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Amended

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Form 990 header section including A (For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 2013), B (Check if applicable), C (Name of organization: Finney County Committee on Aging, Inc), D (Employer identification number: 48-0867950), E (Telephone number: 620-272-3620), F (Name and address of principal officer: Beth Tedrow, 1622 Johnson, Garden City, KS 67846), G (Gross receipts \$), H(a) (Is this a group return for subordinates?), H(b) (Are all subordinates included?), H(c) (Group exemption number), I (Tax-exempt status: 501(c)(3)), J (Website: www.seniorcenterfc.com), K (Form of organization: Corporation), L (Year of formation: 1978), M (State of legal domicile: KS).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement; 2. Discontinued operations; 3-7a. Activities & Governance; 8-12. Revenue; 13-19. Expenses; 20-22. Net Assets or Fund Balances.

Part II Signature Block

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.

Signature of officer: Susan Chase, Treasurer. Date: 3-18-2015.

Paid Preparer Use Only section with fields for Preparer's name, signature, date, PTIN, Firm's name, EIN, and address.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED MAR 31 2015

Handwritten numbers 19 and 19

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
Our mission is to provide education, recreation and services to senior citizens. These include noon meals, meals on wheels, transportation, recreation opportunities, volunteer activities, education and counseling.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 327529 including grants of \$ 25650) (Revenue \$ 272004)
Senior Center. Building and staff for senior activities, recreation, education, health, dinners, dances and group meetings. Grant funds in the amount of \$25,650 is provided to the Retired Senior Volunteer Program (RSVP) as well as donated office space.

4b (Code: _____) (Expenses \$ 1196005 including grants of \$ _____) (Revenue \$ 1114026)
Finney County Transit (FIT). Public transportation for senior citizens and general public to work, doctor, volunteer activities, senior center, etc. In 2013 we provided 85,420 rides.

4c (Code: _____) (Expenses \$ 137341 including grants of \$ _____) (Revenue \$ 154101)
Meals on Wheels. Home delivered meals to home-bound persons. In 2013 we delivered 24,464 meals.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 49992 including grants of \$ _____) (Revenue \$ 47413)

4e Total program service expenses **▶** 1710867

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		✓
3 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		✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		✓
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
14 a Did the organization maintain an office, employees, or agents outside of the United States?		✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		✓
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	<input type="checkbox"/>	<input type="checkbox"/>
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	<input type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and input fields. Contains questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and sponsoring organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 7		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6	Did the organization have members or stockholders?		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	✓	
b	Each committee with authority to act on behalf of the governing body?	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O.</i>		✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>		
12c			
13	Did the organization have a written whistleblower policy?		✓
14	Did the organization have a written document retention and destruction policy?		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		✓
b	Other officers or key employees of the organization		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► Kansas
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Roberta Mooney, 907 North 10th Street, Garden City, KS 67846

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Beth Tedrow, Chairperson 1622 E Johnson, Garden City, KS 67846	4	✓		✓				0	0	0
(2) Ray Mann, Vice Chair 1716 Janice Lane	2	✓		✓				0	0	0
(3) Susan Chase, Treasurer 1502 Harding Ave, Garden City, KS 67846	2	✓		✓				0	0	0
(4) Anna May Velez, Secretary 1511 North 13th St, Garden City, Ks 67846	2	✓		✓				0	0	0
(5) Ken Ostmeyer 518 Chesterfield, Garden City, KS 67846	2	✓						0	0	0
(6) Warren Schwab 2207 Sioux, Garden City, KS 67846	2	✓						0	0	0
(7) Tim Beltran 1203 W Campbell, Garden City, KS 67846	2	✓						0	0	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar-year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	3095			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1280124			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	103437			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f ▶		1386656			
Program Service Revenue	Business Code					
	2a Transit fees		40710			
	b Meals on Wheels fees		46081			
	c Local Match		92526			
	d _____					
	e _____					
	f All other program service revenue .					
g Total. Add lines 2a-2f ▶		179317				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		4675			
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real	10374			
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶		10374			
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)		2751			
	d Net gain or (loss) ▶		2751			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
c Net income or (loss) from fundraising events . ▶						
9a Gross income from gaming activities. See Part IV, line 19 a						
b Less: direct expenses b						
c Net income or (loss) from gaming activities . . ▶						
10a Gross sales of inventory, less returns and allowances a						
b Less: cost of goods sold b						
c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code				
11a Insurance Reimbursement			3771			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶			3771			
12 Total revenue. See instructions. ▶			1587544			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	25650	25650		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	833095	721419	111676	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15308	11958	3350	
9 Other employee benefits	6825	1470	5355	
10 Payroll taxes	92020	79685	12335	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9562		9562	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	8490	8490		
13 Office expenses	26479	21183	5296	
14 Information technology				
15 Royalties				
16 Occupancy	60134	48107	12027	
17 Travel	3831	3326	505	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	238844	238844		
23 Insurance	43099	38789	4310	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Gasoline	126666	126666		
b Meals on Wheels meals	58566	58566		
c Repairs/Maintenance	43620	43620		
d Supplies, uniforms	58062	58062		
e All other expenses <u>Beeline</u>	60616	60616		
25 Total functional expenses. Add lines 1 through 24e	1710867	1546451	164416	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	119997	1	95621
	2 Savings and temporary cash investments	448073	2	544116
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4020972		
	b Less: accumulated depreciation	10b 1238803	2908675	10c 2782169
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		3476745	16	3421906
Liabilities	17 Accounts payable and accrued expenses	2676	17	4426
	18 Grants payable		18	
	19 Deferred revenue	20000	19	38412
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		22673	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2735875	27	2614653
	28 Temporarily restricted net assets	880591	28	887737
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	-162395	32	-123322
	33 Total net assets or fund balances	3454072	33	3379069
34 Total liabilities and net assets/fund balances	3476745	34	3421906	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1587544
2	Total expenses (must equal Part IX, column (A), line 25)	2	1710867
3	Revenue less expenses. Subtract line 2 from line 1	3	-123323
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3454072
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-32166
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3421906

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b		✓
2c		
3a		✓
3b		

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Employer identification number

Finney County Committee on Aging, Inc

48-0867950

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	717668			717668
b Buildings	2007130		551740	1455390
c Leasehold improvements				
d Equipment	197766		117514	80252
e Other	1098408		569549	528859
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2782169

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Finney County Committee on Aging, Inc

48-0867950

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Retired & Senior Volunteer Program	48-1087089	501c3	25650	2400	FMV	office space	program operation
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
- 3** Enter total number of other organizations listed in the line 1 table 1

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

The Finney County Committee on Aging, Inc provides quarterly cash assistance to the Retired Senior Volunteer Program (RSVP) and donated office space to RSVP can provide services to elder volunteers in the community.

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

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Finney County Committee on Aging, Inc

48-0867950

Part III. 4d. Other Program Expenses

Nutrition - provide noon lunch to participants at the Senior Center \$49,992

Provided a total of 16,142 meals in 2013

Part V. 3b. No Form 990-T will be filed as there is nonrelated business expense.

Part VI. 19. Describe how the organization makes its reports available to the public. Monthly reports are prepared by each

department of the organization. These reports are provided to the board of directors, local county commissioners,

department heads and anyone who requests a copy. These are prepared at no cost. Any person can, at any time,

come in to the facility and request to see these reports/documents.

