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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending , 20

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p style="font-size: 8pt;">Please use IRS label or print or type. See Specific Instructions.</p> <p><b>C</b> Name of organization <b>Platte County Connections</b></p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>7900 NW 106th Street</b></p> <p>City or town, state or country, and ZIP + 4 <b>Kansas City, MO 64153</b></p>	<p><b>D</b> Employer identification number <b>43 1886864</b></p> <p><b>E</b> Telephone number <b>816-891-0990</b></p> <p><b>F</b> Group Exemption Number ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting Method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶

**J** Tax-exempt status (check only one) —  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

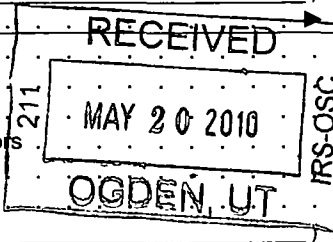
**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **10,750**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

	Description	Code	Amount
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	10,750
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	<b>6a</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	10,750	
Expenses	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	9,403
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	1,000
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	18
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ _____)	<b>16</b>	
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	10,421
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	329
	<b>19</b> 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) . . . . .	<b>19</b>	8,353
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	8,682



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	Description	(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments . . . . .	15,829	15,642
<b>23</b>	Land and buildings . . . . .		
<b>24</b>	Other assets (describe ▶ _____)		
<b>25</b>	<b>Total assets</b> . . . . .	15,829	15,642
<b>26</b>	<b>Total liabilities</b> (describe ▶ Unused donations)	7,476	6,960
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	8,353	8,682

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
b	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 prior year and still outstanding at the end of the period covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		✓
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ Ken Willeke Telephone no. ▶ 816-891-0990 Located at ▶ Platte County Connections 7900 NW 106th Street Kansas City, MO ZIP + 4 ▶ 64153-2372		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		✓
	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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		
		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**f** Total number of other employees paid over \$100,000 . . . . . **0**

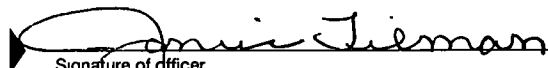
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**


5/17/10  
 Signature of officer Date  
**Janice Tilman** **Executive Director**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature  Date  Check if self-employed  Preparer's identifying number (See instructions)  
 Firm's name (or yours if self-employed), address, and ZIP + 4  EIN   
 Phone no

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Employer identification number

43 : 1886864

Platte County Connections

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		✓
11g(ii)		✓
11g(iii)		✓

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Platte County Board of Services	43-1232724	6	✓						2,000
<b>Total</b>									

Platte County Connections  
Statement of Assets, Liabilities, and Fund Balance  
As of December 31, 2009

Assets

Current Assets

Cash

15,642.43

Total Current Assets

15,642.43

Total Assets

15,642.43

Liabilities and Fund Balance

Current Liabilities

Obligations To Other Entities

Donations

2,710.54

Donations - Respite For Waivered Clients

4,250.00

Total Current Liabilities

6,960.54

Fund Balance

Fund Balance - Unrestricted

8,153.32

Fund Balance - Restricted

200.00

Current Year Surplus (Deficit)

328.57

8,681.89

Total Liabilities and Fund Balance

15,642.43

Platte County Connections  
Statement of Revenues and Expenditures  
For the Quarter and Four Quarters Ended December 31, 2009

