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NO STATUTE ISSUE Department of the Treasury

Return . Organization Exempt From Incc & Tax

OMB No 1545-0047 2005

Open to Public

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

Inter	nal Re	venue Service	copy of this return to	satisty	state reporting	require	ments.	mspecu	
A	For	he 2005 calendar year, or tax year beginning	, 2005	, and e	nding				
В	Check	ıf applıcable.				D Emp	ployer identific	ation Number	-
	∏ A	ddress change IRS label NORTHWEST KANSAS AI				48	<u>3-114056</u>	58	_
	N	ame change or print COORDINATING COUNCE	IL INC			E Tele	phone number	r	
	П,	See PO BOX 447		35-543-5	5234				
	ΠF	Initial return specific instructions. PHILLIPSBURG, KS 67661						X Cash	Accrual
	$\square_{\scriptscriptstyle{A}}$	Amended return) >	~
	\prod_{Λ}	pplication pending • Section 501(c)(3) organizations and	4947(a)(1) nonexempt	t	H and I are not apple	cable to se	achon 527 orga	nızatıons	
		charitable trusts must attach a com (Form 990 or 990-EZ).	pleted Schedule A		H (a) Is this a grou	preturn f	or affiliates?	Yes	X No
^				Į	H (b) If 'Yes,' enter	number of	affiliates .		_
<u>G</u> _	Web	site: ► N/A			H (C) Are all affilia	tes includ	ed?	Yes	No
J		nization type	. — –	ا ۔۔۔ ا	(If 'No,' attac	halist S	iee instructions	, —	_
 -		ck only one). ► X 501(c) 3		527	H (d) is this a sepa	rate retur	n filed by an		
ĸ		heck here \(\subseteq \] if the organization's gross receipts are normally not more than 25,000. The organization need not file a return with the IRS; but if the organization				covered by	y a group ruling	g? Yes	X No
	\$25,	uses to file a return, be sure to file a complete return.	ome states require a		I Group Ex	emption	Number .	•	
		plete return.		ſ	M Check ▶	X if the	e organization	is not require	d
ī	Gros	s receipts: Add lines 6b, 8b, 9b, and 10b to line 12 3	358,258.		to attach Sch	iedule B ((Form 990, 990)-EZ, or 990-P	F).
		Revenue, Expenses, and Changes in Ne		3alan	ces (See Instr	uctions))		
	1	Contributions, gifts, grants, and similar amounts rece		STA			35.7		
	8	Direct public support		F 1a	TUTE				
	Ŀ	Indirect public support.		1 b	JANA T		4.4		
	c	Government contributions (grants)		AITE	349,	435.			
	C	Total (add lines a through 1c) (cash \$ 349, 435. noncash	\$		3 U 2010		1 d	349,	435.
	2		and contracts (from Pa	yt VII,	line 93)		2		
	3	Membership dues and assessments		OG	n2NCH		3		180.
	4	Interest on savings and temporary cash investments			DEN	İ	4		
	5	Dividends and interest from securities					5		
	6a	Gross rents		6a			de.		
	b	Less: rental expenses		6b					
	c	Net rental income or (loss) (subtract line 6b from line	6a)				6 c		
R	7	Other investment income (describe					7		
RE>モスロ	8 a	Gross amount from sales of assets other	(A) Securities	ļ	(B) Other				
Ŋ		than inventory .	·	8a					
E		Less: cost or other basis and sales expenses	·	8b					
		Gain or (loss) (attach schedule) .		8c	 		8d		
	d	d Net gain or (loss) (combine line 8c, columns (A) and (B))							
	9	Special events and activities (attach schedule). If any	-	g, checl	k here 🏲	」			
	а	Gross revenue (not including \$	of contributions	1 . 1		1			
i		reported on line 1a)		9a					
,		Less direct expenses other than fundraising expense		9b			Carried State		
		Net income or (loss) from special events (subtract line	9b from line 9a)	1 1			9c		
		Gross sales of inventory, less returns and allowances		10a					
		Less: cost of goods sold		10b			,		
		Gross profit or (loss) from sales of inventory (attach schedule) (subt	ract line 10b from line 10a)			-	10c		<u></u>
)	11	Other revenue (from Part VII, line 103)	0			}-	11		<u>643.</u>
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1		EDAIAI	FIFTH (TO A LIVE OF THE COLUMN ASSESSMENT)		12	358,	
Ē	13	Program services (from line 44, column (B))		∟nıy∧ı F	REVENUE SE	RVICE		354,	
ê	14	Management and general (from line 44, column (C)).		•	ILOCIVED	F	14	4,	302.
N	15	Fundraising (from line 44, column (D))			G 13 2010	-	15		
EXPERSES	16	Payments to affiliates (attach schedule)		_	16	350	200		
-	17	Total expenses (add lines 16 and 44, column (A))	SEF	VICE	CENTER DIRE	CTOR	17	358,	
Ą	18	Excess or (deficit) for the year (subtract line 17 from li		MA	IL UNIT # 28	⊢	18		<u>-48.</u>
N S E S T E	19	Net assets or fund balances at beginning of year (from			_	-	19		320.
TE	20	Other changes in net assets or fund balances (attach					20		272
	21	Net assets or fund balances at end of year (combine li		 			21		272.
BAA	N FO	Privacy Act and Paperwork Reduction Act Notice, se	e the separate instruct	ions.	TEEA010	9L 02/03	/06	Form 990	(2005) a
									r

