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SCHEDULE A	Or	ganization Exempt (Section 501(c)(3)	Under 🤾	ceived 02302010	OMB No. 1545-0047		
Form 990 or 990-EZ)	(Except Priva 501(n)	ate Foundation) and Section 5 , or 4947(a)(1) Nonexempt Cha	aritable Trust	(e), 501(f), 501(k), (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
Department of the Treasury		tary information— (See sepa		990 ~ 990 E Z			
nternal Revenue Service	<u></u>	he above organizations and at	trached to their Form	Employer identification	number		
C	NORTHWEST KANSAS ARE COORDINATING COUNCIL	INC		48-1140568			
Comp (See	pensation of the Five Hig instructions. List each on	hest Paid Employees Ot e. If there are none, ente	her Than Officers er 'None.')	s, Directors, an	d Trustees		
	and address of each lyee paid more an \$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							
			residential and the second	STORYNGE STERRESTON			
Total number of other over \$50,000	employees paid pensation of the Five Hig	hest Paid Independent (Ontractors for P	rofessional Ser	vices		
(See	instructions. List each on	e (whether individuals or	firms). If there a	re none, enter	'None.')		
	tress of each independent contr	ractor paid more than \$50,000	(b) Type	of service	(c) Compensation		
NONE					}		
							
			- 1				
					 		
			1 Maria, 41 OF 1875	The Wall			
Total number of other \$50,000 for profession	s receiving over		o				
Com (List	epensation of the Five Hig each contractor who perf s. If there are none, enter	ormed services other that	in professional se		ındividuals or		
(a) Name and ad	dress of each independent conti	ractor paid more than \$50,000	(b) Type	of service	(c) Compensation		
NONE							
				···			
							
					-		
			-				
Total number of other over \$50,000 for other	r contractors receiving		O				

Sche	dule A (Form 990 or 990-EZ) 2007	NORTHWEST	KANSAS	AREA	TRANSIT		48-1140	568	F	age 2
- G2 (Statements About Ac	tivities (See in	structions	s.)					Yes	No
1	During the year, has the organization influence public opinion on a leg or incurred in connection with the limits equal amounts on line 38,Pa	islative matter or r obbying activities	eterendum? ►\$	If Yes,	te, or local leg ' enter the tota N/A	expenses paid	g any attempt	. 1		x
	Organizations that made an election organizations checking 'Yes' must lobbying activities.	n under section 50	1(h) hy filin	a Form .	5768 must com ement giving a	nplete Part VI-A. detailed descript	Other tion of the			
2	During the year, has the organization substantial contributors, trustees, of taxable organization with which ambeneticiary? (If the answer to any organization)	rectors, officers, o such person is al	reators, key Ifiliated as a	/ employ	/ees, or memb r. director, trus	ers of their famil tee, maiority owi	ies, or with ar ner, or princip	ıy al		
	Sale, exchange, or leasing of propi	erty?						. 2a		х
ı	Lending of money or other extensi	on of credit?						. 21		х
•	: Furnishing of goods, services, or fa	icilities?			• • •			. 20		X
•	Payment of compensation (or payment)	nent or reimburser	nent of expe	enses if	more than \$1,0	000)?		20	 	X
,	Transfer of any part of its income	or assets?						26	-	<u>x</u>
3	a Did the organization make grants f explanation of how the organizatio	or scholarships, fe n determines that	llowships, s recipients q	tudent lo ualify to	oans, etc? (If '\ receive payme	Yes, attach an ints.).		31		x
1	Did the organization have a section	403(b) annuity pl	an for its en	nployee	s?			31	,	x
•	Did the organization receive or hole to preserve open space, the environ 'Yes,' attach a detailed statement.	nment, historic lar	nd areas or			easements 		. 30		x
,	d Did the organization provide credit	counseling, debt r	managemen	t, credit	repair, or debt	negotiation serv	nces? .	. 30	2	X
4	Did the organization maintain any 41 and 49				te lines 46 thro		complete lines	4	•	x_
	b Did the organization make any tax	able distributions (under sectio	n 4966?				. 41	N	A
	c Did the organization make a distrit	oution to a donor,	donor advis	or, or re	ated person?.			4	s N	I/A
	d Enter the total number of donor ac	dvised funds owner	d at the end	of the t	axyear		. •_			N/A
	e Enter the aggregate value of asse	ts held in all donor	advised fur	nds own	ed at the end o	of the tax year.	▶_			N/A
	f Enter the total number of separate funds included on line 4d) where camounts in such funds or account	tonors have the rig	nt to provid	e advice	of the tax year on the distribi	(excluding dono utlon or investme	r advised ent of			0
	g Enter the aggregate value of asse	ts held in all funds	or accounts	s include	ed on line 4f at	the end of the to	ax year. ►_			<u> </u>