Description	Actual 12/31/09	Actual YTD 12/31/09	Budget YTD 12/31/09	YTD Variance	%	Annual Budget	Remaining Budget
Grant Income	0 00	3,500 00	4,000 00	(500 00)	(12 5)	4,000	500
Donation Income	0 00	677 00	0 00	677 00		0	(677)
Respite Income	3,401 10	6,573 43	14,500 00	(7,926 57)	(54 7)	14,500	7,927
Interest Income	0 00	0 00	0 00	0 00		0	0
<b>Total Revenues</b>	<b>3,401 10</b>	<b>10,750 43</b>	<b>18,500 00</b>	<b>(7,749 57)</b>	<b>(41 9)</b>	<b>18,500</b>	<b>7,750</b>
Food Services	308 28	866 26	500 00	(366 26)	(73 3)	500	(366)
In Home Respite	1,663 85	6,359 85	15,000 00	8 640 15	57 6	15,000	8,640
Materials & Supplies	8 75	8 75	0 00	(8 75)		0	(9)
Professional Services	0 00	1,000 00	1,000 00	0 00		1,000	0
Miscellaneous	0 00	2,187 00	1,000 00	(1,187 00)	(118 7)	1,000	(1,187)
<b>Total Expenditures</b>	<b>1,980 88</b>	<b>10,421 86</b>	<b>17,500 00</b>	<b>7,078 14</b>	<b>40 4</b>	<b>17,500</b>	<b>7,078</b>
<b>Net Surplus (Deficit)</b>	<b>1,420 22</b>	<b>328 57</b>	<b>1,000 00</b>	<b>(671 43)</b>		<b>1,000</b>	<b>672</b>

GL Acct	Trans	Date	Account	Trans #	Ck#	Entity	Description	Amt
1001 000	BB	12/31/08				Beginning Balance	Beginning Balance	15,828.60
1001 000	CD	03/31/09	General			Cash Disbursements	Cash Disbursements	(1,201.15)
1001 000	CR	03/31/09				Cash Receipts	Cash Receipts	654.36
1001 000	JE	06/30/09		090603		Journal Entry	To void ck #1089	140.00
1001 000	CD	06/30/09	General			Cash Disbursements	Cash Disbursements	(3,800.58)
1001 000	CR	06/30/09				Cash Receipts	Cash Receipts	3,051.15
1001 000	JE	09/30/09		090903		Journal Entry	To void ck #1094	179.00
1001 000	CD	09/30/09	General			Cash Disbursements	Cash Disbursements	(3,758.25)
1001 000	CR	09/30/09				Cash Receipts	Cash Receipts	3,132.08
1001 000	JE	12/31/09		091203		Journal Entry	To record deposit ticket printing charge	(8.75)
1001 000	CD	12/31/09	General			Cash Disbursements	Cash Disbursements	(5,311.28)
1001 000	CR	12/31/09				Cash Receipts	Cash Receipts	6,737.25
1120 000	CD	06/18/09	General	1097 00	1097	Jan Ensminger	Replaces ck # 1089	140.00
1120 000	JE	06/30/09		090603		Journal Entry	To void ck #1089	(140.00)
1120 000	CD	09/25/09	General	1111 00	1111	Cinda Brady	Replaces ck # 1094	179.00
1120 000	JE	09/30/09		090903		Journal Entry	To void ck #1094	(179.00)
3344 000	BB	12/31/08				Beginning Balance	Beginning Balance	(2,600.28)
3344 000	CR	01/20/09				United Way	Donation	(440.78)
3344 000	JE	03/31/09		081201		Journal Entry	To record 1st Qtr 09 Family Education	0.00
3344 000	JE	06/30/09		090601		Journal Entry	To record 2nd Qtr 09 Family Education	677.00
3344 000	CR	07/09/09				PC Eleemosynary Society	2009 Donation	(1,500.00)
3344 000	CR	07/22/09				United Way	Donation	(346.48)
3344 000	JE	09/30/09		090901		Journal Entry	To record 3rd Qtr 09 Family Education	0.00
3344 000	JE	09/30/09		090904		Journal Entry	To record 2009 Eleemosynary grant income	1,500.00
3344 000	JE	12/31/09		091201		Journal Entry	To record 4th Qtr 09 Family Education	0.00
3345 000	BB	12/31/08				Beginning Balance	Beginning Balance	(4,875.00)
3345 000	JE	03/31/09		081202		Journal Entry	To record 1st Qtr 09 Respite for Waivered Client	150.00
3345 000	JE	06/30/09		090602		Journal Entry	To record 2nd Qtr 09 Respite for Waivered Client	140.00
3345 000	JE	09/30/09		090902		Journal Entry	To record 3rd Qtr 09 Respite for Waivered Client	332.00
3345 000	CR	12/29/09				ARC	Donation for respite	(5,000.00)
3345 000	JE	12/31/09		091202		Journal Entry	To record 4th Qtr 09 Respite activity	1,663.85
3345 000	JE	12/31/09		091204		Journal Entry	To record replacing SUJA funds returned with dor	3,339.15
5100 000	BB	12/31/08				Beginning Balance	Beginning Balance	(8,153.32)
5150 000	BB	12/31/08				Beginning Balance	Beginning Balance	(200.00)
6100 000	CR	06/30/09				Platte County Board of Services	2009 Grant	(2,000.00)
6100 000	JE	09/30/09		090904		Journal Entry	To record 2009 Eleemosynary grant income	(1,500.00)
6200 000	JE	03/31/09		081201		Journal Entry	To record 1st Qtr 09 Family Education	0.00
6200 000	JE	06/30/09		090601		Journal Entry	To record 2nd Qtr 09 Family Education	(677.00)
6200 000	JE	09/30/09		090901		Journal Entry	To record 2nd Qtr 09 Family Education	0.00
6200 000	JE	12/31/09		091201		Journal Entry	To record 4th Qtr 09 Family Education	0.00
6300 000	CR	01/30/09				Platte County Board of Services	4th qtr 2008 respite	(213.58)
6300 000	JE	03/31/09		081202		Journal Entry	To record 1st Qtr 09 Respite for Waivered Client	(150.00)