Part of Form 990 (2005) NORTHWEST KANSAS REA TRANSIT

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

l	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$)					
-	If this amount includes foreign grants, check here .	22				
23	Specific assistance to individuals (att sch). Benefits paid to or for members (att sch)	24	_			
24 25	Compensation of officers, directors, etc.	25	0.	0.	0.	0.
26	Other salaries and wages	26			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32		····		
33	Supplies	33	26.	13.	13.	
34	Telephone	34				
35	Postage and shipping	35	33.	33.		
36	Occupancy	36				
37	Equipment rental and maintenance .	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings.	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42				
43	Other expenses not covered above (itemize)					
8	ADMIN_EXPENSES	43a	3,989.		3,989.	
k	INTERGOVERNMENTAL RELATI	43b	300.		300.	
•	PAYMENTS TO PROVIDERS	43 c	353,958.	353,958.		
•		43 d				
•		43e				
f		43f				
ç)	43g				
44	Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	358,306.	354,004.	4,302.	0.
Join	Costs. Check If you are following	SOP 9	8-2.			
	any joint costs from a combined educationa					► Yes X No
lf 'Ye	es,' enter (i) the aggregate amount of these				mount allocated to Progr	
\$_		ocated	to Management and ger	neral \$; and (iv) the	amount allocated
to Fι	indraising \$.					
RΔΔ						Form 990 (2005)

Form 990 (2005) NORTHWEST KANSAS AREA TRANSIT

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

nease	THANG SUITE THE TELLITI	s complete and ac	curate and id	my describes, in	r art m, the orga	arnzanori a pro	granis and a	accomplishment	3.
What All orgalisms Slients Zation	is the organization's pring ganizations must describ s served, publications is and 4947(a)(1) nonex	mary exempt purp be their exempt pu sued, etc. Discuss empt charitable tr	ose? See urpose achieve achievement usts must also	e Statemen ements in a clea s that are not m o enter the amo	t 1 ar and concise managers beasurable, (Section of grants and	anner State to non 501(c)(3) to d allocations to	ne number o and (4) organ o others.)	Program Service (Required for 501 (4) organization 4947(a)(1) true optional for o	Expenses (c)(3) and ons and sts, but thers)
-	TRANSPORTATION NORTHWEST KANSA	S			DING IN 18				
- - ((Grants and allocations				t includes foreign			354	,004.
. -							 		
- - - -	Grants and allocations				t includes foreign				
- -							: :		
	Grants and allocations						here 🟲 📗	ļ	
d_ -							·		
-									
2	Grants and allocations	\$) If this amount	includes foreign	grants, check	here►		
	Other program services						_		
_	Grants and allocations	\$			includes foreign			1	·····
f 7	Total of Program Service	e Evnences/should	d equal line A	4 column (B) F	rogram cervices	1	•	35/	0.04

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Form 990 (2005)

Page 3

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Balance Sheets (See Instructions)

