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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

<u>' '</u>	+	2012 colondary year out by year hadinging to be 1			00 44					
	_	2013 calendar year, or tax year beginning July 1 , 2013, and ending		1e 30	, 20 14 rer identification number					
_		applicable C Name of organization Southwest Kansas Regional Transportation Council, I	nc	D Employ						
_	Address									
_	Name ch									
_	nıtıal ret		 		620-272-3626					
_	Terminat									
_ ^	Amende			G Gross r	eceipts \$ 996093.6					
_	Applicat	on pending F Name and address of principal officer	H(a) is this a g	roup return for	subordinates? Yes No					
			H(b) Are all	subordinate	s included? Tyes No					
	ax-exe	npt status	If "N	lo," attach	a list (see instructions)					
	Nebsite	•	H(c) Group	exemption	number ►					
F	om of	rganization ☑ Corporation ☑ Trust ☑ Association ☑ Other ► L Year of forma	tion:	M State	of legal domicile.					
Рa	rt I	Summary								
П	1	Briefly describe the organization's mission or most significant activities: South	west Kansas	Regional	Transportation Counci					
<u>e</u>		serves as a clearinghouse to receive and disburse state and federal funds for the Ka								
Activities & Governance		de la constantina de la constante de la consta	iiisus Depuit		iansportation.					
티	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of	ite not secote					
١٥	3			1 _	113 1161 033613.					
וב	4	Number of independent voting members of the governing body (Part VI, line 1b)								
3										
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5						
3	6	Total number of volunteers (estimate if necessary)		6						
₹	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a						
\dashv	b	Net unrelated business taxable income from Rem 2011, Mrle 34		7b						
		Contributions and grants (Part VIII line ID	Prior Y	ear	Current Year					
2	8	Contributions and grains (rait viii, line PM) . [15] [20]	8	79428.79	996093.					
	9	Program service revenue (Part VIII, line 26)								
	10	Investment income (Part VIII, column (A), lines 3 days (4)								
	11	Other revenue (Part VIII, column (A), lines 5, 6d (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	g	79428.79	996093.6					
\top	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		79303.79						
Ì	14	Benefits paid to or for members (Part IX, column (A), line 4)	`	7.0003.70	33300.0					
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)								
;	16a	Professional fundraising fees (Part IX, column (A), line 11e)			<u> </u>					
Secueda	_	= · · · · · · · · · · · · · · · · · · ·	3022250 AAAA AAAA	阿尔德斯斯						
1	. b	Total fundraising expenses (Part IX, column (D), line 25) ►	Zana Kali San							
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		.07						
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8	79303.86	1					
- [19	Revenue less expenses. Subtract line 18 from line 12		124.93						
\neg			Beginning of C	urrent Year	End of Year					
Ses										
alances	20	Total assets (Part X, line 16)								
nd Balances	20 21	Total assets (Part X, line 16)								
19 B		· ' '								
	21 22	Total liabilities (Part X, line 26)								
Pa	21 22 it	Total liabilities (Part X, line 26)	ements and to	the hest of	my knowledge and helief					
Pal Und	21 22 rt II er pena	Total liabilities (Part X, line 26)			my knowledge and belief, if					
Pal Und	21 22 rt II er pena	Total liabilities (Part X, line 26)		ledge						
Pal Unde true,	21 22 rt II er pena , correc	Total liabilities (Part X, line 26)	er has any know	ledge	my knowledge and belief, r					
Pal Unde true,	21 22 rt II er pena , correc	Total liabilities (Part X, line 26)	er has any know	ledge						
Pal Jnderrue,	21 22 rt II er pena , correc	Total liabilities (Part X, line 26)	er has any know	ledge						
Jnd rue, igr	21 22 rt II ler pena , correc	Total liabilities (Part X, line 26) . Net assets or fund balances. Subtract line 21 from line 20 Signature Block ties of perjury, I declare that I have examined this return, including accompanying schedules and state, and complete Declaration of prepare (other than officer) is based on all information of which prepare Signature of officer Signature of officer Type or print name and title	er has any know	ledge	0-7011					
Jnd rue, igr	21 22 rt II ler pena , correc	Total liabilities (Part X, line 26) . Net assets or fund balances. Subtract line 21 from line 20 Signature Block ties of perjury, I declare that I have examined this return, including accompanying schedules and state, and complete Declaration of prepare (other than officer) is based on all information of which prepare Signature of officer Signature of officer Type or print name and title	er has any know	ledge	0-2014					
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igr er	21 22 It II er pena , correc	Total liabilities (Part X, line 26) . Net assets or fund balances. Subtract line 21 from line 20	pr has any know	ledge 10~2 ate Check	0-201Y					
Jnd rue, igr ler	21 22 rt II ler pena , correc	Total liabilities (Part X, line 26) . Net assets or fund balances. Subtract line 21 from line 20	ate	Check self-em	0-201Y					
Pal Unde true, Sigr lere Pre	21 22 It II er pena , correct	Total liabilities (Part X, line 26)	ate	ledge 10~2 Check self-em	0-201Y					

