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Case ID: CIS3STTPXZ

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(e)(1) Nonexempt Charitable Trust Supplementary information— (See separate instructions.)

2006

OMB No. 1545-0047

Internal Roversio Service	► MUST be completed by ti	he above organizations and a	tached to their Form	990 or 990-EZ			
Name of the organization	NORTHWEST KANSAS ARE	A TRANSIT		Employer Monthcallor	anunbet		
	COORDINATING COUNCIL	INC	48-1140568				
Com	pensation of the Five Hig	hest Paid Employees Ot	her Than Officers	s, Directors, an	d Trustees		
(See	instructions. List each one			, <u></u>	,		
(a) Name empl ti	and address of each oyee paid more nan \$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 other allowances		
None							
~							
Total number of other over \$50,000			0				
Com (See	pensation of the Five Hig instructions. List each on	hest Pald Independent (e (whether individuals or	contractors for P firms). If there a	rofessional Ser re none, enter	vices 'None.')		
(e) Name and ad	dress of each independent contr	actor paid more than \$50,000	(b) Type	of service	(c) Compensation		
None							
			-				
			-				
			-				
			-				
Total number of other \$50,000 for profession			0				
(List	pensation of the Five Hig each contractor who performs. If there are none, enter	rmed services other tha	n professional se	ther Services rvices, whether	individuals or		
(a) Name and ad	dress of each independent contra	actor paid more than \$50,000	(b) Type	of sarvice	(c) Compensation		
None			-		1.		
			 		 		

Total number of other contractors receiving over \$50,000 for other services.... BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 cr 990-EZ) 2006

TEEA0401L 01/19/07

Scho	dute A (Form 990 or 990 EZ) 2006	NORTHWEST KANSAS	AREA	TRANSIT		48-11405E	8	Р	age 2
	Statements About Acti	vities (See instructions	s.)				ì	Yes	No
1	During the year, has the organization to influence public opinion on a legisl or incurred in connection with the lob (Must equal amounts on time 38,Part	ative matter or referendum? bying activities ► \$ VI-A, or line I of Part VI-B.).	' II 'Yes,	enter the total exp	enses paid		1		X
2	Organizations that made an election organizations checking 'Yes' must collobying activities. During the year, has the organization substantial contributors, trustees, direct taxable organization with which any questionary? (If the answer to any questions)	mplete Part VI-B AND attack either directly or indirectly, ectors, officers, creators, key each person is affiliated as a	n a state , engage y employ in officer	ment giving a detail d in any of the follo less, or members o , director, trustee, r	ited description wing acts with I their families majority owner,	any , or with any , or principal			C
a	Sale, exchange, or leasing of propert	y			· · · · · · · · · · · ·		28	_	<u> </u>
	Lending of money or other extension	of credit?					2ь	_	X
•	Furnishing of goods, services, or faci	lities?					2c	_	X
•	Payment of compensation (or payme	nt or reimbursement of expe	enses if r	more than \$1,000)?			28	-	X
•	Transfer of any part of its income or	assets?					20		X
36	Did the organization make grants for explanation of how the organization of	scholarships, fallowships, st letermines that recipients qu	tudent lo ualify to	ans, etc? (If 'Yes,' receive payments.).	attach an		3a		X
ŧ	Old the organization have a section 4	03(b) annuity plan for its en	nployees	7			36		X
•	Oid the organization receive or hold a to preserve open space, the environm "Yes," attach a detailed statement	nent, historic land areas or I	Nistoric s	tructures? If			3c		x
•	Did the organization provide credit co	unseling, debt management	t, credit r	epair, or debt nego	itation service	s? <i>.</i>	3a		<u>_x</u> _
48	Did the organization maintein any doi 4f and 4g	nor advised funds? If 'Yes,'	complete	lines 4b through 4	ig, if 'No,' com	plete lines	48		x
6	Did the organization make any taxabl	a distributions under section	4 956 ?.			••••••	4b	N	'A
c	Did the organization make a distributi	on to a donor, donor adviso	r, or rela	ited person?			4c	N	'A
d	Enter the total number of donor advis	ed funds owned at the end	of the ta	x yeer		•			N/A
a	Enter the aggregate value of assets h	eld in all donor advised fun	ds owne	d at the end of the	tax year	· · · · · •			n/A
f	Enter the total number of separate funds included on line 4d) where don- amounts in such funds or accounts.	ors have the right to provide	activice (on the distribution o	ar investment o	of			0
q	Enter the aggregate value of assets h	eld in all funds or accounts	included	on line 4f at the ea	nd of the tax y	ear ▶			0,
BAA		TEFADAN	21. 04/04/1		Schedule A (Form 990 or	Form 99	0.F7	200

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Schedule A (Form 990 or Form 990-EZ) 2006