GL Acct	Trans	Date	Account	Trans #	Ck#	Entity	Description	Amt
6300 000	JE	06/30/09		090602		Journal Entry	To record 2nd Qtr 09 Respite for Waivered Clier	(140.00)
6300 000	CR	06/30/09				Platte County Board of Services	1st qtr 2009 respite	(1,051.15)
6300 000	CR	07/17/09				Platte County Board of Services	2nd qtr 2009 respite	(1,285.60)
6300 000	JE	09/30/09		090902		Journal Entry	To record 3rd Qtr 09 Respite for Waivered Clier	(332.00)
6300 000	CR	10/14/09				Platte County Board of Services	3rd qtr 2009 respite	(1,737.25)
6300 000	CD	12/18/09	General	1117 00	1117	Platte County Board of Services	Refund of SUA respite funds	3,339.15
6300 000	JE	12/31/09		091202		Journal Entry	To record 4th Qtr 09 Respite activity	(1,663.85)
6300 000	JE	12/31/09		091204		Journal Entry	To record replacing SUA funds returned with dar	(3,339.15)
7001 000	CD	05/07/09	General	1091 00	1091	Harvesters Community Food Network	Group Home Food	557.98
7001 000	CD	10/09/09	General	1112 00	1112	Harvesters Community Food Network	Group Home Food	301.08
7001 000	CD	12/30/09	General	1120 00	1120	Harvesters Community Food Network	Group Home Food - turkeys (6)	7.20
7103 000	JE	12/31/09		091203		Journal Entry	To record deposit ticket printing charge	8.75
7204 000	CD	06/05/09	General	1095 00	1095	Platte County Board of Services	2009 Management Agreement	1,000.00
7925 000	CD	01/20/09	General	1075 00	1075	Kathy Martinez	Respite Voucher #8012	125.00
7925 000	CD	01/20/09	General	1076 00	1076	Connie Mueller	Respite Voucher #8015	500.00
7925 000	CD	01/20/09	General	1077.00	1077	Karen Bryant	Respite Voucher #8018	40.00
7925 000	CD	01/20/09	General	1078.00	1078	Jan Ensminger	Respite Voucher #8021	50.00
7925 000	CD	02/03/09	General	1079.00	1079	Karen Bryant	Respite Voucher #8020	61.15
7925 000	CD	02/10/09	General	1080.00	1080	Suzanne Zimmerman	Respite Voucher #8016	105.00
7925 000	CD	02/27/09	General	1081.00	1081	Dallas Elder	Respite Voucher #8029	100.00
7925 000	CD	02/27/09	General	1082.00	1082	Karen Bryant	Respite Voucher #8027	50.00
7925 000	CD	03/19/09	General	1083.00	1083	Suzanne Zimmerman	Respite Voucher #8028	110.00
7925 000	CD	03/19/09	General	1084.00	1084	Dana Zimmerman	Respite Voucher #8031	60.00
7925 000	CD	04/09/09	General	1085.00	1085	Karen Bryant	Respite Voucher #8032	80.00
7925 000	CD	04/09/09	General	1086.00	1086	Peggy Miller	Respite Voucher #8025	75.00
7925 000	CD	04/09/09	General	1087.00	1087	Terri Acord	Respite Voucher #8004	500.00
7925 000	CD	04/28/09	General	1088.00	1088	Peggy Miller	Respite Voucher #8038	90.00
7925 000	CD	05/07/09	General	1089.00	1089	Jan Ensminger	Respite Voucher #8026	140.00
7925 000	CD	05/07/09	General	1090.00	1090	Dana Zimmerman	Respite Voucher #8036	210.00
7925 000	CD	06/05/09	General	1096.00	1096	Jim Ley	Respite voucher #8023	249.60
7925 000	CD	06/18/09	General	1098.00	1098	David Marrin	Respite Voucher #8034	81.00
7925 000	CD	07/07/09	General	1099.00	1099	Dallas Elder	Respite Voucher #8030	100.00
7925 000	CD	07/15/09	General	1100.00	1100	David Marrin	Respite Voucher #8047	243.00
7925 000	CD	08/20/09	General	1101.00	1101	Dana Zimmerman	Respite Voucher #8043	60.00
7925 000	CD	08/20/09	General	1102.00	1102	Mike Garrison	Respite Voucher #8045	261.00
7925 000	CD	08/20/09	General	1103.00	1103	David Marrin	Respite Voucher #8071	135.00
7925 000	CD	08/31/09	General	1105.00	1105	Jan Ensminger	Respite Voucher #8042	232.00
7925 000	CD	09/10/09	General	1106.00	1106	Mari Maybrier	Respite Voucher #8055	500.00
7925 000	CD	09/10/09	General	1107.00	1107	David Marrin	Respite Voucher #8059	162.00
7925 000	CD	09/25/09	General	1108.00	1108	Diane Pax	Respite Voucher #8048	326.25
7925 000	CD	09/25/09	General	1109.00	1109	Karen Bryant	Respite Voucher #8037	50.00
7925 000	CD	10/09/09	General	1113.00	1113	Karen Bryant	Respite voucher #8064	80.00
7925 000	CD	10/22/09	General	1114.00	1114	Frank Gilbert	Respite voucher #8053	195.00