Note:	W	here required, attached schedules and amounts within numn should be for end-of-year amounts only	(A) Beginning of year		(B) End of year	
	45	Cash - non-interest-bearing .		1,320.	45	1,272.
	46	Savings and temporary cash investments			46	
	47	a Accounts receivable	47a		2	
		b Less: allowance for doubtful accounts .	47b		47c	
	48	a Pledges receivable	48a			
		b Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
AS	50	Receivables from officers, directors, trustees, and ke employees (attach schedule)	ey		50	
A S E T S	51	a Other notes & loans receivable (attach sch)	51a		-	
T S		b Less: allowance for doubtful accounts		51c		
	52	Inventories for sale or use	, , ,	<u> </u>	52	·
	53	Prepaid expenses and deferred charges			53	
		Investments - securities (attach schedule)	. ► Cost FMV		54	
	55	a Investments – land, buildings, & equipment: basis	55 a		11.77	
		b Less: accumulated depreciation (attach schedule)	55b		55c	
	56	Investments – other (attach schedule).			56	-
		a Land, buildings, and equipment: basis	57a		258.0	
		b Less; accumulated depreciation				
ļ		(attach schedule)	57 b		57c	
	58	Other assets (describe >)		58	
	59	Total assets (must equal line 74). Add lines 45 throu	igh 58	1,320.	59	1,272.
	60	Accounts payable and accrued expenses			60	
Ļ 📗	61	Grants payable	L		61	
À		Deferred revenue		· · · · ·	62	<u> </u>
A B I L I T	63	Loans from officers, directors, trustees, and key employees (attach	schedule)	· · · · · · · · · · · · · · · · · · ·	63	
Ī	64	a Tax-exempt bond liabilities (attach schedule)	L		64a	
Ė		b Mortgages and other notes payable (attach schedule)			64b	
Š		Other liabilities (describe .)		65	
_		Total liabilities. Add lines 60 through 65		0.	66	0.
NO	rga		d complete lines 67			
N E		through 69 and lines 73 and 74.	į		72.62	
Ą	67		-		67	
Ē	68	Temporarily restricted	-		68	
\$	69	· · · · · · · · · · · · · · · · · · ·			69	
AWWILLY OR	rga	nizations that do not follow SFAS 117, check here	X and complete lines			
8	70	70 through 74		70		
020	70			71		
	71	Paid-in or capital surplus, or land, building, and equing Retained earnings, endowment, accumulated income	1,320.	72	1,272.	
<u>}</u>	72		1,320.		1,212.	
BALAZOES	73	Total net assets or fund balances (add lines 67 throu 72, column (A) must equal line 19; column (B) must e	1,320.	73	1,272.	
Š	74	Total liabilities and net assets/fund balancesAdd lin	1,320.	74	1,272.	
		Total habilities alia net assetshalla valanceshad ilik	00 00 unu 75	1,020.	/ 7	1,2,2.

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Form 990 (2005)

	rm 990 (2005) NORTHWEST KANSA					140568 P	age 5
B	Reconciliation of Reven instructions.)	ue per Audited Financia	l Statemen	ts with	Revenue per Reti	ırn (See	
a	Total revenue, gains, and other support		ents .			a	N/A
b	Amounts included on line a but not on			ام ا	3		
	1Net unrealized gains on investments	•	•	b1			
	2Donated services and use of facilities			b2			
	, , ,	• •		b 3			
	4Other (specify):			اما		•	
				b4		7	
_	· ·				· -	<u> </u>	
C	Subtract line b from line a	st mat on linear	•			<u>c</u>	
d	Amounts included on Part I, line 12, but			aı	(A)	5	
	1 Investment expenses not included on a			41			
	2Other (specify):			d2	n L		
	Add lines d1 and d2					d	
	Total revenue (Part I, line 12). Add line				·· · · · · · · · · · · · · · · · · · ·	<u> </u>	
R	Reconciliation of Expen					turn	
a	Total expenses and losses per audited			•		a	N/A
þ	Amounts included on line a but not on		,	ا م ،			
	1Donated services and use of facilities.			b1			
	2Prior year adjustments reported on Pa		i	b2			
	3Losses reported on Part I, line 20.			_b3			
	4Other (specify):			b4			
	Add lines b1 through b4			, , , ,		b	
C	Subtract line b from line a					c	
d	Amounts included on Part I, line 17, bu						
	1 Investment expenses not included on F	d1					
	2Other (specify):				3		
			. l	d2			
	Add lines d1 and d2				<u></u>	d	
e	Total expenses (Part I, line 17). Add Iir				<u>►</u>	9	
	Current Officers, Directors or key employee at any time d	ors, Trustees, and Key Er	nployees	(List ead	ch person who was an See the instructions)	officer, director, trus	stee,
	3 110, 311, 210, 210, 210, 210, 210, 210, 210, 2	(B) Title and average hours	(C) Comper	sation	(D) Contributions to	(E) Expense	
	(A) Name and address	per week devoted	(if not page of the context)	aid,	employee benefit	account and oth	er
	• •	to position	enter -t	<i>)-)</i>	compensation plans	allowances	
RC	N STRAIGHT	President		0.		 	0.
		7 ol					
HA	YS, KS 67601	1					
	REN GATES	Treasurer		0.	0.		0.
		T 0			}		
RU	SSELL, KS 67665	7					
		7					
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BA	Δ	TEEA0105L 10.	/17/05		L	Form 990 (20	2051
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Form 990 (2005) NORTHWEST KANSAS AREA	TRANSIT		48-1140)568		Page		
Hamily Current Officers, Directors, Tru	stees, and Key Er	nployees (continued)		Ye	$\overline{}$		
75a Enter the total number of officers, directors, and trustees p	_				37			
b Are any officers, directors, trustees, or key emisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throughout the individuals and explains the related.	nsated professional an ugh family or business	id other independent cor	ntractors listed in Sched	dule	75 b	X		
c Do any officers, directors, trustees, or key emplished in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to this organization through common supervisi	nsated professional an n any other organizatio	nd other independent cor ons, whether tax exempt	ntractors listed in Sched	dule lated	75c	X		
Note. Related organizations include section 50	9(a)(3) supporting org	janizations.				· ·		
If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization								
d Does the organization have a written conflict of		That Daniel	. 10		75d X			
Former Officers, Directors, True Benefits (If any former officer, directed during the year, list that person below a the instructions.)	or, trustee, or key emp and enter the amount o	ployee received compens of compensation or othe	sation or other benefits or benefits in the approp	(describ oriate col	ed belo lumn. S	See ———		
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	accou	Expendent and lowance	other		
								