Sathe	dule A (Form 990 or 990 EZ) 2006 NC	RTHWEST KANSAS A	REA TRANSIT	 -	48-1140	568 Page 3
	Reason for Non-Private F	oundation Status (See instructions.)			
cert	bity that the organization is not a private	foundation because it is:	Please check onli ONE appl	icable box.)		
5	A church, convention of churches, o	er association of churches.	Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(li).	Also complete Part V.)				
7	A hospital or a cooperative hospital	service organization. Sec	tion 170(b)(1)(A)(m).			
8	A federal, state, or local governmen	It or governmental unit S	ection 170(b)(1)(A)(v)			
9	A medical research organization operand state •	erated in conjunction with	a hospital. Section 170(b)(1)(A)(II) E n!	ter the hospite	at's name, city,
10	An organization operated for the be (Also complete the Support Schedu	nefit of a college or unive them Part IV-A.)	rsity owned or operated by	a governm	ental unit. Sed	ction 170(b)(1)(A)(iv).
11 a	An organization that normally receive Section 170(b)(1)(A)(vi). (Also comp	ves a substantial part of it plete the Support Schedul	s support from a governme ein Part IV-A.)	ntal unit or	from the gene	arat public.
116	A community trust. Section 170(b)(1	i)(A)(vi). (Also complete t	heSupport Schedulein Part	(.A-VI		
12	An organization that normally receive from activities related to its charitable from gross investment income and corganization after June 30, 1975. See	ile, etc, functions— subject mrelated by siness taxable	t to certain exceptions, and a income dess section 511	((Z) ho mor tax) from b	e (han 33-1/37 Usinesses aco	NOT ILS SUDDOFT
13	An organization that is not controlle requirements of section 509(a)(3).					e meets the
	Type I Type II	Type III-Function		Туре ІІІ	-Other	
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c)	is the secondarial the superposition or superposition of the superpositi	d) upported on listed in upporting zation's ming nents?	(e) Amount of support
			· · · · · · · · · · · · · · · · · · ·	Yes	No	
	l					
					 	
					 	
otel	<u> </u>	· · · · · · · · · · · · · · · · · · ·				0.
14	An organization organized and opera	ated to test for public safe	ety. Section 509(a)(4). (See	instruction	ıs.)	
AA		•				n 990 or 990-E2) 2006

	ule A (Form 990 or 990-E2) 2004				48-11405	
	Support Schedule (nting.
Hota:	You may use the worksheet in U	ne instructions for cor	verting from the accr	ual to the cash metho	od of accounting	
	far year (or fiscal year ang in).	(a) 2005	(b) 2004	(c) 2003	(4) 2002	(e) Total
15 (Rifts, grants, and contributions eceived. (Do not include unusual grants. See tine 28.).	349, 435.	280.015.	263.904.	224,155.	1,117,509.
	Asmbership fees received	180.	285.	150.	145.	760,
n 0 1	inast receipts from admissions, merchandise sold or services performed, with running of facilities as any activity hat is related to the organization's hartable, etc. purpose					0.
18 G 3 5 6	iross income from interest, dividends, imounts received from payments on ecurities loans (section 512(a)(5)), entities loans (section 512(a)(5)), entities royalities, and unrelated business axable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0.
	let income from unrelated business interities not included in line 18					0.
	ax revenues levied for the organization's benefit and either paid to it or expended on its hebalf.					
21 T	The value of services or acilities furnished to the organization by a governmental and without charge. Do not not determine the value of services or acilities generally furnished to the public without charge.				,	0.
22 (Other income. Attach a					
8	ichedule. Do not include zain or (loss) from sale of					10 763
			4,120.		204 200	
	otal of lines 15 through 22					
	une 23 minus line 17					
						- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12
9 P	repare a list for your records to show the upported organization) whose total gifts to sturn. Enter the total of all these excess	name of and amount control 2002 through 2005 excees amounts.	abuted by each person (oth ded the amount shown in l	er than a governmental unit me 26e.Do not file this list	or publicly with your 26b	
			(a) השחווסס		26c	1,131,032.
9 4	ago: Amounts from column (a) to		12 763	765	25.4	12 263
4 P	habite support (line 26c minus tin			200	260	
		•			· · · · · · · · · · · · · · · · · · ·	
27 0	rganizations described on line or amounts included in lines 15, isme of, and total amounts recei- uch amounts for each year:	12: N/A , 16, and 17 that were wed in each year from	e received from a 'dis n, each 'disqualified p	qualified person,* preperson. Do not file this	pare a list for your re- list with your return	cords to show the Enter the sum of
\$ A d	o show the name of, and amoun 5,000. (include in the list organi fiter computing the difference be differences (the excess amounts)	t received for each ye zations described in l otween the amount re i for each year.	ear, that was more the lines 5 through 11b, a ceived and the larger	en thelerger of (1) the as well as individuals.) amount described in	emount on line 25 fo Po not file this list wi 1) or (2), enter the su	ir the year or (2) th your return. In of these
	edd: Amounda fram anti-ma fol fo	(ARA)	(2003)		_ (2002)	
τ-	17	20 20		21	270	
d A	iddi Line 27a total .	## Second Contributions 349,435 280,015 263,904 224,155 1,117,509 ## Control or Individual Second Control of				
e P	ublic support (line 27c total min	us line 27d total)		·· · 	► 27s	
I T	otal support for section 509(a)(2) test: Enter amount	from line 23, column	(e) > Z71		1 2 2 2
9 4	mpgc support percentage (Ane 2	27e (numerator) divid	lad by line 271 (denor	ninator)),	> 27 g	8
h fr	ivestment income percentage (i	ine 18, column (e) (n	umerator) divided by	tine 27f (denominato	rii ► 27h	8
28 U	Inusual Grants: For an organizat st for your records to show, for a ature of the grant. Do not file thi	tion described in line each year, the name is list with your return	10, 11, or 12 that reconfidence, the nDo not include thes	eived any unusual gra date and amount of e grants in line 15.	ents during 2002 through the grant, and a brief	ugh 2005, prepare a description of the
BAA			TEEA0403L 01/19/07		Schedule A (Form	990 or 990-EZ) 2006