chedule	• A (Form 990 or 990-E	Z) 2007 _ NC	RTHWEST KANSAS A			48-11405	<u>88 Page</u>
	Reason for No	n-Private f	Foundation Status (S	see instructions.)			
certify t	that the organization is	not a private	foundation because it is: (I	Please check on ONE appli	cable box.)		
5 🗌	A church, convention	of churches, o	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 cooper	ative hospital	service organization. Sect	non 170(b)(1)(A)(iii).			
8 [A federal, state, or loc	cal governmen	nt or governmental unit. Se	ection 170(b)(1)(A)(v).			
9 <u></u>	A medical research or and state	ganization op	erated in conjunction with	a hospital. Section 170(b)(1)(A)(iii)Ent	er the hospital'	s name, city,
0 [An organization opera (Also complete the Su	ated for the be pport Schedu	enefit of a college or universite in Part IV-A)	rsity owned or operated by	a governme	ental unit, Secti	on 170(b)(1)(A)(i
1a <u>X</u>	An organization that r Section 170(b)(1)(A)(normally received (Also com	ves a substantial part of its plete the Support Schedul e	s support from a governmen s in Part IV-A.)	ntal unit or	from the genera	al public.
16 [A community trust Se	ection 170(b)(1)(A)(vi). (Also complete t	n eSupport Schedule in Part	IV-A.)		
2 [from activities related	to its charitat	ole, etc., functions— subject unrelated business taxable	of its support from contribute to certain exceptions, and encome (less section 511 to complete the support Sche	(Z) no mo n tax) from bi	isinesses acqu	DI ITS SUIDDON
	from activities related from gross investmen organization after Jun	to its charitate income and incom	ole, etc, functions— subject unrelated business taxable ee section 509(a)(2) (Also	t to certain exceptions, and a income (less section 511) of complete the support School of the section is a section of the sec	tax) from bi tax) from bi	usinesses acqui	or its support ired by the
	from activities related from gross investmen organization after Jun	to its charitat t income and ie 30, 1975. S s not controlle on 509(a)(3).	ole, etc, functions— subjection unrelated business taxable ee section 509(a)(2). (Also bed by any disqualified personant the box that describe the box tha	t to certain exceptions, and a income (less section 511 is complete the support Schellons (other than foundation less the type of supporting or smally integrated	(2) no mon tax) from bi sidule in Par managers) rganization:	and otherwise Other	or its support ired by the
	from activities related from gross investmen organization after Jun An organization that i requirements of section	to its charitat t income and ie 30, 1975. S s not controlle on 509(a)(3).	ole, etc, functions— subject unrelated business taxable ee section 509(a)(2). (Also deby any disqualified personant the box that described by a following information and the box that described by a following information are to the box that described by a following information are the box that described by the box that described by a following information are the box that described by the box that	to certain exceptions, and a income (less section 511 in complete the support Schemes the type of supporting or complete type of supporting or complete type of supporting or complete the supported organization to the supported organization in the	(2) no mon tax) from be idule in Par managers) rganization: Type III tation≰See	and otherwise Other Instructions.)	meets the
	from activities related from gross investmen organization after Jun An organization that i requirements of section	to its charitat t income and e 30, 1975. S s not controlle on 509(a)(3). (Type II Provide the	ole, etc, functions— subjection unrelated business taxable ee section 509(a)(2). (Also bed by any disqualified personant the box that describe the box tha	to certain exceptions, and a income (less section 511 in complete the support Schemes the type of supporting or complete type of supporting or complete type of supporting or complete the supported organization to the supported organization in the	((2) no more tax) from bit adule in Par managers) rganization: Type III tation≰See (i ls the si organizati the sure organi	and otherwise Other	or its support ired by the
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	from activities related from gross investmen organization after Jun An organization that i requirements of section Type i (a) Name(s) of suppor	to its charitat t income and e 30, 1975. S s not controlle on 509(a)(3). (Type II Provide the	cole, functions— subject unrelated business taxable ee section 509(a)(2). (Also debugged by any disqualified personant the box that describe the box that describe to following information at the following information at the box that describe the following information at the fo	to certain exceptions, and a income (less section 511 to complete the support Schemes the type of supporting or considering in the supported organization (described in lines 5 through 12	(a) no more tax) from be required Par managers) rganization: Type III sationi≪See (i is the su organizati the sup organi gove docum	and otherwise Other Instructions.) Jeported on listed in poorting zation's rming nents?	meets the
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13	from activities related from gross investmen organization after Jun An organization that i requirements of section Type i (a) Name(s) of suppor	to its charitat t income and e 30, 1975. S s not controlle on 509(a)(3). (Type II Provide the	cole, functions— subject unrelated business taxable ee section 509(a)(2). (Also debugged by any disqualified personant the box that describe the box that describe to following information at the following information at the box that describe the following information at the fo	to certain exceptions, and a income (less section 511 to complete the support Schemes the type of supporting or considering in the supported organization (described in lines 5 through 12	(a) no more tax) from be required Par managers) rganization: Type III sationi≪See (i is the su organizati the sup organi gove docum	and otherwise Other Instructions.) Jeported on listed in poorting zation's rming nents?	meets the
	from activities related from gross investmen organization after Jun An organization that i requirements of section Type i (a) Name(s) of suppor	to its charitat t income and e 30, 1975. S s not controlle on 509(a)(3). (Type II Provide the	cole, functions— subject unrelated business taxable ee section 509(a)(2). (Also debugged by any disqualified personant the box that describe the box that describe to following information at the following information at the box that describe the following information at the fo	to certain exceptions, and a income (less section 511 to complete the support Schemes the type of supporting or considering in the supported organization (described in lines 5 through 12	(a) no more tax) from be required Par managers) rganization: Type III sationi≪See (i is the su organizati the sup organi gove docum	and otherwise Other Instructions.) Jeported on listed in poorting zation's rming nents?	meets the