Part II. 9. Changes in fund balance: used capital improvement reserve to purchase Transit Building generator \$32,166

Finney County Committee on Aging, Inc
Statement of Assets, Liabilities & Net Assets
December 31, 2013

ASSETS

Current Assets

105	WSB Checking	\$ 95,296.65
116	Petty Cash	200.00
117	Change Fund	125.00
141	1st Nat'l GC 6 mo CD 6/14	50,000.00
145	1st Natl Holcomb Money Market	119,273.99
148	Kearny Co/GC State MMDA	50,016.79
149	1st Natl GC12 mo CD	141,325.00
151	GPCU Transit 18mo CD 8-14	78,500.00
152	GPCU Transit 24 mo CD 2-15	105,000.00

Total Current Assets 639,737.43

Property and Equipment

161	Land, at cost	717,668.12
165	Bldg & Outside Improvements	2,007,129.55
166	Accumulated Depreciation	(551,740.16)
170	Furniture & Equipment	197,766.28
171	Accumulated Depreciation	(117,513.57)
175	Vehicles, at cost	1,098,408.08
176	Accumulated Depreciation	(569,549.19)

Total Property and Equipment 2,782,169.11

Total Assets \$ 3,421,906.54

LIABILITIES AND NET ASSETS

Current Liabilities

206	Kansas Withholding Tax Liabili	\$ 1,606.11
214	Payroll Benefits Deductions	1,609.58
23912	Deferred Income Grants-Prog.	1,000.00
23916	Deferred Income Grants-Nutri	1,050.00
23936	Deferred Income Grants-MOW	36,362.24
27111	Fi Co On-Board Marketing	605.00
27112	City of GC On-Board Marketing	605.00

Total Current Liabilities 42,837.93

Total Liabilities 42,837.93

Net Assets

280	Unrestricted/Retained Earnings	2,614,653.11
28011A	Restricted:FiCoCash Carry-over	115,400.00
28011B	Restricted:FICoBusReplacement	68,636.54
28012A	Restricted:CL Cash Carry-over	130,900.00
28012B	Restricted:CL Bus Reserve	23,974.00
28016	Restricted:Nutrition Reserve	8,290.34
28035	Restricted:Beeline Carry-Over	12,000.00
28036	Restricted:M-O-W Vehicle Res	42,753.00
28045	Restricted:Bus Barn Reserve	12,111.37
28046	Restricted:Cap Improve Reserve	87,163.63
28090	Temp Restrict:KDOT Buses Revenue/Expense	386,508.32
		(123,321.70)

Total Net Assets 3,379,068.61

Finney County Committee on Aging, Inc
Income Statement
For the Month Ending December 31, 2013

	Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance	
Revenues					
310	Mil Levy	\$ 27,500.00	\$ 330,000.00 ✓	\$ 330,000.00	0.00
320	Donations	924.90	21,608.55 ✓	14,000.00	(7,608.55)
321	Local Match	7,797.05	92,526.01 ✓	64,500.00	(28,026.01)
322	Fees	6,704.92	86,791.01 ✓	87,000.00	208.99
323	Fund raising	0.00	3,095.35 ✓	2,000.00	(1,095.35)
330	Grants/Memorials	1,250.00	77,365.72 ✓	50,000.00	(27,365.72)
332	Interest Income	69.66	4,674.84 ✓	3,135.00	(1,539.84)
333	Insurance Reimbursement	0.00	3,771.16 ✓	0.00	(3,771.16)
335	Elder Care Reimbursement	1,219.54	16,491.65 ✓	16,500.00	8.35
340	KDOT Reimbursement	62,285.40	683,291.57 ✓	661,856.00	(21,435.57)
342	City of Garden City	19,450.25	233,403.00 ✓	298,468.00	65,065.00
343	Transfer to/from Reserves	(54,052.68)	0.00	32,147.00	32,147.00
344	City of Dodge City	4,851.04	16,938.19 ✓	0.00	(16,938.19)
345	Other Income	4,224.29	4,462.08	0.00	(4,462.08)
350	Rental Income	760.00	10,374.00 ✓	6,000.00	(4,374.00)
351	Gain/Loss Sale of Fixed Assets	2,750.95	2,750.95 ✓	0.00	(2,750.95)
	Total Revenues	85,735.32	1,587,544.08	1,565,606.00	(21,938.08)
Expenses					
510	Salaries	76,658.32	833,095.14 ✓	850,138.00	17,042.86
515	FICA Expense	5,727.04	61,904.71 ✓	65,034.00	3,129.29
518	Unemployment Insurance	0.00	15,364.70 ✓	20,526.00	5,161.30
520	Work Comp	0.00	14,750.84 ✓	23,257.00	8,506.16
530	Medical Expense	525.00	6,825.00 ✓	9,450.00	2,625.00
532	Retirement	1,378.93	15,307.78 ✓	25,316.00	10,008.22
535	Ads/Marketing	0.00	8,489.86 ✓	6,750.00	(1,739.86)
536	Communications	358.23	10,415.19	8,650.00	(1,765.19)
538	Drug testing/Physicals/Vaccine	70.00	2,220.48	2,150.00	(70.48)
540	Dues & Subscriptions	0.00	1,106.57	1,650.00	543.43
545	Educational Seminars	0.00	3,325.30	3,000.00	(325.30)
550	Gasoline	8,367.27	126,666.26 ✓	153,400.00	26,733.74
551	Grant to RSVP	0.00	25,650.00 ✓	25,650.00	0.00
555	Insurance	0.00	43,098.52 ✓	37,925.00	(5,173.52)
560	Miscellaneous	0.00	4,141.64	4,240.00	98.36
562	Novus Dispatch	0.00	0.00	35,000.00	35,000.00
565	Purchased Services	3,800.10	92,676.91	89,500.00	(3,176.91)
570	Repairs & Maintenance	2,895.19	43,619.88 ✓	51,060.00	7,440.12
573223	Beeline Fares/Freight Remittan	3,667.94	60,616.48	50,000.00	(10,616.48)
575	Supplies	3,133.48	56,206.00 ✓	33,755.00	(22,451.00)
580	Travel Expense	0.00	505.09	4,325.00	3,819.91
582	Uniforms	0.00	1,855.52 ✓	3,000.00	1,144.48
585	Utilities	2,270.14	34,528.03 ✓	28,830.00	(5,698.03)
587	Replacement Reserve	0.00	0.00	9,400.00	9,400.00
588	Audit	0.00	9,651.60 ✓	12,575.00	2,923.40
589	Admin. Operating	0.00	0.00	10,425.00	10,425.00
590	Capital Items	(75,234.56)	0.00	600.00	600.00
595	Depreciation Expense	238,844.28	238,844.28 ✓	0.00	(238,844.28)
	Total Expenses	272,461.36	1,710,865.78	1,565,606.00	(145,259.78)
	Revenue/Expense	\$ (186,726.04)	\$ (123,321.70)	\$ 0.00	123,321.70

Finney County Committee on Aging, Inc
Statement of Assets, Liabilities & Net Assets
December 31, 2013

Total Liabilities & Net Assets

\$ 3,421,906.54

Finney County Committee on Aging, Inc
Income Statement Operating Revenue/Expenses Highlighted
For the Month Ending December 31, 2013

	Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance
Operating Revenues				
310 Mil Levy	\$ 27,500.00	\$ 330,000.00	\$ 330,000.00	0.00
320 Donations	924.90	21,608.55	14,000.00	(7,608.55)
321 Local Match	7,797.05	92,526.01	64,500.00	(28,026.01)
322 Fees	6,704.92	86,791.01	87,000.00	208.99
323 Fund raising	0.00	3,095.35	2,000.00	(1,095.35)
330 Grants/Memorials	1,250.00	77,365.72	50,000.00	(27,365.72)
332 Interest Income	69.66	4,042.85	3,000.00	(1,042.85)
33222 Bus Barn interest	0.00	459.63	0.00	(459.63)
33236 Interest Income MOW	0.00	172.36	135.00	(37.36)
333 Insurance Reimbursement	0.00	3,771.16	0.00	(3,771.16)
335 Elder Care Reimbursement	1,219.54	16,491.65	16,500.00	8.35
340 KDOT Reimbursement	62,285.40	683,291.57	661,856.00	(21,435.57)
342 City of Garden City	19,450.25	233,403.00	298,468.00	65,065.00
343 Transfer to/from Reserves	(54,052.68)	0.00	32,147.00	32,147.00
344 City of Dodge City	4,851.04	16,938.19	0.00	(16,938.19)
345 Other Income	4,224.29	4,462.08	0.00	(4,462.08)
350 Rental Income	760.00	10,374.00	6,000.00	(4,374.00)
351 Gain/Loss Sale of Fixed Assets	2,750.95	2,750.95	0.00	(2,750.95)
Total Revenues	85,735.32	1,587,544.08	1,565,606.00	(21,938.08)
Operating Expenses				
310 Salaries	76,658.32	833,095.14	850,138.00	17,042.86
315 FICA Expense	5,727.04	61,904.71	65,034.00	3,129.29
518 Unemployment Insurance	0.00	15,364.70	20,526.00	5,161.30
520 Work Comp	0.00	14,750.84	23,257.00	8,506.16
530 Medical Expense	525.00	6,825.00	9,450.00	2,625.00
532 Retirement	1,378.93	15,307.78	25,316.00	10,008.22
535 Ads/Marketing	0.00	8,489.86	6,750.00	(1,739.86)
536 Communications	358.23	10,415.19	8,650.00	(1,765.19)
538 Drug testing/Physicals/Vaccine	70.00	2,220.48	2,150.00	(70.48)
540 Dues & Subscriptions	0.00	1,106.57	1,650.00	543.43
545 Educational Seminars	0.00	3,325.30	3,000.00	(325.30)
550 Gasoline	8,367.27	126,666.26	153,400.00	26,733.74
551 Grant to RSVP	0.00	25,650.00	25,650.00	0.00
555 Insurance	0.00	43,098.52	37,925.00	(5,173.52)
560 Miscellaneous	0.00	4,141.64	4,240.00	98.36
562 Novus Dispatch	0.00	0.00	35,000.00	35,000.00
565 Purchased Services	3,800.10	92,676.91	89,500.00	(3,176.91)
570 Repairs & Maintenance	2,895.19	43,619.88	51,060.00	7,440.12
573223 Beeline Fares/Freight Remittan	3,667.94	60,616.48	50,000.00	(10,616.48)
575 Supplies	3,133.48	56,206.00	33,755.00	(22,451.00)
580 Travel Expense	0.00	505.09	4,325.00	3,819.91
582 Uniforms	0.00	1,855.52	3,000.00	1,144.48
585 Utilities	2,270.14	34,528.03	28,830.00	(5,698.03)
587 Replacement Reserve	0.00	0.00	9,400.00	9,400.00
588 Audit	0.00	9,651.60	12,575.00	2,923.40
589 Admin. Operating	0.00	0.00	10,425.00	10,425.00
590 Capital Items	(75,234.56)	0.00	600.00	600.00
Total Operating Expenses	33,617.08	1,472,021.50	1,565,606.00	93,584.50
Operating Revenue/Expenses	52,118.24	115,522.58	0.00	(115,522.58)
Depreciation Expense	(238,844.28)	(238,844.28)	0.00	238,844.28

**Finney County Committee on Aging, Inc
Income Statement Operating Revenue/Expenses Highlighted
For the Month Ending December 31, 2013**

	<u>Current Month Actual</u>	<u>Year to Date Actual</u>	<u>Yearly Budget</u>	<u>YTD Budget Variance</u>
Revenue/Expense	\$ <u>(186,726.04)</u>	\$ <u>(123,321.70)</u>	\$ <u>0.00</u>	<u>123,321.70</u>

Finney County Committee on Aging, Inc
Programming Income Statement
For the Month Ending December 31, 2013

	Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance
Revenues				
31012 Mil Levy: Programming	\$ 5,965.62	\$ 71,587.00	\$ 71,587.00	0.00
32012 Donations: Programming	496.90	8,434.30	7,000.00	(1,434.30)
32312 Program fund raising	0.00	1,095.35	2,000.00	904.65
33012 Grants: Programming	0.00	14,670.72	0.00	(14,670.72)
33212 Interest Income: Programming	61.78	3,455.01	2,200.00	(1,255.01)
34312 Transfer to/from Reserves	0.00	0.00	6,974.00	6,974.00
35012 Rental Income: Programming	760.00	10,374.00	6,000.00	(4,374.00)
	<u>7,284.30</u>	<u>109,616.38</u>	<u>95,761.00</u>	<u>(13,855.38)</u>
Total Revenues	7,284.30	109,616.38	95,761.00	(13,855.38)
Expenses				
51012 Salaries: Programming	3,701.48	40,758.44	44,000.00	3,241.56
51512 FICA Expense: Programming	275.54	3,042.33	3,366.00	323.67
51812 Unemployment Insurance - Progr	0.00	536.05	800.00	263.95
52012 Work Comp: Programming	0.00	825.43	1,100.00	274.57
53212 Retirement: Programming	111.03	1,189.92	1,320.00	130.08
53512 Ads / Mktg: Programs	0.00	2,534.99	2,500.00	(34.99)
53812 Drug Testing: Programming	0.00	0.00	75.00	75.00
54012 Dues & Subscriptions: Program	0.00	926.57	500.00	(426.57)
54512 Education: Programming	0.00	30.00	50.00	20.00
55112 Grant to RSVP: Programming	0.00	25,650.00	25,650.00	0.00
55512 Insurance: Programs	0.00	2,000.52	1,300.00	(700.52)
56012 Miscellaneous: programs	0.00	3,612.00	4,000.00	388.00
57012 Purchased Services: Programs	200.00	2,669.60	5,000.00	2,330.40
57512 Supplies: Programs	379.99	9,372.94	5,000.00	(4,372.94)
58012 Travel: Programs	0.00	30.53	100.00	69.47
58812 Audit	0.00	0.00	1,000.00	1,000.00
59012 Capital: Programming	(4,355.39)	0.00	0.00	0.00
	<u>312.65</u>	<u>93,179.32</u>	<u>95,761.00</u>	<u>2,581.68</u>
Total Expenses	312.65	93,179.32	95,761.00	2,581.68
Revenue/Expense	\$ 6,971.65	\$ 16,437.06	\$ 0.00	(16,437.06)

Finney County Committee on Aging, Inc
Nutrition Income Statement
For the Twelve Months Ending December 31, 2013

	Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance
Revenues				
31016 Mil Levy: Nutrition	\$ 2,454.37	\$ 29,452.00	\$ 29,452.00	0.00
32016 Donations: Nutrition Site	100.00	1,220.00	1,000.00	(220.00)
32316 Program fund raising	0.00	245.00	0.00	(245.00)
33216 Interest income: Nutrition	0.00	4.60	50.00	45.40
33516 Elder Care: Nutrition	1,219.54	16,491.65	16,500.00	8.35
34316 Transfer to/from Reserves	0.00	0.00	2,870.00	2,870.00
	<hr/>	<hr/>	<hr/>	<hr/>
Total Revenues	3,773.91	47,413.25	49,872.00	2,458.75
Expenses				
51016 Salaries: Nutrition	3,299.72	35,695.48	36,500.00	804.52
51516 FICA Expense: Nutrition	252.05	2,684.31	2,792.00	107.69
51816 Unemployment Insurance - Nutri	0.00	987.90	1,200.00	212.10
52016 Work Comp: Nutrition	0.00	543.50	775.00	231.50
53216 Retirement: Nutrition	82.51	859.91	1,095.00	235.09
53616 Communications: Nutrition	33.04	394.60	400.00	5.40
53816 Drug/Vaccine	0.00	0.00	75.00	75.00
54516 Educational Seminars: Nutriti	0.00	75.00	100.00	25.00
55016 Gasoline: Nutrition	187.63	2,673.42	3,000.00	326.58
55516 Insurance: Nutrition	0.00	934.06	950.00	15.94
56016 Miscellaneous: Nutrition	0.00	12.00	0.00	(12.00)
57016 Repairs & Maint: Nutrition	0.00	553.62	1,000.00	446.38
57516 Supplies: Nutrition	214.13	2,003.94	685.00	(1,318.94)
16 Travel: Nutrition	0.00	30.52	125.00	94.48
58516 Utilities: Nutrition	22.63	265.41	175.00	(90.41)
58816 Audit	0.00	0.00	1,000.00	1,000.00
	<hr/>	<hr/>	<hr/>	<hr/>
Total Expenses	4,091.71	47,713.67	49,872.00	2,158.33
Revenue/Expense	\$ (317.80)	\$ (300.42)	\$ 0.00	300.42

Finney County Committee on Aging, Inc
Transportation Income Statement
For the Month Ending December 31, 2013

	Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance
Revenues				
3102211 Mil Levy:Tr:5311 County	\$ 4,252.75	\$ 51,033.00	\$ 51,033.00	0.00
3212211 Local Match-County	1,233.00	5,292.00	3,000.00	(2,292.00)
3212212 Local Match-City Link	541.00	14,113.00	1,500.00	(12,613.00)
3212235 Local Match Income/Beeline	5,969.05	72,870.01	60,000.00	(12,870.01)
3212243 Local Match-DC	54.00	251.00	0.00	(251.00)
3222211 Fees: Transit 5311 County	568.31	8,427.62	10,000.00	1,572.38
3222212 Fees: Transit 5311 City	2,685.81	32,282.36	29,000.00	(3,282.36)
3322211 Interest Income Transit Co	3.94	99.47	350.00	250.53
3322212 Interest Income Transit City	3.94	82.74	400.00	317.26
3322235 Interest Income Beeline	0.00	401.03	0.00	(401.03)
3332230 Insurance Reimb: Non-KDOT	0.00	1,253.79	0.00	(1,253.79)
3402211 KDOT Reimb:Tr:5311 County	8,066.79	100,523.43	110,225.00	9,701.57
3402212 KDOT Reimb:Tr:5311 City	40,439.19	414,143.97	436,248.00	22,104.03
3402242 KDOT Reimb/Regional Manager	3,428.02	49,773.12	44,068.00	(5,705.12)
3402243 KDOT/Dodge City	9,842.19	113,541.23	65,065.00	(48,476.23)
3422212 City of Garden City	19,450.25	233,403.00	233,403.00	0.00
3422243 City of Dodge City	0.00	0.00	65,065.00	65,065.00
3432211 Transfer to/from Reserves	0.00	0.00	4,968.00	4,968.00
3442243 City of Dodge City	4,851.04	16,938.19	0.00	(16,938.19)
Total Revenues	101,389.28	1,114,428.96	1,114,325.00	(103.96)
Expenses				
5102211 Salaries:Transit:5311 County	6,275.52	76,564.05	98,500.00	21,935.95
5102212 Salaries:Transit:5311 City	38,037.15	422,938.08	421,000.00	(1,938.08)
5102242 Regional Transit Manager	3,759.15	39,780.66	36,300.00	(3,480.66)
5102243 Salaries-City of Dodge City	9,679.56	89,746.40	82,000.00	(7,746.40)
5152211 FICA Expense:Transit:Co 5311	467.70	5,603.24	7,535.00	1,931.76
5152212 FICA Expense:Transit:City 5311	2,840.89	31,514.99	32,207.00	692.01
5152242 FICA Expenses: Transit: Region	287.57	3,043.22	2,777.00	(266.22)
5152243 FICA Expenses: Transit: Dodge	720.57	6,565.32	6,273.00	(292.32)
5182211 U Ins:Transit:Co 5311	0.00	1,501.50	3,185.00	1,683.50
5182212 U Ins:Transit: City 5311	0.00	8,281.48	10,740.00	2,458.52
5182242 U Ins: Transit: Regional 5311	0.00	622.52	216.00	(406.52)
5182243 U Ins: Regional: Dodge Ci	0.00	1,791.33	1,296.00	(495.33)
5202211 Work Comp:Transit:Co 5311	0.00	1,935.17	2,956.00	1,020.83
5202212 Work Comp:Transit:City 5311	0.00	7,754.07	13,252.00	5,497.93
5202242 Work Comp: Transit: Regional	0.00	411.48	450.00	38.52
5202243 Work Comp/Dodge City	0.00	1,150.34	1,781.00	630.66
5302211 Medical:Transit:Co 5311	52.50	945.44	945.00	(0.44)
5302212 Medical:Transit:City 5311	367.50	4,317.67	3,937.00	(380.67)
5302243 Medical: City of DC	78.75	892.25	4,095.00	3,202.75
5322211 Retirement:Transit:Co 5311	86.15	1,567.54	2,955.00	1,387.46
5322212 Retirement:Transit:City 5311	607.31	6,754.15	12,630.00	5,875.85
5322242 Retirement:Regional	0.00	0.00	900.00	900.00
5322243 Retirement: Dodge City	135.19	1,593.32	2,460.00	866.68
5352211 Ads/Mktg:Transit:Co 5311	0.00	476.40	750.00	273.60
5352212 Ads/Mktg:Transit:City 5311	0.00	5,382.83	3,000.00	(2,382.83)
5352235 ADs/Mktg Beeline Remittance	0.00	40.86	500.00	459.14
5352243 Ads/Mktg: Transit /Dodge City	0.00	54.78	0.00	(54.78)
5362211 Communications-Co	23.41	541.24	600.00	58.76
5362212 Communications-City	61.71	1,378.82	2,500.00	1,121.18
5362242 Communications	10.58	2,390.70	400.00	(1,990.70)
5362243 Communications-Dodge City	115.25	4,397.80	3,000.00	(1,397.80)
5382211 Drug/Phys/Vacc:Transit:Co 5311	0.00	280.00	400.00	120.00
5382212 Drug/Phys/Vacc:Transit:City 5311	0.00	1,614.73	1,000.00	(614.73)

Finney County Committee on Aging, Inc
Transportation Income Statement
For the Month Ending December 31, 2013

	Current Month	Year to Date	Yearly	YTD Budget
	Actual	Actual	Budget	Variance
5382242 Dug Testing/Physicals/Vaccines	0.00	90.75	75.00	(15.75)
5382243 Drug/Phys/Vacc:Reg/Dodge City	70.00	235.00	300.00	65.00
5402211 Dues/Subsc:Transit:5311Co	0.00	43.75	50.00	6.25
5402212 Dues/Subsc:Transit:5311City	0.00	116.25	550.00	433.75
5402242 Dues/Subsc: Reg Transit Mgr	0.00	20.00	0.00	(20.00)
5452211 EducSeminars:Transit:5311Co	0.00	124.05	1,000.00	875.95
5452212 EducSeminars:Transit:5311City	0.00	1,137.73	1,750.00	612.27
5452242 Educational Seminars/Regional	0.00	1,870.00	0.00	(1,870.00)
5452243 Educational Seminars/City of D	0.00	88.52	0.00	(88.52)
5502211 Gas: Transit:5311 Co	939.75	18,649.13	28,000.00	9,350.87
5502212 Gas: Transit:5311 City	7,111.81	103,328.45	120,400.00	17,071.55
5502230 Gas: Transpo: Non-KDOT	0.00	532.61	0.00	(532.61)
5552211 Insurance:Transit:5311Co	0.00	7,165.38	6,500.00	(665.38)
5552212 Insurance:Transit:5311City	0.00	21,113.96	18,900.00	(2,213.96)
5552230 Insurance:Transit:Non-KDOT	0.00	905.00	0.00	(905.00)
5552243 Insurance:Transit:DC	0.00	531.56	0.00	(531.56)
5602211 Misc:Transit:5311 Co	0.00	67.50	150.00	82.50
5602212 Misc:Transit:5311 City	0.00	258.61	0.00	(258.61)
5622211 Novus Dispatch: County	0.00	0.00	5,725.00	5,725.00
5622212 Novus Dispatch: City Link	0.00	0.00	11,775.00	11,775.00
5622243 Novus Dispatch:Dodge City	0.00	0.00	17,500.00	17,500.00
5652211 Purchased Services:5311 Co	236.23	2,470.78	500.00	(1,970.78)
5652212 Purchased Services:5311 City	1,443.56	10,043.23	0.00	(10,043.23)
5652242 Purchased Services:Regional	0.00	537.52	0.00	(537.52)
5652243 Purchased Service/City of DC	282.81	2,836.67	0.00	(2,836.67)
2211 Repairs/Maint:Transit:5311 Co	409.75	5,888.00	12,000.00	6,112.00
5702212 Repairs/Maint:Transit:5311 Cit	2,216.26	23,776.17	28,560.00	4,783.83
5702230 Repairs/Maint:Transit:Non-KDOT	0.00	5.85	0.00	(5.85)
5702243 City of Dodge City/ Repairs	3.28	3.28	0.00	(3.28)
5732235 Beeline Fares/Freight Remittan	3,667.94	60,616.48	50,000.00	(10,616.48)
5752211 Supplies: 5311 County	40.51	1,804.48	1,000.00	(804.48)
5752212 Supplies: City Link	333.74	7,019.03	3,120.00	(3,899.03)
5752230 Supplies for Non KDOT	0.00	(33.01)	0.00	33.01
5752235 Beeline supplies	0.00	0.00	100.00	100.00
5752242 Supplies for Regional	0.00	3,392.48	350.00	(3,042.48)
5752243 Supplies/Dodge City	436.25	4,277.61	0.00	(4,277.61)
5802211 Travel:Transit:5311 Co	0.00	19.31	750.00	730.69
5802212 Travel:Transit:5311 City	0.00	57.92	1,250.00	1,192.08
5802242 Travel: Regional	0.00	366.81	2,000.00	1,633.19
5822211 Uniforms:Transit:5311 Co	0.00	0.00	500.00	500.00
5822212 Uniforms:Transit:5311 City	0.00	547.38	2,500.00	1,952.62
5822243 Uniforms/Dodge City	0.00	1,308.14	0.00	(1,308.14)
5852211 Utilities: 5311 County	101.07	2,475.70	4,000.00	1,524.30
5852212 Utililities: 5311 City	700.03	10,134.57	6,480.00	(3,654.57)
5852242 Utilities for Dodge City	0.00	87.86	0.00	(87.86)
5852243 Utilities for Dodge City	172.25	1,360.92	0.00	(1,360.92)
5872235 Replacement Reseves	0.00	0.00	9,400.00	9,400.00
5882211 Audit	0.00	0.00	1,575.00	1,575.00
5882212 Audit	0.00	0.00	5,000.00	5,000.00
5882243 Audit	0.00	9,651.60	1,000.00	(8,651.60)
5892243 Admin.Operating Dodge City	0.00	0.00	10,425.00	10,425.00
5902242 Capital items/Regional Transit	(2,412.73)	0.00	600.00	600.00
5902243 Capital: Regional Dispatch	(4,590.38)	0.00	0.00	0.00
Total Expenses	74,768.59	1,036,759.41	1,114,325.00	77,565.59
Revenue/Expense	\$ 26,620.69	\$ 77,669.55	\$ 0.00	(77,669.55)