	i							
Partivis Other Information (See the instruct	tions)	<u> </u>	<u></u>		Yes	s No		
76 Did the organization engage in any activity not		the IRS? If 'Vec'				123		
attach a detailed description of each activity				76		X		
77 Were any changes made in the organizing or g	•	ut not reported to the IR	₹\$? .	. 77	_	X EH456 EE		
If 'Yes,' attach a conformed copy of the change 78a Did the organization have unrelated business of		or more during the yea	r covered by this return	2 71	8a 3350	X X		
b If 'Yes,' has it filed a tax return onForm 990-Ti	-	or more daring me jus	1 covered by time returns	78		I/A		
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra	action during the		79	9	X		
80a Is the organization related (other than by associatements), governing bodies, trustees, office				80)a	X		
b If 'Yes,' enter the name of the organization ►	N/A				1 763			

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nonexempt.

Form 990 (2005)

and check whether it is exempt or 81a Enter direct and indirect political expenditures (See line 81 instructions)

b Did the organization file Form 1120-POL for this year?

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rorm	990 (2005) NORTHWEST KANSAS AREA TRANSTI	4	0-114020	0		-age
R 51	Other Information (continued)				Yes	No
	Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	s at no charge o	or at	82a		х
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A			1.4 1.4
	Did the organization comply with the public inspection requirements for returns and exemption	on applications?	,	83a	X	
	Did the organization comply with the disclosure requirements relating to quid pro quo contrib		, .	83b	Х	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	•		84a		X
	If 'Yes,' did the organization include with every solicitation an express statement that such content that such content that such content is a second	ontributions or q	gifts were	84ъ	N.	A
	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?			85a		A
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			85b		A
	If 'Yes' was answered to either 85a or85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.	e organization r	eceived a			
С	Dues, assessments, and similar amounts from members	85c	N/A		1	
d:	Section 162(e) lobbying and political expenditures	85d	N/A		ges.	
•	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A			11.5
f ·	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	ı	ř.	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.	,	, ,	85 g	N,	A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on linæ5f to its reasonables to nondeductible lobbying and political expenditures for the following tax year?	able estimate of	. ,	85h	N,	/A
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on					
1	line 12	86 a	N/A	1 1		٠.
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	, j		
87	501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A	ļ		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	ı		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations sections 301.77 of Yes,' complete Part IX	corporation or p 701-2 and 301.7	artnership, 701-3?	88		X
	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year un	der:				32 T
	section 4911 ► 0.; section 4912► 0.; section 49		0.			5
	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If explaining each transaction	s benefit transa	ction statement	89b		Х
c l	Enter: Amount of tax imposed on the organization managers or disqualified persons during tr year under sections 4912, 4955, and 4958	ne	•			
		,	-			<u>0.</u>
	Enter: Amount of tax on line 89c, above, reimbursed by the organization		-			<u>0.</u>
	List the states with which a copy of this return is filed None					
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	•		90ь		0
	The books are in care of ► KAREN GATES Telephone nur		-483-631			
ا	Localed at ► 133 W 8TH RUSSELL KS,	ZIP +	4 ► 67665	-01	12	
b /	At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authorit nancial account)	y over a ?	91ь	Yes	No X
ı	If 'Yes,' enter the name of the foreign country▶			1	7.04	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of F Financial Statements	oreign Bank an	d		2	
c /	At any time during the calendar year, did the organization maintain an office outside of the Ur	nited States?	, , [91c		<u>X</u>
Į	If 'Yes,' enter the name of the foreign country▶					
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu o Form 1041 – Check he	ere		N/A	. •	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>	92		1	N/Ā
BAA				Form	990 (2	2005)