Sche	dule A (Form 990 or 990-EZ) 2007		ANSAS AREA TR		48-114056	
177	Support Schedule (Complete only if you	checked a box on line	e 10, 11, or 12.) <i>Use ca</i>	ash method of accoun	nting.
Note:	You may use the worksheet in th	e instructions for con	verting from the accr	ual to the cash metho	d of accounting	
	ndar year (or fiscal year nning in).	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include	275 272	240 425	280,015.	263,904.	1,268,726.
	unusual grants. See line 28.) .	375,372. 190.	349, 435. 180.	285.	150.	805.
16	Membership fees received	190.	180.	203.	130.1	005.
17	Gross receipts from admissions, merchandise sold or services performed, or turnishing of facilities in any activity that is related to the organization's charitable, etc, purpose					0.
18	Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975.					0.
19	Net income from unrelated business activities not included in line 18					0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0.
21	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.
22	Other income. Attach a					
	schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 3		8,643.	4,120.		12,763.
_23	Total of lines 15 through 22	375,562.	358,258.	284,420.	264,054.	1,282,294.
$\overline{}$	Line 23 minus line 17	375,562.	358,258.	284,420.	264,054.	1,282,294.
	Enter 1% of line 23	3,756.	3,583.	2,844.	2,641.	
	Organizations described on line		ter 2% of amount in o		▶ 26a	25,646.
t	Prepare a list for your records to show the supported organization) whose total gifts return. Enter the total of all these excess	for 2003 through 2006 excee	ributed by each person (other eded the amount shown in	her than a governmental uni line 26a.Do not file this lis	t or publicly t with your 26b	
•	: Total support for section 509(a)	(1) test: Enter line 24,	column (e)		► 26c	1,282,294.
•	Add: Amounts from column (e)			19		
		22	12,763.	26b		12,763.
	Public support (line 26c minus li	•			≥ 26e	
	Public support percentage (line		ded by line 25c (deno	ominator))	> 261	99.00 %
27	Organizations described on line a For amounts included in lines 15 name of, and total amounts reconsuch amounts for each year: (2006)	5, 16, and 17 that were elved in each year from	m, each 'disqualified	person. Do not file thi	s list with your return	Enter the sum of
	bFor any amount included in line					
'	to show the name of, and amou \$5,000. (Include in the list organ After computing the difference to differences (the excess amounts)	int received for each y nizations described in setween the amount re s) for each year:	rear, that was more the lines 5 through 11b, eccived and the large	nan thelarger of (1) the as well as individuals or amount described in	e amount on line 25 fi Po not file this list w (1) or (2), enter the su	or the year or(2) Ith your return. Im of these
	(2006)	. ⁽²⁰⁰⁵⁾	(2004) _		_ (2003)	
(c Add: Amounts from column (e) 17 d Add: Line 27a total	for lines: 15 _		16		
	17	20 _		21	Z7c	
(d Add: Line 2/a total	2	na line 2/b total	· · ·	27d	
	e Public support (line 27c total m f Total support for section 509(a)	mus line 2/d total) .	t from two 02) (a) b l 274 l	2/6	Quinty The Tay of the Care
1	r Total support for section 509(a) g Public support percentage (line	(a) test enter amount	ded by line 27 (deno	minatori)	> 27g	
	g rubiic support percentage (inte h Investment income percentage	•	-			
_	Unusual Grants: For an organiz	ation described in line	10. 11 or 12 that re	ceived any unusual o	rants during 2003 thre	puch 2006, prepare a
	list for your records to show, for nature of the grant. Do not file	r each vear, the name	of the contributor, th	ne date and amount o	the grant, and a brie	of description of the