Part		ice Accomplishments s a response or note to any line in this	Dort III	П
1 '	Briefly describe the organization's m		rattiii	· · · · <u>L</u>
•	-	sportation Council serves as a clearinghou	one to receive and disharms atotal and f	- d1
		of Kansas for the Kansas Department of Tra		
	Did the executation and data			
2		significant program services during the		Yes ☑ No
_	If "Yes," describe these new service			
3	Did the organization cease condu	cting, or make significant changes in		
	services?]Yes ☑ No
_	If "Yes," describe these changes on			
4	expenses. Section 501(c)(3) and 50	n service accomplishments for each of i 1(c)(4) organizations are required to reported. iny, for each program service reported.	its three largest program services, as ort the amount of grants and allocat	measured by ions to others,
_				
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
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		••••••		
			••••	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	(COCO) (Exponded \$\pi			
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		······································		
		·		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
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			·····	
				
4d	Other program services (Describe in	Schedule O.)		
	(Expenses \$ includi	ng grants of \$) (Revenu	ne \$)	
4e	Total program service expenses ▶			

Part I	V Checklist of Required Schedules	- ·		-age o
			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	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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	3		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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			1
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	5 6		1
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	7	-	1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	9		1
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	10		1
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
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	11b		,
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	11c		1
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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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	14b		1
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	15		1
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.	16		1
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)	17		1
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.	18		▼
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	19		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	<u> </u>	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 -	1
			n 99 0	(2013)

Part I	V Checklist of Required Schedules (continued)			
	1		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? If "Yes," complete Schedule I, Parts I and II	21	\	
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? If "Yes," complete Schedule I, Parts I and III	22	-	√
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? If "Yes," complete Schedule J	23		1
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? If "Yes," complete Schedule L, Part I	24d 25a		1
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? If "Yes," complete Schedule L, Part I	25b		1
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? If so, complete Schedule L, Part II	26		1
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? If "Yes," complete Schedule L, Part III	27		1
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):	, ,		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	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? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b	-	1
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</i> ,	36		
38	Part VI	37		1
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Form **990** (2013)

