracts 5,016 3 Membership dues and assessments 3 33,559 4 4 426 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 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) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c C 8 Other revenue (describe in Schedule O) 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 122,756 10 10 Grants and similar amounts paid (list in Schedule O) 21,587 11 11 Benefits paid to or for members 46,446 12 Salaries, other compensation, and employee benefits . 12 13 4,150 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 5,610 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 41.445 17 Total expenses. Add lines 10 through 16 17 119,238 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 3,518 Net Assets 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) 19 193,507 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 197,025 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

Part II	Balance Sheets (see the instruction Check if the organization used Schedule		juestion in this Part II			☑
	•	, , , , , , , , , , , , , , , , , , , ,	(A)	Beginning of year		(B) End of year
22 Cash, sa	ivings, and investments			176,759	22	181,011
23 Land and	d buildings				23	
24 Other as	ssets (describe in Schedule O)			27,341	24	21,557
	ssets			204,100	25	202,568
26 Total lia	abilities (describe in Schedule O)			10,593	_	5,543
	ets or fund balances (line 27 of column	· · · -		193,507	27	197,025
To preserve organization and bring lif Describe the measured b	Check if the organization used Schedule organization's primary exempt purpose? the heritage of the downtown area in organization to the heritage of the downtown area and public to the downtown area organization's program service accomply expenses. In a clear and concise manner	der to maintain the vibrolic sector by coordinat ishments for each of its er, describe the service	question in this Part II rant heart of the comr ing different activities s three largest program	nunity The that stimulate pride	(3) org	Expenses equired for section 501(c) and 501(c)(4) janizations, optional for eers)
28	nd other relevant information for each prinal Data Table If this amour	ogram utte nt includes foreign gran	its check here	. • □	28a	
29	II this amoun	it melades for eight gran	its, check here i i	<u> </u>	29a	
(Grants \$)	If this amount	nt includes foreign gran	sta abadı bara	. • 🗆		
	II tills amour	it includes foreign gran	its, check here	. , .	20	
30				_	30a	
(Grants \$)	If this amour	nt includes foreign gran	its, check here	. ▶ 🗆		
31 Other pr	ogram services (describe in Schedule O)					
(Grants \$)	If this amour	nt includes foreign gran	its, check here	. ▶ 🗆	31a	
32 Total pr	ogram service expenses (add lines 28	a through 31a)		•	32	81,883
Part IV	List of Officers, Directors, Trustees, Check if the organization used Schedule (a) Name and title	(b) Average hours per week	(c) Reportable	(d) Health ben	• • • efits,	(e) Estimated amount
		devoted to position	(Forms W-2/1099- MISC) (if not paid, enter -0-)	benefit plans,	and	· ·
Joann Knigh	t	0 25	(0
Director Melissa McC	04	0 25				0 0
MEIISSA MICC	oy .	0 23	'	'		0
Director						
John Smithh	nisler	3 00)		0
President						
Marıa Ferrei	ro	1 00	(0 0
Vice-Preside	nt					
Jerad Busch		0 25)		0 0
Director		1.00	,			0 0
Jane Longm	eyer	1 00	'	'		0
Secretary						
lerrı İmgart	en	1 00	(0
Treasurer						
Inga Vazque	ez	0 25	(0 0
Director						
Lara Brehm		0 25	(0 0
Lara Bremm		0 23				
Director						
Chelsey Dav _		40 00	12,586	?	5,56	2 0
Executive di		0.25				
Mıchael Zun	ıga	0 25)		0
Director						
Krıssy Pulkr	abek	40 00	25,403	3	2,39	5 0
Coordinator						
		•	•	•		F 000 F7 (2016)