che	edule A (Form 990 or 990 EZ) 2007 NORTHWEST KANSAS AREA TRANSIT 48-	1140568	P	age 5
Ü	Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
_	Company of the compan		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, byla other governing instrument, or in a resolution of its governing body?	ws, 29		John and
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its broc catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	hures, 30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way makes the policy known to all parts of the general community it serves?	ing that		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
•	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 8	1-	├
1	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	321	<u> </u>	
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	320	_	-
	d Copies of all material used by the organization or on its behalf to solicit contributions?	. 320		1
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement	nt.)		
93	Does the organization discriminate by race in any way with respect to		11	
	a Students' rights or privileges?	. 33:		11, 32,
	b Admissions policies?	. 331	•	-
	c Employment of faculty or administrative staff?	334		-
	d Scholarships or other financial assistance?	390	4	-
	e Educational policies?	33	-	-
	f Use of facilities?	351	-	-
	g Athletic programs?	33	9	-
	h Other extracumicular activities?	33	h	
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement	ent.)		
	***************************************			1
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34	<u> </u>	-
	b Has the organization's right to such aid ever been revoked or suspended?	34	ь	
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		1	
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		
DA		A (Form 990 or	990 F	7 300

Sche	dule A (Form 990 or 990-	EZ) 2007 NORTHWE	ST KANSAS AREA	TRANSIT		48	3-1140	568	Page 6
T.	Lobbying Ex (To be complete		ting Public Charit organization that filed F	ies (See instri orm 5768)				N/A	
Chec	k ▶ a lif the organiz	ation belongs to an affi	liated group. Check	► b lif you	checke	d 'a' and 'limi	ted contro	ol' provisions	apply.
		mits on Lobbying	•			(a) Affiliated of totals		(b) To be comp for all elec	cting
		'expenditures' means a						organizat	ions
36	Total lobbying expenditu				36				
37	Total lobbying expenditu			ying) .	37				
38	Total lobbying expenditu		7)		38				
39	Other exempt purpose e	•			39		}		
40	Total exempt purpose es				40	1947 1 19 m		State State of the	Ten
41	Lobbying nontaxable am		-				14 A		
	If the amount on line 40		lobbying nontaxable a		211	i i i i i i i i i i i i i i i i i i i			
	Not over \$500,000		of the amount on line 100 plus 15% of the excess o			1 1 y	i ∰ay k∵.		is, 2, 31
	Over \$500,000 but not over \$1,000,000 but not over \$		100 plus 10% of the excess o		41				- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
	Over \$1,500,000 but not over \$		100 plus 5% of the excess ov			The second second	Sec. 12.16		
	Over \$17,000,000		00,000						
42	Grassroots nontaxable a		· · · · · · · · · · · · · · · · · · ·		42				
43					43				
44	Subtract line 41 from lin	ne 38. Enter -0- if line 4	is more than line 38		44				
	Caution: If there is an a	mount on either line 43	or line 44, you must fi	le Form 4720		Charles Control of Children			
	(Some organ	nizations that made a se	Averaging Period I ection 501(h) election of e the instructions for h	so not have to c	omplete		e columns	balow.	
			Lobbying Expen	ditures During	4 -Year	Averaging Pa	eriod		
	Calendar year (or fiscal year beginning in) >	(a) 2007	(b) 2006	(c) 2005		(d) 2004		(e) Total	
45	Lobbying nontaxable amount		447	244		and the second			
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures		 						
48	Grassroots non-taxable amount.	7-8 作用的 经编码等等度 (mg 840)	APPENDED TO SERVICE AND SERVIC		**************************************				
49 ——	Grassroots ceiling amount (150% of line 48(e))								
	Grassroots lobbying expenditures.			<u> </u>					
		only by organizations th	at did not complete Pa	irt VI-A) (See in			- 7 1	N/A_	
atte	ng the year, did the orga mpt to influence public o	pinion on a legislative n	natter or referendum, t	hrough the use	of:	ling any	res No	Amou	ınt
	a Volunteers			od on hoom Mari		··· · }-			
	b Paid staff or managem	•	ion in expenses report	en ou mest dire	rugir In.)	· · · · · }-		The training	*
	c Media advertisements. d Mailings to members, l				•	-	-+	 -	
	e Publications, or publish	•		•	•	, f	- 		
	f Grants to other organize					· }			
	g Direct contact with legi			legislative body		-			
	h Railies, demonstrations	• •		•		[
	i Total lobbying expendit	•	• •				2 21		
	If 'Yes' to any of the at	ove, also attach a state	ement giving a detailed	description of t	the lobby				
BA	·					Sched	dule A (Fo	rm 990 or 990	D-EZ) 2007