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T. 164	H Analysis of Income Producing	Activities (See	the instructions)			
dote: En	ter gross amounts unless		siness income		ction 512, 513, or 514	\-/
otherwise	e indicated	(A) Business code	(B) Amount	Exclusion code	(D) Amount	Related or exempt function income
93 P	rogram service revenue.					
a_						
b_						
c						
d						
• -	ledicare/Medicaid payments			 		
	es & contracts from government agencies .			 		
-	lembership dues and assessments.					180.
	terest on savings & temporary cash invmnts					
	ividends & interest from securities.				-	
	· •	Bow Build hard	The second	是是自然的	altividida (Million of the Control o	经特殊的 自己分析
	ebt-financed property			 		
	ot debt-financed property			ļ		
	et rental income or (loss) from pers prop			 		
	ther investment income . ain or (loss) from sales of assets			-		
01	ther than inventory					
101 No	et income or (loss) from special events .					
	ross profit or (loss) from sales of inventory .				** A** #*	
	ther revenue: a					4 105
	REIMBURSEMENT REIMBURSEMENT-ADMIN					4,195. 4,448.
d A	CIMBONSEMENT ADMIN			 		2, 110.
 e			•			
104 St	ubtotal (add columns (B), (D), and (E))					8,823.
	otal (add line 104, columns (B), (D), a				· >	8,823.
	e 105 plus line 1d, Part I, should equal Relationship of Activities to				 	
	of the organization's exempt purpo	ses (other than by	y providing funds	for such purposes).	
Parei	Information Regarding Taxa	able Subsidiar	ies and Disre	garded Entities	(See the instruction	s)
	(A)	(B)		C)	(D)	(E)
Nam	e, address, and EIN of corporation,	Percentage of			Total	End-of-year
	artnership, or disregarded entity	ownership interest	Nature of	f activities	ıncome	assets
N/A		8				
		8	ļ			
		90				
Dart.V	d Information Degarding Tran		tod with Parc	onal Bonofit Co	entracts (C 45-	
	Information Regarding Tran					rstructions) Yes X No
	the organization, during the year, receive any fun-			•		H. H.
	If 'Yes' to (b), file Form 8870 and Forn	•		ii a personal bener	it contract:	Yes X No
NO.				schedules and statemen	its, and to the best of my kno	wledge and belief, it is
	Under penalties of perjury, I declare that I have true, correct, and complete Declaration of prep	oarer (other than officer)	is based on all inform	ation of which preparer h	as any knowledge	
Please						
Sign Here	Signature of officer				Date	
1616	7					
	Type or print name and title			12.	- · · · · · 	The CONTRACTOR OF THE CONTRACT
aid	Preparer's	7.0		Date	Check if Gel	parer's SSN or PTIN (See neral Instruction W)
re-	signature DENIS W MILLE				employed N	<u>'A</u>
arer's	Firm's name (or Mapes & Mille					
Jse Only	employed), ► /11 3rd Stree				EIN N/A	
JIIIY	ZIP + 4 Phillipsburg,	KS 67661			Phone no. ► 785-	543-6561

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information— (See separate instructions.)

2005

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ NORTHWEST KANSAS AREA TRANSIT

Employer identification number

Name of the organization NORTHWEST KANSAS AREA	TRANSIT		Employer identification	number
COORDINATING COUNCIL	INC		48-1140568	
Compensation of the Five High (See instructions, List each one, If ther	re are none, enter 'None.')	her Than Utticers	i, Directors, an	d Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and othe allowances
None				
Total number of other employees paid over \$50,000		0		
Compensation of the Five High (See instructions. List each one (wheth	est Paid Independent Coler individuals or firms). If there	ontractors for Pr	ofessional Sen	vices
(a) Name and address of each independent contract	ctor paid more than \$50,000	(b) Type (of service	(c) Compensation
None		-		
		-		
Total number of others receiving over \$50,000 for professional services		o		
Compensation of the Five High (List each contractor who performed se	•			f there are none,
enter 'None.' See instructions)	· · · · · · · · · · · · · · · · · · ·	 		<u> </u>
(a) Name and address of each independent contraction.	ctor paid more than \$50,000	(b) Type o	f service	(c) Compensation
None		-		
		 		