Check if Schedule O contains a response or note to any line in this Part V Tes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a	Part '				
1a Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable 1b Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable 1b Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable 1b Enter the number of enging (gambling) winnings to pitze winners? 2a Enter the number of enging (gambling) winnings to pitze winners? 2a Enter the number of enging (gambling) winnings to pitze winners? 3a Enter the number of enging (gambling) winnings to pitze winners? 3a Statements, filed for the calendar year ending with or within the year covered by this return 2 lab If at least on le reported on line 2a, did the organization fall a lirequired federal employment tax returns? 3b If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization aparty to a prohibited tax shatler transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shatler transaction at any time during the tax year? 5c Was the organization solid any contributions that it was or is a party to a prohibited tax shatler transaction; or if the state organization include with every solicitation and express statement that such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductibles; 6c V B If "Yes," indicate the number of Forms 2828 field during the year and the organization st		Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	 Vaa	
b Enter the number of Forms W-26 included in line 1a. Enter -0- If not applicable . Did the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If all least one is reported on line 2a, did the organization filed all required federal employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated businesseg roses incorne of \$1,000 or more during the year? b If "Yes," has it filed a Form 90-1 for this year? If "No" to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority organization than the organization have an interest in, or a signature or other authority organization from 15 post organization and the organization and the control of the control of the organization and the control of t	1a	Enter the number reported in Box 3 of Form 1006. Enter -0- if not applicable.	Γ	162	140
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1 a and 2 a is greater than 250, you may be required to e-rife (see instructions). 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation in Schedule O. 4d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. In the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. In Did any taxable party northy the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. In Did any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file form 8886-17. 5a Does the organization and have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5b If "Yes," did the organization include whe very solicitation an express statement that such contributions or gifts were not tax deductible? 5c Organization state any receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5b If "Yes," did the organization neceive any funds	_	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a Statements, filed for the calendar year ending with or within the year covered by this return 2a Statements, filed for the calendar year ending with or within the year covered by this return 2a Statements, filed for the calendar year ending with or within the year covered by this return 2a Statements, filed for the calendar year ending with or within the year covered by this return 2a Statements, filed for the calendar year and for single greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a If "Yes," has if filed a Form 990.1" for this year? If "No" to file 3b, provide an explanation in Schedule 0 . 5a If "Yes," an an explanation in a foreign country. ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Account, account, 72 . 5b If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See If If "Yes," did the organization file Form 8888-17 . 5a If "Yes," did the organization file Form 8888-17 . 5b If "Yes," did the organization file Form 8888-17 . 5c If "Yes," did the organization in that were not tax deductible as charitable contributions of gifts were not tax deductible? 7b If "Yes," did the organization in that were not tax deductible as charitable contributions of the payor? 7c If "Yes," did the organization in that were not tax deductible as charitable contributions of the payor? 7c If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution of contribution of contents of the value of the goods or services provid		· · · · · · · · · · · · · · · · · · ·			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions). 3B Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country. Per See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b If "Yes," to line 5a or 5b, did the organization file Form 8896-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization notive with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations shat may receive deductible contributions under section 170(c). b If "Yes," did the organization notive with every solicitation an express statement that such contributions or any services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year and property for which it was required to file Form 8282? f If the organization sell			1c		
Statements, filed for the calendar year ending with or within the year covered by this return 2 b flat least one is reported on line 2a, did the organization fleat frequired federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30 1 1 1 1 1 1 1 1 1	2a		_ _		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines Is and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filed a Form 990-T for this year? if "No" to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?) b if "Yes," enter the name of the foreign country; ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party noty the organization that it was or is a party to a prohibited tax shelter transaction? c if "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Did any that the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 8 Did the organizations was accordance of the value of the goods or services provided? 7 Did the organization service deductible contributions under section 170(c). 8 Did the organization service appears of the value of the goods or services provided? 9 Did the organization service app					ļ
Sa Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a √	b	· · · · · · · · · · · · · · · · · · ·	2b		
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Pid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? B Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 B Gross income from members or shareholders Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 11b Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans C Enter the amount of reserves on hand 13b Did the organization receive any payments for indoor tanning services during the tax year?		required to file Form 8282?	7с		
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ff the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 501(c)(2) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a	е		-		<u> </u>
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Did the organization make a distribution included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Tob Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Ita Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Enter the amount of reserves on hand The Did the organization receive any payments for indoor tanning services during the tax year? Ita	f			<u> </u>	<u> </u>
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a				ļ <u>.</u>	—
organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9		· · · · · · · · · · · · · · · · · · ·	7h	 	-
organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	8		ł	ł	1
Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ls the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a				 	
a Did the organization make any taxable distributions under section 4966?	_		8	 	₩
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			02		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	_			 	+
a Initiation fees and capital contributions included on Part VIII, line 12		· · · · · · · · · · · · · · · · · · ·	100	-	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders				1	
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	_		1		
a Gross income from members or shareholders			1		
against amounts due or received from them.)	а	Gross income from members or shareholders	İ		1
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	· · · · · · · · · · · · · · · · · · ·	}		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		against amounts due or received from them.)	<u> </u>]
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?			12a		1
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13a 13a 13a 13a 13a 13a 13		<u> </u>	4		
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		•	<u></u>		+
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а	· · · · · · · · · · · · · · · · · · ·	13a	 	1
the organization is licensed to issue qualified health plans	L		1		
c Enter the amount of reserves on hand	D	all the test mentions to			
14a Did the organization receive any payments for indoor tanning services during the tax year?	^		-		
		100	140	-	+-
	_		_		+