Sch	edule A (Form 990 or 990-EZ) 2006 NORTHWEST KANSAS AREA TRANSIT	48-1140568	F	age 5
	Private School Questionnaire (See Instructions.) (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, other governing instrument, or in a resolution of its governing body?	bylaws,	9	
30	catalogues, and other written communications with the public dealing with student admissions, programs,			
	and scholarships?	🛂		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media the period of solicitation for students, or during the registration period if it has no solicitation program, in a makes the policy known to all parts of the general community it serves?	way that	1	
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement)	}		
		The second secon		
		•		1 19
			1	(3)
22	Does the organization maintain the following:			1 4
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	9	2n	
				1
í	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	3	2b	<u> </u>
1	c Copies of all catalogues, brochures, announcements, and other written communications to the public deali	ng .	26	1
	with student admissions, programs, and scholarships?		24	+
	d Copies of all material used by the organization or on its behalf to solicit contributions?		Σα	
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate state	ment.)		j ;
33	Does the organization discriminate by race in any way with respect to:			1
	Students' rights or privileges?	<u>.</u> 3	30	
1	b Admissions policies?	ق	36	
•	c Employment of faculty or administrative staff?	3	3c	
•	d Scholarships or other financial assistance?	🔄	34	L
	■ Educational policies?		Se	
1	! Use of facilities?	2	31	
(g Athietic programs?.	🔄	30	ļ
ı	h Other extracurricular activities?	3	3h	
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate state	tement.)		
				!
34:	Does the organization receive any financial aid or assistance from a governmental agency2	, <u> </u>	4a	-
ŧ	Has the organization's right to such aid ever been revoked or suspended?		Ab	o leves
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.		5	
BAA	TERADICAL DIRECT Schedu	ula A (Form 990 c	or 990-E	Z) 200

Sche	edule A (Form 990 or 990	EZ) 2006 NORTHWE	ST KANSAS ARE	A TRANSIT			48-1	1405	68	Page 6
	Lobbying Ex (To be complete	penditures by Elec ed ONLY by an eligible o	ting Public Charf rganization that filed	t ies (See instri Form 5768)					N/A	
Chec	x > a if the organi	zation belongs to an affil	liated group. Check	- b if you	check	ed 'a' and 'I		<u>contro</u>		
		imits on Lobbying ! 'expenditures' means a	-	and \		Affiliate tot	i) dgrouq als		To be co	b) ompleted electing
					7			+	organi	zations
36		ures to influence public o	·		36					
37 38		ures to influence a legisl ures (add lines 36 and 3			329	L		-+		
39	Other exempt purpose		· · · · · · · · · · · · · · · · · · ·	+==+						
40			enditures (add lines 38 and 39)							
41		nount. Enter the amount	•				3.33			
-	if the amount on line 4		obbying nontaxable s							
	Not over \$500,000 .	20%	of the amount on line	40			::-			Ę
	Over \$500,000 but not over \$1	,000,000 \$100,0	00 plus 15% of the excess o	wer \$500,000						2011年
	Over \$1,000,000 but not over \$		00 phys 10% of the excess i		41					
		117,000,000 \$225,0								,,
		, \$1,00								
42	Grassroots nontaxable	•	•		42					
43		ne 36. Enter -0- if line 42			49		~	+		
44		ne 38. Enter -0- if line 41			44		de la company			V 1 7 3 7 14
	Caumon: If mere is an E	mount on either line 43								
	(Some organ	nizations that made a se	veraging Period etion 501(h) election e the instructions for i	do not have to c	omplet	(n) e all of the	live col	umns	below.	
			Lobbying Exper	ditures During	4 -Year	Averaging	Period) ——		
	Calendar year (or fiscal year beginning in) >	(a) 2006	(b) 2005	(c) 2004			6) (p			(e) otal
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures							_		
48	Gressroots non- taxable amount									
	Grassroots ceeing amount (150% of line 48(e)).									
	Grassroots lobbying expenditures									
	Lobbying A	only by organizations that	ng Public Chamile t did not complete Pa	IS rt VI-A) (See end	structio	ns)			N/A	
Duru	ng the year, did the organ	nization attempt to Influe	nce national state or	local lagislation	netu	ting any	1			
	npt to influence public of						Yes	No	An	ount
	Valunteers	., ,,,.								
b	Paid staff or manageme	ent (include compensate	n in expenses raporti	ed on limesc thro	ugh h.)					
	: Media advertisements .									
	Mailings to members, le				· · · ·	• • • • • • • • • • • • • • • • • • • •				
	Publications, or publish							}		
	Grants to other organiza						 	}		
	Direct contact with legis						┝╼┥			
n L	Railles, demonstrations	, seminars, conventions,	specaros, lectures, o	ar any other mea	BNS					
•	Total lobbying expendit	ove, also attach a staten			 		الناسط ده			
BAA		- to, man orderi a stater	HELIT RIANIA & OCISISO	rescription of a	1000			A /E-	000 ar	990. F.7\ 2006