		-		
				the tracts
Total number of other contractors receiving over \$50,000 for other services.	0	The state of the s		

Sche	eaule	A (Form 990 of 990-E2) 2005 NORTHWEST RANSAS AREA TRANSIT 46-114050	20		age
P		Statements About Activities (See instructions.)		Yes	No
1	to i	ring the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid incurred in connection with the lobbying activities N/A			
	(Mı	ust equal amounts on line 38,Part VI-A, or line i of Part VI-B.)	1		X
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other janizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the bying activities.			
2	sub	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any able organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal neficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)			
8	Sal	le, exchange, or leasing of property?	2a		Х
k	Ler	nding of money or other extension of credit?	2 b		Х
c	: Fur	rnishing of goods, services, or facilities?.	2c		Х
c	l Pa	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
		ansfer of any part of its income or assets?	2e		Х
38	Do exp	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an planation of how you determine that recipients qualify to receive payments.).	3a		X
Ł	Do	you have a section 403(b) annuity plan for your employees?	3b		_X_
	: Dui	ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)?.	3c		_X_
48	Did on	l you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?.	4a		Х
	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		Х
ľΩ		Reason for Non-Private Foundation Status (See instructions.)			
The	orga	nization is not a private foundation because it is: (Please check only ONE applicable box.)			
5	Ĺ	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii)Enter the hospital's	name,	city,	
	,	and state >			
10	L	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the Support Schedule in Part IV-A)	n 170(b	_')(1)(A	۱)(۱۷).
11 <i>a</i>	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	public.		
111	<u>,</u>	A community trust Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)			
12	L	An organization that normally receives:(1) more than 33-1/3% of its support from contributions, membership fees, and from activities related to its charitable, etc, functions— subject to certain exceptions, and(2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire organization after June 30, 1975. See section 509(a)(2). (Also complete the support Schedule in Part IV-A.)	its sup	port	ots
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports org described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2 box that describes the type of supporting organization: Type 1 Type 2 Type 3	anızatı ') Che	ons ck the	:
		Provide the following information about the supported organizations. (See instructions.)			
		(a) Name(s) of supported organization(s)	b) Line	e num abovi	
.	_				
14	Ш	An organization organized and operated to test for public safety Section 509(a)(4). (See instructions.) TEEA0402L 08/09/05 Schedule A (Form 990 or Fo	orm 000	0.E7	2005
BAA		TEEA0402L 08/09/05 Schedule A (Form 990 or Fo	ולב ווווע	J. LZ)	2000

Parama Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year (a) 2004 beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28) 263,904 280,016. 224,155. 210,915 978,990. 285. 150. 145. 100. 680. Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 0. charitable, etc, purpose 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organ-0. ization after June 30, 1975 Net income from unrelated business 0. activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf ... The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 0. Other income, Attach a schedule. Do not include gain or (loss) from sale of capital assets See Stmt. 3 4,120 4,120. 284,421 264,054. 224,300 211,015 983,790. Total of lines 15 through 22 284,421 264,054. 224,300. 211,015. 24 Line 23 minus line 17 983,790. 2.844. 2,641. 2,243. 2,110. Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. 26a 19,676. b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your 26b return. Enter the total of all these excess amounts c Total support for section 509(a)(1) test: Enter line 24, column (e) 983,790. 26c d Add: Amounts from column (e) for lines: 17:44 45 30 W. New 26 d 4,120. e Public support (line 26c minus line 26d total) 26 e 979,670. f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f 27 Organizations described on line 12: N/A a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person 'Do not file this list with your return. Enter the sum of such amounts for each year. (2004) ____ (2003) ___ (2002) ___ (2001) ___ bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the arger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals. Po not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2004) _ _ _ _ (2003) _ _ _ _ (2002) _ _ _ _ (2002) _ _ _ _ (2001) _ _ _ _ c Add Amounts from column (e) for lines 15 20 d Add Line 27a total and line 27b total 27 d e Public support (line 27c total minus line 27d total) 27 e f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) 27 g g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A	. _	
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		1	
	other governing instrument, or in a resolution of its governing body?	29		7.1.0
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			1.50
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	. 30		
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that			
	makes the policy known to all parts of the general community it serves? .	31), e (
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	*		13.00
		-	1 36	46
				, -0,
			1	96.
	Does the organization maintain the following:	2		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
-	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		<u> </u>
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
	in you dilettored to did not to an acceptance of the control of th			in:
				1 1
33	Does the organization discriminate by race in any way with respect to:	7		
	a Students' rights or privileges?	33a		****
•	a ordatorito rigilio di privilogeo.			
	b Admissions policies?	33ь		
	and the second s			
4	c Employment of faculty or administrative staff?	33c		
	d Scholarships or other financial assistance?	334		
	e Educational policies?	33e		<u> </u>
		224	ĺ	
1	f Use of facilities?	331		
,	Athletic programs?	33g	- 1	
1	n Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	1	¥.3	
	Tryou answered Tes to any of the above, prease explaint. (If you need more space, attach a separate statement.)			
		1		
			4	113
		ĺĺ		
34:	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	has the organization's right to such aid ever been revoked or suspended?	34ь	1	
	If you answered 'Yes' to either 34a or b, please explain using an attached statement	(3.2)		· j
		17.00	انتكم	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial			
	nondiscrimination? If 'No,' attach an explanation.	35		