	iniormation Regard Exempt Organization	ling Transfers To and Transactions an ons (See instructions)	iu neiguoisiups viiti nonchantabie	
51 Did the	reporting organization	directly or indirectly engage in any of the followin 501(c)(3) organizations) or in section 527, rela	ing with any other organization described in saturations?	ection
		rganization to a noncharitable exempt organization		- F
• • •	ner assets.			(1)
	ransactions:	,		` '
	•	sets with a noncharitable exempt organization	b	63
	_	a noncharitable exempt organization .	 	(ii)
		nent, or other assets		(11)
• •	imbursement arrangem	·	,, b	(iv)
• •	-			(v)
	,	ir membership or fundraising solicitations	b	(vi)
c Sharin	g of facilities, equipmen	it, mailing lists, other assets, or paid employees		
d if the a the go	answer to any of the about, other assets, or seasons are	ove is 'Yes,' complete the following schedule. Corvices given by the reporting organization. If the angement, show in column (d) the value of the c	olumn (b) should always show the fair market organization received less than fair market viscous, other assets, or services received:	value i
(a)	(b)	(c)	(d)	
Line no.	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sharing	arrang
N/A			<u> </u>	
			ļ	
	_ 		ļ <u></u>	
			-}	
		<u></u>	 	
		 	 	
		 		
	 			
				
				