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,		or a	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI			ons.
Secti	on A. Governing Body and Management	· ·	<u>····</u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	1		
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?	2		✓
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? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		,
L.	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		
	the year by the following:			
а	The governing body?	8a	1	نــــا
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00	•	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
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?	11a		
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? If "No," go to line 13	12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13		<u> </u>
14	Did the organization have a written document retention and destruction policy?	14		ļ,
15	Did the process for determining compensation of the following persons include a review and approval by independent persons comparability data and contemporare substantiation of the deliberation and decision?			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	 		
a	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	İ		i '
ioa	with a taxable entity during the year?	160		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	 	
D	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		
Secti	on C. Disclosure	100	L	
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.	- -	, (- , 0	
	☐ 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 int	erest	policy	y, 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: Pannia Burgardt 1000 North 11th Street Cordon City NS 67046 (620) 272 2626			

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Dana	•
rauc	

Part	VII Compensation of Off	icers, Directors, T	rustees, Key	Employees,	Highest Com	pensated E	Employees,	and
	Independent Contrac	tors						

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 no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.	
	T							T	<u> </u>		
(A)	(B)				ition			(D)	(E)	(F)	
Name and Title	Average					than our		Reportable	Reportable	Estimated	
· · · · · · · · · · · · · · · · · · ·	hours per					or/trust		compensation	compensation from	amount of	
	week (list any hours for	악고	2	Q	<u>~</u>	9 ∓	ਨ	from the	related organizations	other compensation	
	related	함	st t	Officer	9	흥등	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	C La	ğ]	륁	8 8	=	(W-2/1099-MISC)		organization and related	
	line)	trus	함		Key employee	夏				organizations	
		Individual trustee or director	Institutional trustee	ļ	-	Highest compensated employee					
			•			<u>ē</u>					
(1) Paula Rowden, President (Chairman)											
505 South Polk, Hugoton, KS 67951	5	1		1				0			0
(2) Jane Graf, Vice-President (Vice Chair)	 	-	-	Ť		<u> </u>	-	1			<u> </u>
P O Box 880, Dodge City, KS 67801	5			1				0	0		0
(3) Vanesa Avila, Secretary	 			Ė	-	-			<u> </u>		
P O Box 1417, Dodge City, KS 67801	7	Ì		 			Ì) 0	0		0
(4) Bonnie Burgardt, Treasury											<u> </u>
Garden City, KS 67846	10	1		1				٥	o		0
(5)	1		\Box								_
		1									
(6)											_
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(13)]					-				
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(14)	<u> </u>]									
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Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees	, ar	nd H	ighes	st C	ompensated E	mployees (co	ntinue	d)		
	•				_ (0	•								
,	(A)	(B)	(do n	ot ch	Posi eck	_	than c	ne	(D)	(E)		(F)	
	Name and title	Average	box,	unles	s pe	rson	ıs both	an	Reportable	Reportable			nated	
		hours per week (list any	├				or/trust	<u> </u>	compensation from	compensation fr related	om		unt of her	
		hours for	걸	nsti	Officer	ye)	ang Ligh	Former	the	organizations		compe		n
		related organizations	re du	Institutional	ěř	amb emb	est i	₫	organization (W-2/1099-MISC)	(W-2/1099-MIS			n the iization	
		below dotted	우뿔	nal		Key employee	com		ľ		1		elated	_
		line)	Individual trustee or director	truste		ď	реля					organi	zations	5
			"	98			Highest compensated employee							
(15)		 		i	 	-					+			
110/		+	1											
(16)				 				-						
3		†	1			}				ļ				
(17)				\vdash							$\neg \uparrow$			
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(OF)			 -	₩	├	-		 			+		_	
(25)			-		ļ									
1b	Sub-total	<u> </u>		l .	<u>!</u>	<u> </u>			0		0			
c	Total from continuation sheets to Part	VII Section	n Δ	•	•	•	•	•	0	· ·	0			<u>0</u>
d				•	•			•	- 0	 	<u> </u>			0
2	Total number of individuals (including bu						above	e) w).000 c	of		
	reportable compensation from the organ							-,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		
	-												Yes	No
3	Did the organization list any former o	fficer, direc	ctor, c	or ti	rust	ee,	key (emp	oloyee, or high	nest compens	sated			
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	livid	ual				•	3		✓
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater th	an \$	150	,000)? [f "Ye	s, "	complete Sci	nedule J for	such			
	individual			•	•	•		•			•	4		1
5	Did any person listed on line 1a receive									zation or indiv	ridual			
	for services rendered to the organization	? If "Yes," (comp	lete	Sci	hed	ule J	tor s	such person	· · · · ·	<u>. </u>	5		✓
	on B. Independent Contractors													
1	Complete this table for your five highest	•		•										
	compensation from the organization. Re	port compe	ensati	on t	or t	ne c	alenc	ar y	year ending wi	th or within th	e orga	ınızatıc	on's ta	ax
	year.				•			_						
	(A) Name and business ad	dress						ł	(B) Description of:	services	С	(C) compens	ation	
								+-						
								+-						
								+-						
								+						
				-				+						
2	Total number of independent contract	ors (includi	na b	ut r	ot	limi	ted to	o th	hose listed ah	ove) who		 -	-	
_	received more than \$100,000 of compen	•	_					• • •	311 34 46	-15,				