Finney County Committee on Aging, Inc
Income Statement - 22 5311 Combined
For the Month Ending December 31, 2013

	Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance
Revenues				
310221 Mil Levy:Tr:5311 County	\$ 4,252.75	\$ 51,033.00	\$ 51,033.00	0.00
321221 Local Match-County	1,233.00	5,292.00	3,000.00	(2,292.00)
321221 Local Match-City Link	541.00	14,113.00	1,500.00	(12,613.00)
322221 Fees: Transit 5311 County	568.31	8,427.62	10,000.00	1,572.38
322221 Fees: Transit 5311 City	2,685.81	32,282.36	29,000.00	(3,282.36)
332221 Interest Income Transit Co	3.94	99.47	350.00	250.53
332221 Interest Income Transit City	3.94	82.74	400.00	317.26
340221 KDOT Reimb:Tr:5311 County	8,066.79	100,523.43	110,225.00	9,701.57
340221 KDOT Reimb:Tr:5311 City	40,439.19	414,143.97	436,248.00	22,104.03
342221 City of Garden City	19,450.25	233,403.00	233,403.00	0.00
343221 Transfer to/from Reserves	0.00	0.00	4,968.00	4,968.00
Total Revenues	77,244.98	859,400.59	880,127.00	20,726.41
Expenses				
510221 Salaries:Transit:5311 County	6,275.52	76,564.05	98,500.00	21,935.95
510221 Salaries:Transit:5311 City	38,037.15	422,938.08	421,000.00	(1,938.08)
515221 FICA Expense:Transit:Co 5311	467.70	5,603.24	7,535.00	1,931.76
515221 FICA Expense:Transit:City 5311	2,840.89	31,514.99	32,207.00	692.01
518221 U Ins:Transit:Co 5311	0.00	1,501.50	3,185.00	1,683.50
518221 U Ins:Transit: City 5311	0.00	8,281.48	10,740.00	2,458.52
520221 Work Comp:Transit:Co 5311	0.00	1,935.17	2,956.00	1,020.83
520221 Work Comp:Transit:City 5311	0.00	7,754.07	13,252.00	5,497.93
530221 Medical:Transit:Co 5311	52.50	945.44	945.00	(0.44)
530221 Medical:Transit:City 5311	367.50	4,317.67	3,937.00	(380.67)
532221 Retirement:Transit:Co 5311	86.15	1,567.54	2,955.00	1,387.46
532221 Retirement:Transit:City 5311	607.31	6,754.15	12,630.00	5,875.85
535221 Ads/Mktg:Transit: Co 5311	0.00	476.40	750.00	273.60
535221 Ads/Mktg:Transit: City 5311	0.00	5,382.83	3,000.00	(2,382.83)
536221 Communications-Co	23.41	541.24	600.00	58.76
536221 Communications-City	61.71	1,378.82	2,500.00	1,121.18
538221 Drug/Phys/Vacc:Transit:Co 5311	0.00	280.00	400.00	120.00
538221 Drug/Phys/Vacc:Transit:City 5311	0.00	1,614.73	1,000.00	(614.73)
540221 Dues/Subsc:Transit:5311Co	0.00	43.75	50.00	6.25
540221 Dues/Subsc:Transit:5311City	0.00	116.25	550.00	433.75
545221 EducSeminars:Transit:5311Co	0.00	124.05	1,000.00	875.95
545221 EducSeminars:Transit:5311City	0.00	1,137.73	1,750.00	612.27
550221 Gas: Transit:5311 Co	939.75	18,649.13	28,000.00	9,350.87
550221 Gas: Transit:5311 City	7,111.81	103,328.45	120,400.00	17,071.55
555221 Insurance:Transit:5311Co	0.00	7,165.38	6,500.00	(665.38)
555221 Insurance:Transit:5311City	0.00	21,113.96	18,900.00	(2,213.96)
560221 Misc:Transit:5311 Co	0.00	67.50	150.00	82.50
560221 Misc:Transit:5311 City	0.00	258.61	0.00	(258.61)
562221 Novus Dispatch: County	0.00	0.00	5,725.00	5,725.00
562221 Novus Dispatch: City Link	0.00	0.00	11,775.00	11,775.00
565221 Purchased Services:5311 Co	236.23	2,470.78	500.00	(1,970.78)
565221 Purchased Services:5311 City	1,443.56	10,043.23	0.00	(10,043.23)
570221 Repairs/Maint:Transit:5311 Co	409.75	5,888.00	12,000.00	6,112.00
570221 Repairs/Maint:Transit:5311 City	2,216.26	23,776.17	28,560.00	4,783.83
575221 Supplies: 5311 County	40.51	1,804.48	1,000.00	(804.48)
575221 Supplies: City Link	333.74	7,019.03	3,120.00	(3,899.03)
580221 Travel:Transit:5311 Co	0.00	19.31	750.00	730.69
580221 Travel:Transit:5311 City	0.00	57.92	1,250.00	1,192.08
582221 Uniforms:Transit:5311 Co	0.00	0.00	500.00	500.00
582221 Uniforms:Transit:5311 City	0.00	547.38	2,500.00	1,952.62
585221 Utilities: 5311 County	101.07	2,475.70	4,000.00	1,524.30

**Finney County Committee on Aging, Inc
Income Statement - 22 5311 Combined
For the Month Ending December 31, 2013**

	Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance
585221 Utilities: 5311 City	700.03	10,134.57	6,480.00	(3,654.57)
588221 Audit	0.00	0.00	1,575.00	1,575.00
588221 Audit	0.00	0.00	5,000.00	5,000.00
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Total Expenses	62,352.55	795,592.78	880,127.00	84,534.22
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Revenue/Expense	\$ 14,892.43	\$ 63,807.81	\$ 0.00	(63,807.81)
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Finney County Committee on Aging, Inc
Transportation 5311 County Income Statement
For the Month Ending December 31, 2013

		Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance
Revenues					
3102211	Mil Levy:Tr:5311 County	\$ 4,252.75	\$ 51,033.00	\$ 51,033.00	0.00
3212211	Local Match-County	1,233.00	5,292.00	3,000.00	(2,292.00)
3222211	Fees: Transit 5311 County	568.31	8,427.62	10,000.00	1,572.38
3322211	Interest Income Transit Co	3.94	99.47	350.00	250.53
3402211	KDOT Reimb:Tr:5311 County	8,066.79	100,523.43	110,225.00	9,701.57
3432211	Transfer to/from Reserves	0.00	0.00	4,968.00	4,968.00
	Total Revenues	<u>14,124.79</u>	<u>165,375.52</u>	<u>179,576.00</u>	<u>14,200.48</u>
Expenses					
5102211	Salaries:Transit:5311 County	6,275.52	76,564.05	98,500.00	21,935.95
5152211	FICA Expense:Transit:Co 5311	467.70	5,603.24	7,535.00	1,931.76
5182211	U Ins:Transit:Co 5311	0.00	1,501.50	3,185.00	1,683.50
5202211	Work Comp:Transit:Co 5311	0.00	1,935.17	2,956.00	1,020.83
5302211	Medical:Transit:Co 5311	52.50	945.44	945.00	(0.44)
5322211	Retirement:Transit:Co 5311	86.15	1,567.54	2,955.00	1,387.46
5352211	Ads/Mktg:Transit:Co 5311	0.00	476.40	750.00	273.60
5362211	Communications-Co	23.41	541.24	600.00	58.76
5382211	Drug/Phys/Vacc:Transit:Co 5311	0.00	280.00	400.00	120.00
5402211	Dues/Subsc:Transit:5311Co	0.00	43.75	50.00	6.25
5452211	EducSeminars:Transit:5311Co	0.00	124.05	1,000.00	875.95
5502211	Gas: Transit:5311 Co	939.75	18,649.13	28,000.00	9,350.87
5552211	Insurance:Transit:5311Co	0.00	7,165.38	6,500.00	(665.38)
5592211	Misc:Transit:5311 Co	0.00	67.50	150.00	82.50
5622211	Novus Dispatch: County	0.00	0.00	5,725.00	5,725.00
5652211	Purchased Services:5311 Co	236.23	2,470.78	500.00	(1,970.78)
5702211	Repairs/Maint:Transit:5311 Co	409.75	5,888.00	12,000.00	6,112.00
5752211	Supplies: 5311 County	40.51	1,804.48	1,000.00	(804.48)
5802211	Travel:Transit:5311 Co	0.00	19.31	750.00	730.69
5822211	Uniforms:Transit:5311 Co	0.00	0.00	500.00	500.00
5852211	Utilities: 5311 County	101.07	2,475.70	4,000.00	1,524.30
5882211	Audit	0.00	0.00	1,575.00	1,575.00
	Total Expenses	<u>8,632.59</u>	<u>128,122.66</u>	<u>179,576.00</u>	<u>51,453.34</u>
	Revenue/Expense	<u>\$ 5,492.20</u>	<u>\$ 37,252.86</u>	<u>\$ 0.00</u>	<u>(37,252.86)</u>

Finney County Committee on Aging, Inc
Transportation 5311 City Income Statement
For the Month Ending December 31, 2013

	Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance
Revenues				
321221 Local Match-City Link	\$ 541.00	\$ 14,113.00	\$ 1,500.00	(12,613.00)
322221 Fees: Transit 5311 City	2,685.81	32,282.36	29,000.00	(3,282.36)
332221 Interest Income Transit City	3.94	82.74	400.00	317.26
340221 KDOT Reimb:Tr:5311 City	40,439.19	414,143.97	436,248.00	22,104.03
342221 City of Garden City	19,450.25	233,403.00	233,403.00	0.00
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Total Revenues	63,120.19	694,025.07	700,551.00	6,525.93
Expenses				
510221 Salaries:Transit:5311 City	38,037.15	422,938.08	421,000.00	(1,938.08)
515221 FICA Expense:Transit:City 5311	2,840.89	31,514.99	32,207.00	692.01
518221 U Ins:Transit: City 5311	0.00	8,281.48	10,740.00	2,458.52
520221 Work Comp:Transit:City 5311	0.00	7,754.07	13,252.00	5,497.93
530221 Medical:Transit:City 5311	367.50	4,317.67	3,937.00	(380.67)
532221 Retirement:Transit:City 5311	607.31	6,754.15	12,630.00	5,875.85
535221 Ads/Mktg:Transit:City 5311	0.00	5,382.83	3,000.00	(2,382.83)
536221 Communications-City	61.71	1,378.82	2,500.00	1,121.18
538221 Drug/Phys/Vacc:Transit:City 5311	0.00	1,614.73	1,000.00	(614.73)
540221 Dues/Subsc:Transit:5311City	0.00	116.25	550.00	433.75
545221 EducSeminars:Transit:5311City	0.00	1,137.73	1,750.00	612.27
550221 Gas: Transit:5311 City	7,111.81	103,328.45	120,400.00	17,071.55
555221 Insurance:Transit:5311City	0.00	21,113.96	18,900.00	(2,213.96)
560221 Misc:Transit:5311 City	0.00	258.61	0.00	(258.61)
2221 Novus Dispatch: City Link	0.00	0.00	11,775.00	11,775.00
565221 Purchased Services:5311 City	1,443.56	10,043.23	0.00	(10,043.23)
570221 Repairs/Maint:Transit:5311 Cit	2,216.26	23,776.17	28,560.00	4,783.83
575221 Supplies: City Link	333.74	7,019.03	3,120.00	(3,899.03)
580221 Travel:Transit:5311 City	0.00	57.92	1,250.00	1,192.08
582221 Uniforms:Transit:5311 City	0.00	547.38	2,500.00	1,952.62
585221 Utilities: 5311 City	700.03	10,134.57	6,480.00	(3,654.57)
588221 Audit	0.00	0.00	5,000.00	5,000.00
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Total Expenses	53,719.96	667,470.12	700,551.00	33,080.88
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Revenue/Expense	\$ 9,400.23	\$ 26,554.95	\$ 0.00	(26,554.95)

Finney County Committee on Aging, Inc
Transportation Non-KDOT Income Statement
For the Month Ending December 31, 2013

	Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance
Revenues				
3332230 Insurance Reimb: Non-KDOT	\$ 0.00	\$ 1,253.79	\$ 0.00	(1,253.79)
Total Revenues	<u>0.00</u>	<u>1,253.79</u>	<u>0.00</u>	<u>(1,253.79)</u>
Expenses				
5502230 Gas: Transpo: Non-KDOT	0.00	532.61	0.00	(532.61)
5552230 Insurance:Transit:Non-KDOT	0.00	905.00	0.00	(905.00)
5702230 Repairs/Maint:Transit:Non-KDOT	0.00	5.85	0.00	(5.85)
5752230 Supplies for Non KDOT	0.00	(33.01)	0.00	33.01
Total Expenses	<u>0.00</u>	<u>1,410.45</u>	<u>0.00</u>	<u>(1,410.45)</u>
Revenue/Expense	<u>\$ 0.00</u>	<u>\$ (156.66)</u>	<u>\$ 0.00</u>	<u>156.66</u>

Finney County Committee on Aging, Inc
22.35 Beeline Income Statement
For the Month Ending December 31, 2013

	Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance
Revenues				
3212235 Local Match Income/Beeline	\$ 5,969.05	\$ 72,870.01	\$ 60,000.00	(12,870.01)
3322235 Interest Income Beeline	0.00	401.03	0.00	(401.03)
Total Revenues	<u>5,969.05</u>	<u>73,271.04</u>	<u>60,000.00</u>	<u>(13,271.04)</u>
Expenses				
5352235 ADs/Mktg Beeline Remittance	0.00	40.86	500.00	459.14
5732235 Beeline Fares/Freight Remittan	3,667.94	60,616.48	50,000.00	(10,616.48)
5752235 Beeline supplies	0.00	0.00	100.00	100.00
5872235 Replacement Reseves	0.00	0.00	9,400.00	9,400.00
Total Expenses	<u>3,667.94</u>	<u>60,657.34</u>	<u>60,000.00</u>	<u>(657.34)</u>
Revenue/Expense	<u>\$ 2,301.11</u>	<u>\$ 12,613.70</u>	<u>\$ 0.00</u>	<u>(12,613.70)</u>

Finney County Committee on Aging, Inc
Income State - 22.41 Regional Combo
For the Month Ending December 31, 2013

	Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance
Revenues				
321224 Local Match-DC	\$ 54.00	\$ 251.00	\$ 0.00	(251.00)
340224 KDOT Reimb/Regional Manager	3,428.02	49,773.12	44,068.00	(5,705.12)
340224 KDOT/Dodge City	9,842.19	113,541.23	65,065.00	(48,476.23)
342224 City of Dodge City	0.00	0.00	65,065.00	65,065.00
344224 City of Dodge City	4,851.04	16,938.19	0.00	(16,938.19)
Total Revenues	18,175.25	180,503.54	174,198.00	(6,305.54)
Expenses				
510224 Regional Transit Manager	3,759.15	39,780.66	36,300.00	(3,480.66)
510224 Salaries-City of Dodge City	9,679.56	89,746.40	82,000.00	(7,746.40)
515224 FICA Expenses: Transit: Region	287.57	3,043.22	2,777.00	(266.22)
515224 FICA Expenses: Transit: Dodge	720.57	6,565.32	6,273.00	(292.32)
518224 U Ins: Transit: Regional 5311	0.00	622.52	216.00	(406.52)
518224 U Ins: Regional: Dodge Ci	0.00	1,791.33	1,296.00	(495.33)
520224 Work Comp: Transit: Regional	0.00	411.48	450.00	38.52
520224 Work Comp/Dodge City	0.00	1,150.34	1,781.00	630.66
530224 Medical: City of DC	78.75	892.25	4,095.00	3,202.75
532224 Retirement:Regional	0.00	0.00	900.00	900.00
532224 Retirement: Dodge City	135.19	1,593.32	2,460.00	866.68
535224 Ads/Mktg: Transit /Dodge City	0.00	54.78	0.00	(54.78)
536224 Communications	10.58	2,390.70	400.00	(1,990.70)
536224 Communications-Dodge City	115.25	4,397.80	3,000.00	(1,397.80)
536224 Dug Testing/Physicals/Vaccines	0.00	90.75	75.00	(15.75)
538224 Drug/Phys/Vacc:Reg/Dodge City	70.00	235.00	300.00	65.00
540224 Dues/Subsc: Reg Transit Mgr	0.00	20.00	0.00	(20.00)
545224 Educational Seminars/Regional	0.00	1,870.00	0.00	(1,870.00)
545224 Educational Seminars/City of D	0.00	88.52	0.00	(88.52)
555224 Insurance:Transit:DC	0.00	531.56	0.00	(531.56)
562224 Novus Dispatch:Dodge City	0.00	0.00	17,500.00	17,500.00
565224 Purchased Services:Regional	0.00	537.52	0.00	(537.52)
565224 Purchased Service/City of DC	282.81	2,836.67	0.00	(2,836.67)
570224 City of Dodge City/ Repairs	3.28	3.28	0.00	(3.28)
575224 Supplies for Regional	0.00	3,392.48	350.00	(3,042.48)
575224 Supplies/Dodge City	436.25	4,277.61	0.00	(4,277.61)
580224 Travel: Regional	0.00	366.81	2,000.00	1,633.19
582224 Uniforms/Dodge City	0.00	1,308.14	0.00	(1,308.14)
585224 Utilities for Dodge City	0.00	87.86	0.00	(87.86)
585224 Utilities for Dodge City	172.25	1,360.92	0.00	(1,360.92)
588224 Audit	0.00	9,651.60	1,000.00	(8,651.60)
589224 Admin.Operating Dodge City	0.00	0.00	10,425.00	10,425.00
590224 Capital items/Regional Transit	(2,412.73)	0.00	600.00	600.00
590224 Capital: Regional Dispatch	(4,590.38)	0.00	0.00	0.00
Total Expenses	8,748.10	179,098.84	174,198.00	(4,900.84)
Revenue/Expense	\$ 9,427.15	\$ 1,404.70	\$ 0.00	(1,404.70)

Finney County Committee on Aging, Inc
Income State - 22.42 Regional Transit Mgr
For the Month Ending December 31, 2013

	Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance
Revenues				
340224 KDOT Reimb/Regional Manager	\$ 3,428.02	\$ 49,773.12	\$ 44,068.00	(5,705.12)
Total Revenues	<u>3,428.02</u>	<u>49,773.12</u>	<u>44,068.00</u>	<u>(5,705.12)</u>
Expenses				
510224 Regional Transit Manager	3,759.15	39,780.66	36,300.00	(3,480.66)
515224 FICA Expenses: Transit: Region	287.57	3,043.22	2,777.00	(266.22)
518224 U Ins: Transit: Regional 5311	0.00	622.52	216.00	(406.52)
520224 Work Comp: Transit: Regional	0.00	411.48	450.00	38.52
532224 Retirement:Regional	0.00	0.00	900.00	900.00
536224 Communications	10.58	2,390.70	400.00	(1,990.70)
538224 Dug Testing/Physicals/Vaccines	0.00	90.75	75.00	(15.75)
540224 Dues/Subsc: Reg Transit Mgr	0.00	20.00	0.00	(20.00)
545224 Educational Seminars/Regional	0.00	1,870.00	0.00	(1,870.00)
565224 Purchased Services:Regional	0.00	537.52	0.00	(537.52)
575224 Supplies for Regional	0.00	3,392.48	350.00	(3,042.48)
580224 Travel: Regional	0.00	366.81	2,000.00	1,633.19
585224 Utilities for Dodge City	0.00	87.86	0.00	(87.86)
590224 Capital items/Regional Transit	(2,412.73)	0.00	600.00	600.00
Total Expenses	<u>1,644.57</u>	<u>52,614.00</u>	<u>44,068.00</u>	<u>(8,546.00)</u>
Revenue/Expense	<u>\$ 1,783.45</u>	<u>\$ (2,840.88)</u>	<u>\$ 0.00</u>	<u>2,840.88</u>

Finney County Committee on Aging, Inc
Income State - 22.43 Dodge City
For the Month Ending December 31, 2013

	Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance
Revenues				
321224 Local Match-DC	\$ 54.00	\$ 251.00	\$ 0.00	(251.00)
340224 KDOT/Dodge City	9,842.19	113,541.23	65,065.00	(48,476.23)
342224 City of Dodge City	0.00	0.00	65,065.00	65,065.00
344224 City of Dodge City	4,851.04	16,938.19	0.00	(16,938.19)
	<u>14,747.23</u>	<u>130,730.42</u>	<u>130,130.00</u>	<u>(600.42)</u>
Total Revenues				
Expenses				
510224 Salaries-City of Dodge City	9,679.56	89,746.40	82,000.00	(7,746.40)
515224 FICA Expenses: Transit: Dodge	720.57	6,565.32	6,273.00	(292.32)
518224 U Ins: Regional: Dodge Ci	0.00	1,791.33	1,296.00	(495.33)
520224 Work Comp/Dodge City	0.00	1,150.34	1,781.00	630.66
530224 Medical: City of DC	78.75	892.25	4,095.00	3,202.75
532224 Retirement: Dodge City	135.19	1,593.32	2,460.00	866.68
535224 Ads/Mktg: Transit /Dodge City	0.00	54.78	0.00	(54.78)
536224 Communications-Dodge City	115.25	4,397.80	3,000.00	(1,397.80)
538224 Drug/Phys/Vacc:Reg/Dodge City	70.00	235.00	300.00	65.00
545224 Educational Seminars/City of D	0.00	88.52	0.00	(88.52)
555224 Insurance:Transit-DC	0.00	531.56	0.00	(531.56)
562224 Novus Dispatch:Dodge City	0.00	0.00	17,500.00	17,500.00
565224 Purchased Service/City of DC	282.81	2,836.67	0.00	(2,836.67)
570224 City of Dodge City/ Repairs	3.28	3.28	0.00	(3.28)
575224 Supplies/Dodge City	436.25	4,277.61	0.00	(4,277.61)
2224 Uniforms/Dodge City	0.00	1,308.14	0.00	(1,308.14)
585224 Utilities for Dodge City	172.25	1,360.92	0.00	(1,360.92)
588224 Audit	0.00	9,651.60	1,000.00	(8,651.60)
589224 Admin.Operating Dodge City	0.00	0.00	10,425.00	10,425.00
590224 Capital. Regional Dispatch	(4,590.38)	0.00	0.00	0.00
	<u>7,103.53</u>	<u>126,484.84</u>	<u>130,130.00</u>	<u>3,645.16</u>
Total Expenses				
Revenue/Expense	<u>\$ 7,643.70</u>	<u>\$ 4,245.58</u>	<u>\$ 0.00</u>	<u>(4,245.58)</u>

Finney County Committee on Aging, Inc
CTD Income Statement
For the Month Ending December 31, 2013

	Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance
Revenues				
34026 CTD: KDOT	\$ 509.21	\$ 5,309.82	\$ 6,250.00	940.18
Total Revenues	<u>509.21</u>	<u>5,309.82</u>	<u>6,250.00</u>	<u>940.18</u>
Expenses				
51026 Salary: CTD	393.83	4,132.86	4,763.00	630.14
51526 FICA: CTD	25.33	298.98	364.00	65.02
51826 UI: CTD	0.00	253.58	324.00	70.42
52026 Work Comp: CTD	0.00	78.76	143.00	64.24
53026 Medical Expense: CTD	26.25	302.14	473.00	170.86
53226 Retirement: CTD	11.81	95.92	143.00	47.08
56026 Miscellaneous-CTD	0.00	50.00	40.00	(10.00)
56526 Purchased Services: Bus Projec	0.00	65.79	0.00	(65.79)
57526 Supplies: CTD	0.00	347.24	0.00	(347.24)
58526 Utilities for CTD	0.00	87.86	0.00	(87.86)
Total Expenses	<u>457.22</u>	<u>5,713.13</u>	<u>6,250.00</u>	<u>536.87</u>
Revenue/Expense	<u>\$ 51.99</u>	<u>\$ (403.31)</u>	<u>\$ 0.00</u>	<u>403.31</u>

Finney County Committee on Aging, Inc
Meals on Wheels Income Statement
For the Month Ending December 31, 2013

	Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance
Revenues				
31036 Mil Levy: Meals on Wheels	\$ 2,513.38	\$ 30,161.00	\$ 30,161.00	0.00
32036 Donations MOW	328.00	11,954.25	6,000.00	(5,954.25)
32236 Fees: Meals on Wheels	3,450.80	46,081.03	48,000.00	1,918.97
32336 MOW Program fund raising	0.00	1,755.00	0.00	(1,755.00)
33036 Grants/Memorials: M-O-W	1,250.00	62,695.00	50,000.00	(12,695.00)
33236 Interest Income MOW	0.00	172.36	135.00	(37.36)
33336 Insurance Reimb - MOW	0.00	1,282.41	0.00	(1,282.41)
34336 Transfer to/from Reserves	(27,047.00)	0.00	2,939.00	2,939.00
	<u>(19,504.82)</u>	<u>154,101.05</u>	<u>137,235.00</u>	<u>(16,866.05)</u>
Total Revenues				
Expenses				
51036 Salaries: Meals on Wheels	5,369.64	56,309.96	53,150.00	(3,159.96)
51536 FICA Expense: Meals on Wheels	402.09	4,215.65	4,065.00	(150.65)
51836 Unemployment Insurance: M-O-W	0.00	659.17	1,200.00	540.83
52036 Work Comp: Meals on Wheels	0.00	925.26	1,100.00	174.74
53236 Retirement: Meals on Wheels	161.09	1,499.01	1,595.00	95.99
53636 Communications: MOW	66.08	790.17	750.00	(40.17)
53836 Drug/Vaccine: MOW	0.00	0.00	75.00	75.00
54036 Dues/Subscriptions	0.00	0.00	150.00	150.00
54536 Educational Seminars: M-O-W	0.00	0.00	50.00	50.00
55036 Gasoline: Meals on Wheels	128.08	1,482.65	2,000.00	517.35
55536 Insurance: Meals on Wheels	0.00	777.81	1,275.00	497.19
56036 Miscellaneous: M-O-W	0.00	25.50	50.00	24.50
56536 Purchased Services: M-O-W	0.00	58,565.84	65,000.00	6,434.16
57036 Repairs & Maint: Meals on Whe	0.00	4,280.07	1,500.00	(2,780.07)
57536 Supplies: Meals on Wheels	237.18	4,970.83	4,000.00	(970.83)
58036 Travel: Meals on Wheels	0.00	0.00	100.00	100.00
58536 Utilities: Meals on Wheels	22.63	265.40	175.00	(90.40)
58836 Audit	0.00	0.00	1,000.00	1,000.00
59036 Capital items: M-O-W	(27,047.00)	0.00	0.00	0.00
	<u>(20,660.21)</u>	<u>134,767.32</u>	<u>137,235.00</u>	<u>2,467.68</u>
Total Expenses				
Revenue/Expense	\$ 1,155.39	\$ 19,333.73	\$ 0.00	(19,333.73)

Finney County Committee on Aging, Inc
Office Operations Income Statement
For the Month Ending December 31, 2013

	Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance
Revenues				
31042 Mil Levy: Office Operations	\$ 6,254.63	\$ 75,056.00	\$ 75,056.00	0.00
34342 Transfer to/from Reserves	0.00	0.00	7,312.00	7,312.00
34542 Other income - Office	4,224.29	4,462.08	0.00	(4,462.08)
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Total Revenues	10,478.92	79,518.08	82,368.00	2,849.92
Expenses				
51042 Salaries: Office Operations	5,129.70	55,303.98	55,425.00	121.02
51542 FICA Expense: Office	380.20	4,061.11	4,240.00	178.89
51842 Unemployment Insurance - Office	0.00	473.83	815.00	341.17
52042 Work Comp: Office	0.00	854.30	1,200.00	345.70
53042 Medical: Office	0.00	367.50	0.00	(367.50)
53242 Retirement: Office	153.89	1,490.70	1,663.00	172.30
53642 Communications-Office	48.16	521.86	1,000.00	478.14
53842 Drug Test/Vaccines	0.00	0.00	75.00	75.00
54042 Dues & Subscr: Office	0.00	0.00	400.00	400.00
54542 Education: Office Operations	0.00	0.00	50.00	50.00
56042 Miscellaneous: Office	0.00	116.03	0.00	(116.03)
56542 Purchased Services: Office	20.00	2,168.53	4,000.00	1,831.47
57042 Repairs & Maint: Office	0.00	260.81	500.00	239.19
57542 Supplies: Office	1,242.92	14,162.82	12,000.00	(2,162.82)
58542 Utilities: Office	1,081.70	2,809.24	0.00	(2,809.24)
58842 Audit	0.00	0.00	1,000.00	1,000.00
42 Capital items: Office	(745.65)	0.00	0.00	0.00
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Total Expenses	7,310.92	82,590.71	82,368.00	(222.71)
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Revenue/Expense	\$ 3,168.00	\$ (3,072.63)	\$ 0.00	3,072.63

Finney County Committee on Aging, Inc
Building Operations Income Statement
For the Month Ending December 31, 2013

	Current Month Actual	Year to Date Actual	Yearly Budget	YTD Budget Variance
Revenues				
31046 Mil Levy: Building Operations	\$ 6,059.25	\$ 72,711.00	\$ 72,711.00	0.00
33346 Ins Reimbursement: Bldg	0.00	1,234.96	0.00	(1,234.96)
34346 Transfer to/from Reserves	(27,005.68)	0.00	7,084.00	7,084.00
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Total Revenues	(20,946.43)	73,945.96	79,795.00	5,849.04
Expenses				
51046 Salaries: Building Operations	1,012.57	11,811.25	18,500.00	6,688.75
51546 FICA Expense: Building	75.10	875.56	1,415.00	539.44
51846 Unemployment Insurance - Bldg	0.00	257.34	750.00	492.66
52046 Work Comp: Building	0.00	272.53	500.00	227.47
53246 Retirement: Building	29.95	257.31	555.00	297.69
53846 Drug Test/Vaccine	0.00	0.00	75.00	75.00
55546 Insurance: Building	0.00	9,670.23	9,000.00	(670.23)
56546 Purchased Services: Bldg	1,617.50	13,318.95	15,000.00	1,681.05
57046 Repairs & Maint: Building	265.90	8,852.08	7,500.00	(1,352.08)
57546 Supplies: Building	248.76	8,887.64	7,500.00	(1,387.64)
58546 Utilities: Building	169.83	17,041.07	18,000.00	958.93
58846 Audit	0.00	0.00	1,000.00	1,000.00
59046 Capital Items: Building	(36,083.41)	0.00	0.00	0.00
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Total Expenses	(32,663.80)	71,243.96	79,795.00	8,551.04
Revenue/Expense	\$ 11,717.37	\$ 2,702.00	\$ 0.00	(2,702.00)