Part Other Information (Note the Schedule A and personal benefit contract statement requirements in the information Info	Form	990-EZ (2016)			Page 3
Did the erganization engage in any sign foarth activity not previously reported to the JRS7 II Yes, "provide a definition of the search of the provide and the search of the provide and the provide and the search of the provide and the pro	Pa	Tt V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	9	
33 No 24 Were any significant changes made to the engangerian activity not provided of the composition of the amendation thanges made to the programmary or governing documents? If "res," remode a conformed copy of the amendation changes made to the organization is name. Otherwise, explain the change of the amendation of the profession of the profession of the composition		instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		🗵	
33 No 24 Were any significant charges made to the erganizing or governing discurses it? If were, "around a detailed description of each activity in Schedule 0 24 No 25 Section Split (3), Split (3				Yes	No
34 Were annisophicant changes made to the organization go governing documents? 2" ("Mex." attach a conformed copy of the ammediad documents if they reflect a change on Schedule O (see instructions) 35 Dut the organization have unrelated business gross income of \$1,000 or more during the year from business advolvets (such as those reported on lines 2, 6s, and 7s, among others)? 55 Dut the organization have unrelated business gross income of \$1,000 or more during the year from business advolvets (such as those reported on lines 2, 6s, and 7s, among others)? 55 Dut the organization in the second programment of \$1,000 or more during the year from business advolvets (such as those reported on lines 2, 6s, and 7s, among others)? 55 Dut the organization in section \$51(x)(4), 501(x)(5), or \$50(x)(5) or gonization subject to section \$633(x)) 56 Dut the organization or sequence of the programment of \$1,000 or more during the year? If "res," complete Schedule (P art III) 57 Dut the organization or undergo a liquication, discallution, termination or significant disposition of net assets during the year? If "res," complete Schedule (P art III) 57 Dut the organization of the "respective properties of the sequence of the organization of the sequence of the sequence of the organization of the sequence of the organization of the sequence of the sequence of the sequence of the organization of the sequence of the sequence of the sequence of the sequence of	33		33		
activities (such as those reported on ines 2, 5s, and 7s, among others)? 5 If "Yes, 1 thin 25s, has the organization filed a form 990-17 the year? If "No," provide in explanation in Schedule 0 organization and proving the repairments during the year? If "No," complete Schedule C, Part III so the part of the year? If "Yes," complete Schedule C, Part III so the year? If "Yes, complete Schedule C, Part III so the year? If "Yes, complete Schedule C, Part III so the year? If "Yes, complete Schedule C, Part III so the year? If "Yes, complete applicable parts of Schedule N 5 Did the organization in the province in the instructions by the year? If "Yes, complete schedule C, Part III so the year? If "Yes, complete schedule C, Part III and enter the total amount involved \$\frac{1}{2}\$ \$\frac{1}{2}	34	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change	34		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and more yet are requirements of the year 7 if "tes," complete splicable parts of Schedule (Part III) 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "tes," complete applicable parts of Schedule N Part III or 57	35a		35a		No
an obtee, reporting, and proxy tax requirements during the year? If Yes," complete Schedule C, Part III 35. No 35 bit the organization undergo a liquidation, ciscolution, bernination, or significant dissosition of the assets during the year? If "Yes," complete applicable parts of Schedule N 37a 0 0 37b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ь	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		
37a Enter amount of political expentitures, direct or indicate, as described in the instructions ▶ 37a	С		35c		No
38a 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 pinor year and still outstanding at the end of the tax year covered by this return? 38b S,165 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b S,165 39 Section 501(c)(7) organizations. Enter a limitation frees and capital contributions included on line 9 39a b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations included on line 9 section 4935 section 4931 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under section 4931 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4938 excess benefit transaction und rung the year of 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-E27 If "Yes," complete Schedule L, Part I 40b 40c	36		36		No
any such loans made in a prior year and still outstanding at the end of the tax year covereby this return? 38a Yes 38b 5,165 39 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b 39a 3	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
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Located at 101 E Wyatt Earp Blvd Dodge City, KS 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)? 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the U S? 42c No 1f "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 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 operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b No 44c No 45a No 45b Did the organization have a controlled entity within the meaning of section 512(b)(13)? 57b Judy the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 57c Judy 17 Judy 18 "Yes," Form 990 and Schedule R may need to be completed instead of Section 512(b)(13)?		• •	(620) 2	27-9501	1
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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) 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 43 and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 5 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 44c No 44c No 45a No 45b Did the organization receive any payments for indoor tanning services during the year? "No," provide an explanation in Schedule O 45b Did the organization have 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 Section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Section 512(b) (13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Section 512(b) (13)? If "Yes," Form 990 and Schedule R may need to be c	_				
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Ь			Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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 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 5 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 5 Did the organization receive any payments for indoor tanning services during the year? 44c No 45a No 45b 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		,	42b		No
Financial Accounts (FBAR) 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 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? 44c No 45a No 45b 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		If "Yes," enter the name of the foreign country			
Financial Accounts (FBAR) 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 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? 44c No 45a No 45b 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					
the triangle 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 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ					
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		• •	_		
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 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 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 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 VA5a 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	С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No ———
and enter the amount of tax-exempt interest received or accrued during the tax year		·			
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			•	▶ □	
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		and enter the amount of tax-exempt interest received or accrued during the tax year			
of Form 990-EZ				Yes	No
Instead of Form 990-EZ		of Form 990-EZ	44a		No
c Did the organization receive any payments for indoor tanning services during the year?	b		44ь		No
explanation in Schedule O	С		44c		No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	d				
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		,			
of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of					INO
	45b	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			