	·	<u> </u>		
	, complete the followin			Yes
	(a) Name of organization	(b) Type of organization	Description of relationship	
	COUNTY	GOVERNMENTAL	MEMBER OF DISTRICT	
DECATUR				
DECATUR DEV SER		PRIVATE NONPROF	MEMBER OF DISTRICT	
DEV SER	V OF NW KANSAS	PRIVATE NONPROF	MEMBER OF DISTRICT MEMBER OF DISTRICT	
DEV SER ELLIS G	V OF NW KANSAS OOD SAM CENTER	PRIVATE NONPROF	MEMBER OF DISTRICT	
DEV SER ELLIS G GOODLAN	V OF NW KANSAS COOD SAM CENTER D CITY	PRIVATE NONPROF GOVERNMENTAL	MEMBER OF DISTRICT MEMBER OF DISTRICT	
DEV SER ELLIS G GOODLAN GOVE CO	V OF NW KANSAS OOD SAM CENTER D CITY MEDICAL CENTER	PRIVATE NONPROF GOVERNMENTAL PRIVATE NONPROF	MEMBER OF DISTRICT MEMBER OF DISTRICT MEMBER OF DISTRICT	
DEV SER ELLIS G GOODLAN GOVE CO LOGAN C	V OF NW KANSAS OOD SAM CENTER D CITY MEDICAL CENTER O HOSPITAL	PRIVATE NONPROF GOVERNMENTAL PRIVATE NONPROF PRIVATE NONPROF	MEMBER OF DISTRICT MEMBER OF DISTRICT MEMBER OF DISTRICT MEMBER OF DISTRICT	
DEV SER ELLIS G GOODLAN GOVE CO LOGAN C NORTON	V OF NW KANSAS OOD SAM CENTER D CITY MEDICAL CENTER	PRIVATE NONPROF GOVERNMENTAL PRIVATE NONPROF	MEMBER OF DISTRICT MEMBER OF DISTRICT MEMBER OF DISTRICT	
DEV SER ELLIS G GOODLAN GOVE CO LOGAN C NORTON PHILLIP	V OF NW KANSAS OOD SAM CENTER D CITY MEDICAL CENTER O HOSPITAL CO SENIOR CTR	PRIVATE NONPROF GOVERNMENTAL R PRIVATE NONPROF PRIVATE NONPROF PRIVATE NONPROF PRIVATE NONPROF	MEMBER OF DISTRICT	
DEV SER ELLIS G GOODLAN GOVE CO LOGAN C NORTON PHILLIP	V OF NW KANSAS OOD SAM CENTER D CITY MEDICAL CENTER O HOSPITAL CO SENIOR CTR S CO SR CTR O TRANSPORTATIO	PRIVATE NONPROF GOVERNMENTAL R PRIVATE NONPROF PRIVATE NONPROF PRIVATE NONPROF PRIVATE NONPROF	MEMBER OF DISTRICT	
DEV SER ELLIS G GOODLAN GOVE CO LOGAN C NORTON PHILLIP ROOKS C RUSSELL	V OF NW KANSAS OOD SAM CENTER D CITY MEDICAL CENTER O HOSPITAL CO SENIOR CTR S CO SR CTR O TRANSPORTATIO	PRIVATE NONPROF GOVERNMENTAL R PRIVATE NONPROF PRIVATE NONPROF PRIVATE NONPROF PRIVATE NONPROF PRIVATE NONPROF ON PRIVATE NONPROF GOVERNMENTAL	MEMBER OF DISTRICT	
DEV SER ELLIS G GOODLAN GOVE CO LOGAN C NORTON PHILLIP ROOKS C RUSSELL	V OF NW KANSAS OOD SAM CENTER D CITY MEDICAL CENTER O HOSPITAL CO SENIOR CTR S CO SR CTR O TRANSPORTATIO CITY N CO SENIOR CTR	PRIVATE NONPROF GOVERNMENTAL R PRIVATE NONPROF PRIVATE NONPROF PRIVATE NONPROF PRIVATE NONPROF PRIVATE NONPROF ON PRIVATE NONPROF GOVERNMENTAL	MEMBER OF DISTRICT	
DEV SER ELLIS G GOODLAN GOVE CO LOGAN C NORTON PHILLIP ROOKS C RUSSELL SHERIDA	V OF NW KANSAS OOD SAM CENTER D CITY MEDICAL CENTER O HOSPITAL CO SENIOR CTR S CO SR CTR O TRANSPORTATIO CITY IN CO SENIOR CTI COUNTY	PRIVATE NONPROF GOVERNMENTAL PRIVATE NONPROF PRIVATE NONPROF PRIVATE NONPROF PRIVATE NONPROF ON PRIVATE NONPROF GOVERNMENTAL PRIVATE NONPROF	MEMBER OF DISTRICT	
DEV SER ELLIS G GOODLAN GOVE CO LOGAN C NORTON PHILLIP ROOKS C RUSSELL SHERIDA THOMAS	V OF NW KANSAS OOD SAM CENTER D CITY MEDICAL CENTER O HOSPITAL CO SENIOR CTR S CO SR CTR O TRANSPORTATIO CITY IN CO SENIOR CTI COUNTY	PRIVATE NONPROF GOVERNMENTAL PRIVATE NONPROF PRIVATE NONPROF PRIVATE NONPROF PRIVATE NONPROF ON PRIVATE NONPROF GOVERNMENTAL R PRIVATE NONPROF GOVERNMENTAL	MEMBER OF DISTRICT	

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2007

FEDERAL STATEMENTS

PAGE 1

CLIENT 5391

NORTHWEST KANSAS AREA TRANSIT COORDINATING COUNCIL INC

48-1140568

8/30/10

11:17AM

STATEMENT 3 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION		_(A)	2006	 (B) 2005	 C) 2004	(D)	2003	(E)	TOTAL
ADM REIMBURSEMENT REIMBURSEMENT		\$	0.	\$ 4,448.	\$ 4,120.	\$	0. n	\$	8,568.
VET LIDORS EVENT	TOTAL	\$	0.	\$ 8,643.	\$ 4,120.	\$	<u> </u>	\$	12,763.