PA	Lobbying E (To be comple	xpenditures by Ele ted ONLY by an eligible	cting Public Chari organization that filed	ties (See instri Form 5768)	uctions	.)			N/A				
Chec	ck > a If the organ	ization belongs to an aff	filiated group. Check	c ► b If you	ı check	ed 'a' and	'limite	d con	trol' provisions apply.				
		imits on Lobbying				Affilia	(a) ted gro		(b) To be completed				
	(The teri	m 'expenditures' means	amounts paid or incurr	ed.)		Į.	otals		for ALL electing organizations				
36	Total lobbying expendi	tures to influence public	opinion (grassroots lo	bbying)	36								
37	·	tures to influence a legis			37								
38		tures (add lines 36 and 3	= :		38								
39	Other exempt purpose				39								
40		expenditures (add lines	38 and 39).		40								
41		mount. Enter the amoun		bl e-					A PORT OF THE PROPERTY.				
	If the amount on line 4						والمراجع المراجع		Elizabeth conficers				
	Not over \$500,000	. 20%	of the amount on line	40				-4-					
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000							٠,٠.					
	Over \$1,000,000 but not over	\$1,500,000 \$175,	000 plus 10% of the excess o	over \$1,000,000 ⊢	41								
	Over \$1,500,000 but not over	\$17,000,000 \$225,	000 plus 5% of the excess ov	ver \$1,500,000				396					
	Over \$17,000,000 .	\$1,0	00,000		20	a = a + b		4 1					
42	Grassroots nontaxable	amount (enter 25% of I	ine 41)		42								
43		ne 36. Enter -0- if line 4			43								
44		ne 38. Enter -0- if line 4			44	721 A 11 A 2 1 1 1 1			, , , , , , , , , , , , , , , , , , , ,				
	Caution: If there is an	amount on either line 43	3 or line 44, you must f	file Form 4720	Mar.	ar Market			ky coupii oko wie				
	4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)												
	Lobbying Expenditures During 4 -Year Averaging Period												
	Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003					(d) 2002		(d) 2002		(e) Total
45	Lobbying nontaxable amount .												
46	Lobbying ceiling amount (150% of line 45(e))												
47	Total lobbying expenditures												
48	Grassroots non- taxable amount			770 SEE NAME OF SEC. 15			UNED PRO	200					
49	Grassroots ceiling amount (150% of line 48(e))												
	Grassroots lobbying expenditures						·						
Par	LVI-B: Lobbying A (For reporting	ctivity by Nonelectionly by organizations that	ing Public Charitie at did not complete Par	t VI-A) (See inst	truction	s.)			N/A				
Durir atten	ng the year, did the orga npt to influence public o	nization attempt to influ- pinion on a legislative m	ence national, state or latter or referendum, th	local legistation, rough the use of	includi f:	ng any	Yes	No	Amount				
	Volunteers						<u> </u>		1、1200000000000000000000000000000000000				
	Paid staff or manageme	ent (Include compensation	on in expenses reporte	d on linesc throu	gh h.)								
	: Media advertisements						<u> </u>	[
	Mailings to members, le	•					 						
	Publications, or publish						 						
	Grants to other organiz	•					$\vdash \vdash \downarrow$						
_	Direct contact with legis			-									
	Rallies, demonstrations			r any other mean	15		اـــا						
1	Total lobbying expendit	•	•	docorieties -f 11-	- اماما	التناقمة مم		<u>]</u>					
	ir res to any of the ab	ove, also attach a stater	ment giving a detailed	uescription of the	ioppyl	ng activiti	es.						

7 .