	16)							Page ·
							Yes	No
	anization engage, directly or indirect for public office? If "Yes," complete					46		No
	ction 501(c)(3) organization	·				46		No
All :	section 501(c)(3) organizations	must answer quest	ions 47-49b and	52, and o	complete the table	s for lu	nes 50 _.	and 51
Cne	ck if the organization used Schedule	O to respond to any q	uestion in this Part	VI	<u> </u>	• • •	Yes	No
47 Did the ord	anization engage in lobbying activiti	os or havo a sostion 50	31(h) election in eff	oct during	the tay year?			
	mplete Schedule C, Part II	es of flave a section of	• •	· · ·	•	47		
48 Is the orga	nization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete S	Schedule E		48		
49a Did the org	anization make any transfers to an o	exempt non-charitable	related organizatio	n ²		49a		
b If "Yes," wa	as the related organization a section	527 organization? .				49b		
	his table for the organization's five h					and key	employ	ees)
	eceived more than \$100,000 of come e and title of each employee	pensation from the org	ganization If there (c) Reportable	<u></u>	nter "None " I) Health benefits,	(e) Es	tımated	amoun
(,		hours per week devoted to position	compensation (Forms W-2/109	contr	butions to employee enefit plans, and			
		devoted to posicion	MISC)		erred compensation			
·		100.000						
	nber of other employees paid over \$ his table for the organization's five h		dependent contract	tors who e	asch received more th	22 ¢10	0.000.00	
	ion from the organization. If there is		idependent contract	COL2 MILO E	acii received more d	iaii şio	0,000 0	
	(a) Name and business address of e	ach independent contr	actor	(b) T	ype of service (c) Comp	ensation	
			+100.000					
d Total num	nber of other independent contractor	s each receiving over	\$100,000		· · · · • _			
	organization complete Schedule A? N ed Schedule A					> —		_
•							s LI	
	f perjury, I declare that I have exam elief, it is true, correct, and complete							
	je							
nas any knowled <u>c</u>					2017-06-22			
	:***							
Sign Sign	**** nature of officer				Date			
Sign Here	nature of officer ria Ferreiro Chairman e or print name and title				Date			
Sign Here	ria Ferreiro Chairman e or print name and title Print/Type preparer's name	Preparer's signature		late	PTIN	9470		
Sign Sign Mar Typ	ria Ferreiro Chairman e or print name and title Print/Type preparer's name Lu Ann Wetmore			Pate 017-06-22	Check if PTIN P0001 self-employed			
Paid Preparer	Print/Type preparer's name Lu Ann Wetmore Firm's name Kennedy McKee & Cor				Check ☐ if PTIN P0001 self-employed Firm's EIN ▶ 48-09979	992		
Sign Sign Mar	Print/Type preparer's name Lu Ann Wetmore Firm's name Kennedy McKee & Cor Firm's address ▶ PO Box 1477	npany LLP			Check if PTIN P0001 self-employed	992		
Sign Here Mar Typ	Print/Type preparer's name Lu Ann Wetmore Firm's name Kennedy McKee & Cor	npany LLP			Check ☐ if PTIN P0001 self-employed Firm's EIN ▶ 48-09979	992		

Additional Data

Software ID:

Software Version:

EIN: 27-3710487

Name: Main Street Dodge City Inc

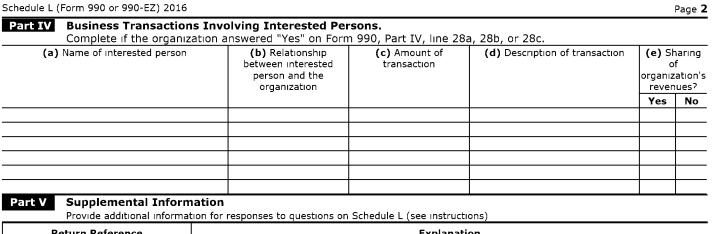
Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's parvices, as measured by expnumber of persons benefited	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)			
businesses during the year for fa	nd economic restructuring The Organization made four grants to downtown acade improvements The grants totaling \$23,225 resulted in \$56,931 investment ese grants are made on a matching basis	28a	81,883	
(Grants \$ 21,587)	If this amount includes foreign grants, check here $\ . \ . \ . \ \blacktriangleright$			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492222008707 TY 2016 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.