Part	VIII	Statement of Revenue					_
		Check if Schedule O contains a response	or note to				<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a			, , , , , , , , , , , , , , , , , , , ,		<u> </u>
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	125.00	j	j		
S, G	С	Fundraising events 1c			j		
ar /	d	Related organizations 1d			j		
S, E	е		995968.67				
ion Si	f	All other contributions, gifts, grants,					:
but		and similar amounts not included above 1f					
ntri d O	g	Noncash contributions included in lines 1a-1f: \$					
Cod	_	Total. Add lines 1a-1f	▶	996093.67			1
			ess Code		. ,		
ven	2a			~			
Re	b						
rice	С						
Šen	d						
Ē	e			_			
Program Service Revenue	f	All other program service revenue .					
F	g	Total. Add lines 2a-2f	▶		···		
	3	Investment income (including dividends,	interest,				
		and other similar amounts)	▶ [
	4	Income from investment of tax-exempt bond pro	ceeds▶ [
	5	Royalties	▶				
		(ı) Real (ı) F	Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
	7a		Other				
		assets other than inventory					
	b	Less cost or other basis					
		and sales expenses					
	С	Gain or (loss)					*
	d	Net gain or (loss)	▶				
a							
Ĭ	8a	Gross income from fundraising					
eve		events (not including \$					
Œ		of contributions reported on line 1c).					
Other Revenue		See Part IV, line 18 a					
δ		Less: direct expenses b					
		Net income or (loss) from fundraising events	. •			-	
	ya	Gross income from gaming activities. See Part IV, line 19		•			
	"	<u> </u>					
	1	Less: direct expenses b Net income or (loss) from gaming activities					
	100	Gross sales of inventory, less	• •				
	IVa	returns and allowances a					
	_			į			
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory			<u> </u>		
	- c		ess Code	· ·			
	11a	Dusir					
	b			<u> </u>			
	d	All other revenue					
	e	Total. Add lines 11a–11d					
	12	Total revenue. See instructions		996093 67	996093 67		

D = IV	Chatana at a financia at financia
Ealtr IX	Statement of Functional Expenses
1 (4)	

Sectio	n 501(c)(3) and 501(c)(4) organizations must com			s must complete co	olumn (A).
· ·	Check if Schedule O contains a respons	se or note to any lin		<u> </u>	<u> </u>
	t include amounts reported on lines 6b, 7b, , 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	995968.67	995968.67		,
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 5	Benefits paid to or for members 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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				-
а	Management				
b	Legal				
C	Accounting				
d	Lobbying		' ''		
е	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			•	
13	Office expenses			•	
14	Information technology				
15	Royalties				
16	Occupancy	· · · · · · · · · · · · · · · · · · ·			
17	Travel				
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				
23	Insurance				
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.)				
а	Bank Charges	.61	.61		
b					
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	995969.28	995969.28		
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 ☐ if	222222	3333330		
	following SOP 98-2 (ASC 958-720)	I			I

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	3051.45	1	3175.84
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	· ····································
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			1
		trustees, key employees, and highest compensated employees.		i	<u> </u>
		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			ĺ
ts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	•	7	
Ą	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			
	b	Less: accumulated depreciation 10b		10c	
	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)	3051.45	16	3175.84
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ap		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		26	
Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			ļ
an	27	Unrestricted net assets		27	J
3al	28	Temporarily restricted net assets		28	
둳	29	Permanently restricted net assets	· · · · · · · · · · · · · · · · · · ·	29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □	•		1
or Fund		complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	3051.45	34	3175.84