Schedule A (Form 990 or 990 EZ) 2005 NORTHWEST KANSAS AREA TRANSIT 48-1140568 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

(

51 Did the reporting organization of the Code (other than section	directly or indirectly engage in any of the 501(c)(3) organizations) or in section 52	following with any other organization describ 27, relating to political organizations?	ed in sect	ion 50	1(c)
•	ganization to a noncharitable exempt org			Yes	No
(i)Cash .			51a (i)		Х
(ii)Other assets.			a (ii)		Х
b Other transactions:					
	ets with a noncharitable exempt organiza	ition.	b (i)		х
-	noncharitable exempt organization		b (ii)		Х
(iii)Rental of facilities, equipme		b (iii)		X	
(iv)Reimbursement arrangeme	-		b (iv)		Х
(v)Loans or loan guarantees			b (v)		X
`,'_	membership or fundraising solicitations		b (vi)		Х
	, mailing lists, other assets, or paid emp		c		X
d If the answer to any of the above	ve is 'Yes,' complete the following sched	ule. Column (b) should always show the fair n	1	ue of	
the goods, other assets, or serv	vices given by the reporting organization	ule. Column (b) should always show the fair n . If the organization received less than fair ma if the goods, other assets, or services received	rket value	ın	
(a) (b)	(c)	(d)			
Line no. Amount involved	Name of noncharitable exempt organize		sharing arrai	ngemen	ts
N/A	····				
	· · · · · · · · · · · · · · · · · · ·				
			 		
					
-					
					
					
					
					
					
					
					
52a is the organization directly or in described in section 501(c) of the	idirectly affiliated with, or related to, one ne Code (other than section 501(c)(3)) or	or more tax-exempt organizations	► X Yes		No
b If 'Yes,' complete the following	, ,,,,,,	,	<u></u>	, I	.,,
(a)	(b)	(c)			
Name of organization	Type of organization	Description of relation	ship		
DECATUR COUNTY	GOVERNMENTAL	MEMBER OF DISTRICT		-	
DEV SERV OF NW KANSAS	PRIVATE NONPROF	MEMBER OF DISTRICT			
ELLIS GOOD SAM CENTER	PRIVATE NONPROF	MEMBER OF DISTRICT			
GOODLAND CITY	GOVERNMENTAL	MEMBER OF DISTRICT			
GOVE CO MEDICAL CENTER	PRIVATE NONPROF	MEMBER OF DISTRICT			
LOGAN CO HOSPITAL	PRIVATE NONPROF	MEMBER OF DISTRICT			
NORTON CO SENIOR CTR	PRIVATE NONPROF	MEMBER OF DISTRICT			
PHILLIPS CO SR CTR	PRIVATE NONPROF	MEMBER OF DISTRICT			
ROOKS CO TRANSPORTATION		MEMBER OF DISTRICT			
RUSSELL CITY	GOVERNMENTAL	MEMBER OF DISTRICT			
SHERIDAN CO SENIOR CTR	PRIVATE NONPROF	MEMBER OF DISTRICT			
THOMAS COUNTY	GOVERNMENTAL	MEMBER OF DISTRICT			
WAKEENEY CITY	GOVERNMENTAL	MEMBER OF DISTRICT			
WARLENEI CIII	GOVERNIENTAL	PIEPIDER OF DISTRICT			
		Sahadula A (Farre	000 000) F.T	2005

2005

7 - 2 -

Federal Statements

Page 1

NORTHWEST KANSAS AREA TRANSIT COORDINATING COUNCIL INC

48-1140568

Client 5391 6/03/10

10:05AM

Statement 1 Form 990 , Part III Organization's Primary Exempt Purpose

TO COORDINATE TRANSPORTATION SERVICES FOR THE PUBLIC.

Statement 2
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

Line # Explanation of Activities

THE NORTHWST KANSAS AREA TRANSIT COORDINATING COUNCIL WAS SET UP BY THE KANSAS DEPARTMENT OF TRANSPORTATION TO DISTRIBUTE STATE AND FEDERAL FUNDS TO INDIVIDUAL COUNTIES IN OUR SERVICE AREA. EACH COUNTY MUST BELONG TO OUR COUNCIL IN ORDER TO BE PAID FOR THE SERVICES OFFERED.

103B REIMBURSEMENT FOR ADMINISTRATIVE EXPENSES

Statement 3 Schedule A, Part IV-A, Line 22 Other Income

Description		(a	2004	<u>(b</u>	2003	_(c)	2002	(d)	2001	(e	Total
ADM REIMBURSEMENT		\$	4,120.	\$	0.	\$	0.	\$	0.	\$	4,120.
	Total	\$	4,120.	\$	0.	\$	0.	\$	0.	\$	4,120.