Schedule L	ic print - DO N	OT PROCESS	As File	ed Data -				DL	N: 93	34922	2200	<u> 8707</u>
(Form 990 or 99			► Complet	e if the orga	nization ans				O	MB No	1545	-0047
		"Yes" on Form		t IV, lines 25 90-EZ, Part			or 28c,			2(11	6
			▶ Attach	to Form 990	or Form 99	0-EZ.				4	L	U
Department of the Tre	easurv	formation abou		e L (Form 99 /ww.irs.gov/		and its instr	uctions is	at		Open		
Internal Revenue Serv Name of the ord				, , , , , , , , , , , , , , , , , , ,			Emple	yer ide	ntific		ectio	
Main Street Dodge							- I	•		ationi	Idilibe	.ı
Part I Exce	acc Bonofit Tra	neactions (-t F01/-	\(2\) ===ti=== F	:01/=)///	F01/a)/30) ar	27-37:					
	ess Benefit Tra plete if the organiz								ne 40b			
	a) Name of disqua			elationship be	tween disqual	ıfıed person an	d (c)	Descript	on of	(d) Corr	ected?
				0	rganization		t	ransactı	on	Y	es	No
Part II Lo Co rep (a) Name of interested	pans to and/or mplete if the orga ported an amount (b) Relationship with organization	From Interes nization answered on Form 990, Par (c) Purpose of	sted Pers d "Yes" on I rt X, line 5, (d) Loan t	ons. Form 990-EZ, 6, or 22	Part V, line 3		0, Part IV	, line 26			ganızat i)Writi	
person					principal amount	due	default?	Approv boar comm	ved by d or uttee?	ag	reeme	ent?
· 		_	То	From	amount		default?	Approv boar comm	ved by d or	Yes	reeme	
(1)	Board member	Main Street revitalization loan	То	From X	1 ' '	due 5,165	default?	Approv boar comm	ved by d or uttee?	ag	reeme	ent?
(1)	Board member	revitalization	То		amount		default?	Approv boar comm	ved by d or uttee?	Yes	reeme	ent?
(1)	Board member	revitalization	То		amount		default?	Approv boar comm	ved by d or uttee?	Yes	reeme	ent?
(1)	Board member	revitalization	То		amount		default?	Approv boar comm	ved by d or uttee?	Yes	reeme	ent?
(1)	Board member	revitalization	То		amount		default?	Approv boar comm	ved by d or uttee?	Yes	reeme	ent?
(1) Michael Zuniga	Board member	revitalization	То	X	amount		Yes No	Approv boar comm	ved by d or uttee?	Yes	reeme	ent?
(1) Michael Zuniga Total Part III Gra	ants or Assista	revitalization loan	g Interes	X bottom Person	10,000 10,000 \$	5,165 5,165	Yes No	Approv boar comm	ved by d or uttee?	Yes	reeme	ent?
(1) Michael Zuniga Total Part III Gra Coi	ants or Assista	revitalization loan	g Intere s	X Sted Person on Form 9	10,000 10,000 \$	5,165 5,165 line 27.	Yes No	Approvious boar comm Yes Yes	ved by rd or attee?	Yes Yes	reeme	No
(1) Michael Zuniga Total Part III Gra Coi	ants or Assista	revitalization loan	g Interes	X bottom Person	10,000 10,000 \$	5,165 5,165	Yes No	Approvious boar comm Yes Yes	ved by d or uttee?	Yes Yes	reeme	No
(1) Michael Zuniga Total Part III Gra Coi	ants or Assista	nnce Benefiting anization answ	g Interes	X Sted Person on Form 9	10,000 10,000 \$	5,165 5,165 line 27.	Yes No	Approvious boar comm Yes Yes	ved by rd or attee?	Yes Yes	reeme	No
(1) Michael Zuniga Total Part III Gra Coi	ants or Assista	nnce Benefiting anization answ	g Interes	X Sted Person on Form 9	10,000 10,000 \$	5,165 5,165 line 27.	Yes No	Approvious boar comm Yes Yes	ved by rd or attee?	Yes Yes	reeme	No
(1) Michael Zuniga Total Part III Gra	ants or Assista	nnce Benefiting anization answ	g Interes	X Sted Person on Form 9	10,000 10,000 \$	5,165 5,165 line 27.	Yes No	Approvious boar comm Yes Yes	ved by rd or attee?	Yes Yes	reeme	No
(1) Michael Zuniga Total Part III Gra Coi	ants or Assista	nnce Benefiting anization answ	g Interes	X Sted Person on Form 9	10,000 10,000 \$	5,165 5,165 line 27.	Yes No	Approvious boar comm Yes Yes	ved by rd or attee?	Yes Yes	reeme	No



efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN:				N: 93492222008707
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury Supplemental Information to Form 990 or 990-EZ. Supplemental Information for responses to specific question for possible of provide any additional inform Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its in www.irs.qov/form990.			tions on on.	OMB No 1545-0047 2016 Open to Public Inspection
			Employer ider 27-3710487	ntification number
Return Reference Form 990- EZ, Part I, Line 4 - Other Investment Income	Description Interest Income Amount 426	Explanation		

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Exterior gates Grantee Name Ensuenos Grantee Address 612 N 2n d Avenue Dodge City, KS 67801 Grantee Relationship none Date of Gift 01/26/16 Amount Given 1,450

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Form 990- EZ, Part I, Line 10 -	Activity Classification Window restoration Grantee Name Carnegie Center for the Arts G rantee Address 701 2nd Avenue Dodge City, KS 67801 Grantee Relationship none Date of G ift 01/26/16 Amount Given 11,125
Grants and	
Sımılar	
Amounts	
Paid	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Facade improvements Grantee Name Suroma Fitness & Spa Grantee Address 811 N 2nd Avenue Dodge City, KS 67801 Grantee Relationship none Date of Gift 03/15/16 Amount Given 5,000

990 Schedule O, Supplemental Information

Return Explanation

Reference

Reference	
Form 990- EZ. Part I.	Activity Classification Awning and brickwork Grantee Name Locker Room Grantee Address 503 N 2nd Avenue Dodge City, KS 67801 Grantee Relationship none Date of Gift 09/30/16
Line 10 - Grants and	Amount Given 2,500
Similar	
Amounts Paid	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Facade improvements Grantee Name Color Bar Grantee Address 60 7 N 2nd Avenue Dodge City, KS 67801 Grantee Relationship none Date of Gift 11/29/16 A mount Given 1,512 Total included on Form 990-EZ, line 10 21,587

Return Explanation
Reference

Form 990EZ, Part I,
Line 14

Description Depreciation Amount 410 Description Other Expenses Amount 5,200 Total to Form 990-EZ, line 14 5,610

Return Reference

Form 990- Description Design Amount 1,894 Description Economic Restructuring Amount 12,398 D

EZ, Part I,	escription Downtown Promotion Amount 6,904 Description Travel and Business Entertainm
Line 16 -	ent Amount 6,690 Description Organization Expenses Amount 2,256 Description Teleph
Other	one Amount 1,617 Description Insurance Amount 965 Description Office Supplies Amo
Expenses	unt 2,017 Description Advertising Amount 3,590 Description Professional Training A
	mount 560 Description Computer Maintenance and Equipment Amount 282 Description Mea
	Is Amount 233 Description Miscellaneous Amount 2,039 Total to Form 990-EZ, line 16

41.445

Return Explanation
Reference

Other Assets

Form 990-	Description Revitalization loans receivable Beg of Year Amount 26,111 End of Year Amo
EZ, Part II,	unt 20,737 Description Other Depreciable Assets Beg of Year Amount 1,230 End of Yea
Line 24 -	r Amount 820

Return Explanation

Liabilities

Form 990EZ, Part II,
Line 26 Other

Description Compensated absences payable Beg of Year Amount 4,301 End of Year Amount 5,000

Secription Deferred dues Beg of Year Amount 6,292 End of Year Amount 5,000