GL Acct	Trans	Date	Account	Trans #	Ck#	Entity	Description	Am't
7925 000	CD	11/10/09	General	1115 00	1115	Karen Bryant	Respite voucher #8067	138.85
7925 000	CD	11/20/09	General	1116 00	1116	Kathy Martinez	Respite voucher #8024	500.00
7925 000	CD	12/18/09	General	1118 00	1118	Mindy Kennedy	Respite voucher #8046	500.00
7925 000	CD	12/18/09	General	1119 00	1119	Peggy Miller	Respite voucher #8044	120.00
7925 000	CD	12/30/09	General	1121 00	1121	Dana Zimmerman	Respite voucher #8057	130.00
7950 000	CD	06/05/09	General	1092 00	1092	Jennifer Adam	Autism conference fees - 05/20/09	249.00
7950 000	CD	06/05/09	General	1093 00	1093	Tawnya Mason	Autism conference fees - 5/20/09	249.00
7950 000	CD	06/05/09	General	1094 00	1094	Cinda Brady	Aspergers Syndrome Conference fees - 05/08/09	179.00
7950 000	CD	08/20/09	General	1104 00	1104	Janice Tilman	2009 Annual Registration Report	10.00
7950 000	CD	09/25/09	General	1110 00	1110	Platte County Board of Services	Wh electronics for group homes	1,500.00
								0.00
								328.57
								(328.57)
								2,187.00