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Schedule A	(Form 990 or 990-EZ) 20	DOG NOR	THWEST	' KANSAS	AREA TRAN	SIT	4	8-1140)568	Page 7
建 图 图	Information Regard Exempt Organization				sactions an	d Relations	hips With N	onchari 	itable 	
51 Did the	e reporting organization (Code (other than section	directly or is 501(c)(3)	ndirectly i organizati	engage in an	y of the following school of t	ng with any oth	er organizations	n describ ?	ed in secti	
a Transf	ters from the reporting or	ganızation	to a nond	hardable exe	mpt organizati	on of:				Yes No
(1)Ca	ash			·					51a (i)	X
(11)01	ther assets								<u>• (ii)</u>	X
b Other	transactions:								[
(i)Sa	ales or exchanges of ass	ets with a n	nonchenta	ble exempt o	organization				b (i)	X
(ii)Pu	urchases of assets from a	noncharit	able exem	ypt organizati	دورها				b (ii)	X
(Ili)Re	ental of facilities, equipm	ent, or othe	er assets						P (11)	X
(IV)Re	eimbursement arrangeme	nts	• • • • • • • • • • • • • • • • • • • •						P (IA)	X
(v) Lo	oans or loan guarantees.								PW	X
(vi)Pe	erformance of services or	membersh	nip or fund	traising solic	itations				p(v)	X
c Sharir	ng of facilities, equipment	t, mailing la	sts, other	assets, or pa	aid employees				ب	X
d if the the go any th	answer to any of the about ods, other assets, or ser ansaction or sharing arra	ive is 'Yes,' vices given ngement, s	complete by the re show in co	the following pertung organisms (d) the	g schedule. Co filzation, if the value of the g	organization re pods, other ass	d always show iceived less th sets, or service	r the fair r an fair ma is receive	market value arket value hot:	ere of
(a) Line no.	(b) Amount involved			(c)	organization	l		(d)		
N/A						 				
						†				
						Ţ				
						<u> </u>				
						L				
						ļ				
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	organization directly or in bed in section 501(c) of the complete the following		filiated will other than		to, one or mo c)(3)) or in se	re tax-exempt of			► X Y•	n No
	(a) Name of organization		1 1	(b) Type of organ	nization	1	Description	(c) of relation	nshio	
DECATIO	COUNTY		<u> </u>	NMENTAL		MEMBER OF				
	V OF NW KANSAS			TE NONPR	OF.	MEMBER OF				
	OOD SAM CENTER			TE NONPR		MEMBER OF				
GOODLAN	D CITY			NMENTAL	Dr.					
COUPLINE	MEDICAL CENTER			TE NONPR	Λ Γ	MEMBER OF				 .
	O HOSPITAL			TE NONPR		MEMBER OF				
	CO SENIOR CTR			TE NONPR		MEMBER OF				
	S CO SR CTR			TE NONPR		MEMBER OF				
	O TRANSPORTATION	1		TE NONPR		MEMBER OF				
RUSSELL		·		NMENTAL		MEMBER OF				
	N CO SENIOR CTR			TE NONPR	OF	MEMBER OF				
THOMAS				NMENTAL		MEMBER OF				
WAKEENE				NMENTAL		MEMBER OF				
						CALENDARY VI				
		~~~				<u> </u>				
BAA							Schedul	OA Forr	n 990 or 9	190-EZ) 200