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Page **12**

Part	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		9960	93.67
2	Total expenses (must equal Part IX, column (A), line 25)	2		9959	969.28
3	Revenue less expenses. Subtract line 2 from line 1	3		1	124.39
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		30)51.45
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
_	33, column (B))	10		31	175.84
Part	XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
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," exp	olain in			
	Schedule O.				
2a	the state of the s		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or			
	reviewed on a separate basis, consolidated basis, or both:		ľ		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	the trib and the state of the s		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	ļ		,
	separate basis, consolidated basis, or both:		ļ		1
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the appropriate of the audit, review, or compilation of its financial statements and selection of an independent accounts the audit of the audit o		2c		✓
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	olain in			İ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
va	the Single Audit Act and OMB Circular A-133?		3a	1	ĺ
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran the) Sa	-	—
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3ь		
	, , , , , , , , , , , , , , , , , , ,			, gan	(2013)
			FON	330	(2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Soutl Par			onal Transportation	on Council, Inc. rity Status (All orga	nizations	must c	omplete	this nar	t \ Soo ii		44645	•	
				tion because it is: (Fo						istractio	113.		
4			•	•		_		•	•				
١	_			nes, or association of			a in sec	don 170((D)(1)(A)(I)).			
2				170(b)(1)(A)(ii). (Attac		-							
3				spital service organiza									
4			earch organizatione, city, and state	on operated in conjuncts:	ction with	a hospita	al describ	ed in se	ction 170)(b)(1)(A)((iii). Ent	er the	
5			on operated for to the complete of the complet	the benefit of a collect plete Part II.)	ge or univ	versity ov	vned or o	operated	by a go	vernment	al unit	describ	ed in
6	ΠА	federal, state	e, or local govern	nment or governmenta	al unit des	scribed in	section	170(b)(1)(A)(v).				
7	✓ A	n organizatio	n that normally	receives a substantia (A)(vi). (Complete Par	part of					it or fron	n the ge	eneral p	oublic
8	_	-		n section 170(b)(1)(A)		•							
9		n organizatio	n that normally	receives: (1) more tha	ın 331/3%	of its su	ipport fro	m contri	butions,	members	hip fee	s, and	gross
	re	ceipts from	activities related	to its exempt functi	ions—sub	oject to d	ertain ex	ceptions	and (2)	no more	than 3	31/3%	of its
	SI	apport from	gross investme	nt income and unrel	ated bus	iness tax	kable inc	ome (les	s section	n 511 ta	x) from	busin	esses
				fter June 30, 1975. Se							,		
10		=	_						•	4 \			
			-	operated exclusively		-	_			-			
11				d operated exclusive									
				licly supported organ								See se	ection
			ck the box that o	describes the type of				d comple	ite lines 1	1e throug	jh 11h.		
	а	☐ Type I	b 🗌 Type	II c ☐ Type III	-Functio	nally integ	grated	d □.	Type III-N	lon-funct	ionally i	ntegrat	ted
е	□в	y checking tl	his box, I certify	that the organization	is not co	ntrolled d	irectly or	indirectl	v bv one	or more	disquali	fied pe	rsons
				ers and other than one									
		section 509				,							- ()(-)
f				written determination	n from t	ho IDC +	hat it ic	a Type	I Type I	l or Turn	o III o	nnorti	20
•			check this box .				ilat It IS	a Type	i, iype i	ii, Oi iyp	e iii st	ippoi tii	'9 —
		•					 ـ الحد ، حالت الحد .				• •	• • •	' Ш
g	fo	llowing pers	ons?	ne organization accep	_				•				
	(i)			ndirectly controls, eith							nd	Yes	No
				ody of the supported o	-						119	<u> </u>	
		_	•	on described in (i) abo							11g	ii)	
	(ii	ii) A 35% cor	ntrolled entity of	a person described in	(i) or (ii) a	above?.					11g(iii)	
h	P	rovide the fo	llowing informati	on about the supporte	ed organi	zation(s).							
(i)	Name o	of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	rganization	(v) Did y	ou notify	(vi)	s the	(vii) Amo	unt of me	onetary
	orga	nization		(described on lines 1-9		sted in your		ization in	organizat	tion in col	[support	-
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S?			
				(see manacaons);	Yes	No	Yes	No	Yes	No			
(A)													
			-										
(B)													
(C)									1				
						ļ. 	-				-		
(D)									<u> </u>	<u> </u>			
(E)													
											 		
				ı									

Part II

	(Complete only if you checked th						lify under
Sooti	Part III. If the organization fails to on A. Public Support	quality under	r the tests list	ed below, ple	ease comple	te Part III.)	
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(4) 2010	(a) 0012	(O Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	771335	(b) 2010	601609	(d) 2012 879428	(e) 2013 996093	(f) Total 3898960
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	771335	650495	601609	879428	996093	3898960
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support		· · · · · · · · · · · · · · · · · · ·				
	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4	771335	650495	601609	879428	996093	3898960
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						3898960
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the	-			-		` ' ' '
04	organization, check this box and stop he			· · · · ·	<u> </u>	<u> </u>	▶ □
	on C. Computation of Public Suppor						
14 15	Public support percentage for 2013 (line 6 Public support percentage from 2012 Sch					14	<u>%</u>
16a	331/3% support test—2013. If the organization			 nn line 13 and			%
	box and stop here. The organization qual						
b	331/3% support test—2012. If the organicheck this box and stop here. The organic	nization did no	t check a box	on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts-a acts-and-circu	and-circumstar mstances" tes	nces" test, che	ck this box an tion qualifies	d stop here. E as a publicly su	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets the	facts-and-cir- and-circumst-	cumstances" tances" test. Th	test, check th	is box and sto n qualifies as a	and line p here.
18	Private foundation. If the organization di						see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) Ea) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total	1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513	tal
1 Gits, grants, contributions, and membrarily fees received (to not include any nursual grants.) 2 Giross receipts from admissions, merchandses sold or services performed, or facilities furnished in any activity that is related to the organization's bavesiver purpose in a committed to any activity that is related to the organization's bavesiver purpose in a committed to or expended on its behalf in the organization's benefit and either paid to or expended on its behalf in the organization without charge. 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5 . 7 A mounts included on lines 1 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons in included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5.00 or 1% of the amount on line 13 for the year of Add lines 7a and 7b. 8 Public support (Subtract line 7c from line 5). 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royaltes and noome from similar sources . 9 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1955. c Add lines 10a and 10b. 11 Net income from unrelated business sactivities not included gain or loss from the sale of capital assets (explain in Parl IV) . 13 Total support (Add lines 9, 10c, 11, and 122). 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 8ection C. Computation of Public Support Percentage 15 Public support percentage from 2012 Schedule A, Part III, line 15 . 16 Public support percentage from 2012 Schedule A, Part III, line 17 . 17 Investment income percentage from 2012 Schedule A, Part III, line 17 or in the first in the first in the first interest and the first method and the first	1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513	
2 Gross receipts from admissions, merchandies sold or services performed, or facilities furmished in any activity that is releted to the organization's tax-exempt purpose . 3 Gross receipts from activities that are not a unreleted to the organization's benefit and either paid to or expended on its behalf . 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5 . 7 A Amounts included on lines 1 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons in the occase of the greater of \$5,000 or 1% off the expenditude of the present of \$5,000 or 1% off the expenditude of the present of \$5,000 or 1% off the expenditude of the present of \$5,000 or 1% off the expenditude of the present of \$5,000 or 1% off the expenditude of the present of \$5,000 or 1% off the expenditude of the ex	2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513	
sold or services performed, or facilities furnished in any activity hat is related to the organization's bar-exempl purpose . 3 Gross recopits from activates that are not an unrelated trade or busness under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5 . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . 8 Amounts included on lines 2 and 3 received from disqualified persons included on lines 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year C Add lines 7 and 70 . 8 Public support (Subtract line 7 from line 6 . 103 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . 9 Amounts from line 6 . 104 Cleandar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total . 9 Amounts from line 6 . 105 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . 9 Unrelated business taxable income (less sacction 511 taxes) from businesses acquired after June 30, 1975 . 10 Add lines 10a and 10b . 11 Net income from unrelated business activities not included in line 10b, whether or not the business is engliatly carned on . 12 Other income. Do not include gain or loss from the saile of capital assets (Explain in Part IV) . 13 Total support. (Add lines 9, 10c, 11, and 12) . 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . 8 Section D. Computation of Investment Income Percentage . 17 Investment income percentage from 2013 Schedule A, Part III, line 15 . 18 Jayabers support percentage from 2013 (ine 1	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513	
fumshed in any activity that is related to the organization's tax-exemple purpose . 3 Gross receipts from activities that are not an unrelated trade or busness under section 513 . 4 Tax revenues leviced for the organization's benefit and either paid to or expended on its behalf . 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5 . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . c Add lines 7a and 7b . 8 Public support (Subtract line 7c from line 8) . 9 Amounts from line 6 . 9 Amounts from line 6 . 10 Gross income from interest, dividends, payments received on securities lears, rents, royaltes and income from similar sources . b Unrelated business taxable income (less section 511 laxes) from businesses acquired after June 30, 1975 . c Add lines 10a and 10b . 11 Net income from unrelated business activities not included an line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . 13 Total support. (Add lines 9, 10c, 11, and 12) . 14 First trive years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . Section C. Computation of Public Support Percentage 17 Investment income percentage from 2012 Schedule A, Part III, line 17 . 18 Investment income percentage from 2013 (Schedule A, Part III, line 17 . 19 333/3% support tester-about the risk particular of line 11 file 15 is more than 333/3%, and line 17 is not more than 333/3%, check this box and stop here. The organization qualifies as a publicly support organization in [1 or 1 tother though and line 1 tother the box on line 14 and line 15 is more than 333/3%, and line	furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513	
organization's tax-exempt purpose	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	
unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5 . 7a Amounts included on lines 1 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c 2 Add lines 7 and 7 b . 8 Public support (Subtract line 7 o from line 6). 9 Amounts from line 6 . 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and nocem from similar sources . b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . c Add lines 10a and 10b . 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camed on 120 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	unrelated trade or business under section 513	
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	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	▶ □

Schedule A (F	Form 990 or 990-EZ) 2013 Pa	ge 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; ar Part III, line 12. Also complete this part for any additional information. (See instructions).	id
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SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

20°C

Employer identification number

48-1144645

OMB No 1545-0047

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

General Information on Grants and Assistance

Southwest Kansas Regional Transportation Council, Inc.

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I (Form 990) (2013) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **%** □ (h) Purpose of grant or assistance √ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance -Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . . (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section the selection criteria used to award the grants or assistance? ıf applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. 48-1124839 (b) EIN 1 (a) Name and address of organization (1) KS Dept of Transportation (2) Topeka, KS 66603-3754 700 SW Harrison, 2nd Floor Part II Part I ල € Ð 9 **©** 9 9 2 ε

Schedule I (Form 990) (2013)

Page 2

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. Part III

(f) Description of non-cash assistance		•					:	lional information.						Schedule I (Form 990) (2013)
(e) Method of valuation (book, FMV, appraisal, other)								n (b), and any other addi						
(d) Amount of non-cash assistance							- - -	ne 2, Part III, columi						
(c) Amount of cash grant								required in Part I, III		* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(b) Number of recipients								the information r						
(a) Type of grant or assistance	1	2	ю.	4	5	9		Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
Southwest Kansas Regional Transportation Council, Inc.	48-1144645
Vanosa Avila - Arrowhood West - B.O. Poy 1417 - Dodge City, VS - 67901	
Vanesa Avila - Arrowhead West, P O Box 1417, Dodge City, KS 67801	
Jane Graf - City of Dodge City, P O Box 880, Dodge City, KS 67801	
Kathy Sanko - Liberal Good Samaritan, 2160 Zennia Lane, Liberal, KS 67901	
Jennifer Brucker - Hamilton County VIP's, P O Box 145, Syracuse, KS 67878	
Crysta Torson - Lane County Transportation, 144 S. Lane, Dighton, KS 67839	
Paula Rowden - Stevens County Health Dept., 505 S. Polk, Hugoton, KS 67951	
Melanie Lunceford - City of Liberal, 324 N. Kansas Ave., Liberal, KS 67905	
Bonnie Burgardt - Finney County Transit, 1008 N. 11th Street, Garden City, KS 67846	
Donnie Burgardt - Frintey County Transit, 1000 N. 11th Street, Salden City, KS 07040	
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Schedule O (Form 990 or 990-EZ) (2012)	1	Page 2
Name of the organization	Employer identification number	
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Southwest Kansas Regional Transportation Council, Inc. Banking Summary 7/1/2013 through 6/30/2014

Category Description	
INCOME	
CTD #15 Administration	\$6,249.66
Dues	\$125.00
KDOT 5311 Admin.	\$74,880.90
KDOT 5311 Operating	\$914,838.11
TOTAL INCOME	\$996,093.67
EXPENSES	
Bank Service Charge	\$0.61
CTD Admin.	\$6,249.66
KDOT 5311 Distribution	\$989,719.01
TOTAL EXPENSES	\$995,969.28
OVERALL TOTAL	\$124.39