

Return of Organization Exempt From Income Tax

2001

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 07/01, 2001, and ending 06/30/2002

Form header section containing organization name (GREATER K. C. LINC, INC.), address (3100 BROADWAY, KANSAS CITY, MO 64111), and identification numbers.

Form section containing checkboxes for website, organization type (501(c)(3)), and gross receipts (15,390,405).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Main table with columns for Revenue, Expenses, and Net Assets. Rows include contributions (1), program service revenue (2), membership dues (3), interest on savings (4), dividends (5), gross rents (6), other investment income (7), gross amount from sales of assets (8), special events (9), gross sales of inventory (10), other revenue (11), total revenue (12), program services (13), management and general (14), fundraising (15), payments to affiliates (16), total expenses (17), excess or deficit (18), net assets at beginning (19), other changes (20), and net assets at end (21).

For Paperwork Reduction Act Notice, see the separate instructions.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b> Grants and allocations (attach schedule) (cash \$ <u>6,929,954</u> , noncash \$ _____)	6,929,954.	6,929,954.	STMT 4	
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25</b> Compensation of officers, directors, etc.	207,792.	207,792.		
<b>26</b> Other salaries and wages . . . . .	3,954,747.	3,601,160.	353,587.	
<b>27</b> Pension plan contributions . . . . .				
<b>28</b> Other employee benefits . . . . .	1,183,949.	1,136,728.	47,221.	
<b>29</b> Payroll taxes . . . . .	195,180.	178,600.	16,580.	
<b>30</b> Professional fundraising fees . . . . .				
<b>31</b> Accounting fees . . . . .				
<b>32</b> Legal fees . . . . .				
<b>33</b> Supplies . . . . .	122,248.	86,361.	35,887.	
<b>34</b> Telephone . . . . .	74,240.	36,447.	37,793.	
<b>35</b> Postage and shipping . . . . .	62,079.	57,890.	4,189.	
<b>36</b> Occupancy . . . . .	211,558.	130,180.	81,378.	
<b>37</b> Equipment rental and maintenance . .	60,367.	12,095.	48,272.	
<b>38</b> Printing and publications . . . . .	93,648.	79,303.	14,345.	
<b>39</b> Travel . . . . .	49,772.	45,330.	4,442.	
<b>40</b> Conferences, conventions, and meetings .	117,838.	96,752.	21,086.	
<b>41</b> Interest . . . . .				
<b>42</b> Depreciation, depletion, etc. (attach schedule) .	252,343.	233,200.	19,143.	
<b>43</b> Other expenses not covered above (itemize): <b>STMT 5</b>	2,176,764.	1,776,897.	399,867.	
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> _____				
<b>44</b> <b>Total functional expenses</b> (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15 . . . . .</i>	15,692,479.	14,608,689.	1,083,790.	

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . . . . .  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 24.)

What is the organization's primary exempt purpose? ▶ <u>STMT 6</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a</b> <u>STMT 7</u> ----- ----- ----- (Grants and allocations \$ <u>837,911</u> )	<u>3,021,638.</u>
<b>b</b> <u>STMT 7</u> ----- ----- ----- (Grants and allocations \$ <u>253,822</u> )	<u>376,696.</u>
<b>c</b> <u>STMT 7</u> ----- ----- ----- (Grants and allocations \$ _____)	<u>288,926.</u>
<b>d</b> <u>STMT 7</u> ----- ----- ----- (Grants and allocations \$ <u>529,895</u> )	<u>934,024.</u>
<b>e</b> Other program services (attach schedule) <u>STMT 8</u> (Grants and allocations \$ <u>5,308,326</u> )	<u>9,987,405.</u>
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ▶	<u>14,608,689.</u>

**Part IV Balance Sheets** (See Specific Instructions on page 24.)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .		4,595,791.	<b>45</b>	4,109,908.	
	<b>46</b> Savings and temporary cash investments . . . . .		5,725,958.	<b>46</b>	6,828,110.	
	<b>47a</b> Accounts receivable . . . . .	47a	560,214.			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	47b	352,747.	1,190,553.	<b>47c</b>	207,467.
	<b>48a</b> Pledges receivable . . . . .	48a				
	<b>b</b> Less: allowance for doubtful accounts . . . . .	48b			<b>48c</b>	
	<b>49</b> Grants receivable . . . . .				<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	51a				
	<b>b</b> Less: allowance for doubtful accounts . . . . .	51b			<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .				<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		STMT. 9.	55,119.	<b>53</b>	154,234.
	<b>54</b> Investments - securities (attach schedule) . . . . .		<input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>	
	<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	55a				
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	55b			<b>55c</b>	
<b>56</b> Investments - other (attach schedule) . . . . .				<b>56</b>		
<b>57a</b> Land, buildings, and equipment: basis . . . . .	57a	1,408,621.				
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	57b	916,556.	639,090.	<b>57c</b>	492,065.	
<b>58</b> Other assets (describe ► _____ )				<b>58</b>		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .			12,206,511.	<b>59</b>	11,791,784.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		2,905,707.	<b>60</b>	2,793,054.	
	<b>61</b> Grants payable . . . . .			<b>61</b>		
	<b>62</b> Deferred revenue . . . . .			<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .				<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .				<b>64b</b>	
	<b>65</b> Other liabilities (describe ► _____ )				<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .			2,905,707.	<b>66</b>	2,793,054.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>					
	<b>67</b> Unrestricted . . . . .		4,879,799.	<b>67</b>	5,677,481.	
	<b>68</b> Temporarily restricted . . . . .		4,421,005.	<b>68</b>	3,321,249.	
	<b>69</b> Permanently restricted . . . . .			<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>					
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>		
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) <b>must</b> equal line 19; and column (B) <b>must</b> equal line 21). . . . .			9,300,804.	<b>73</b>	8,998,730.
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .			12,206,511.	<b>74</b>	11,791,784.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information (See Specific Instructions on page 27.)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . 76 X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . . 77 X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . 78a X
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . 78b N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . 79 X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . 80a X
b If "Yes," enter the name of the organization and check whether it is exempt OR nonexempt.
81 a Enter direct or indirect political expenditure. See line 81 instructions . . . 81a NONE
b Did the organization file Form 1120-POL for this year? . . . 81b X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . 82a X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . 82b
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? . . . 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? . . . 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . 85b N/A
c Dues, assessments, and similar amounts from members . . . 85c N/A
d Section 162(e) lobbying and political expenditures . . . 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? . . . 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . 86a N/A
b Gross receipts, included on line 12, for public use of club facilities . . . 86b N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . 87b N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . 88 X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE; section 4912 NONE; section 4955 NONE
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . NONE
d Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . NONE
90 a List the states with which a copy of this return is filed NONE
b Number of employees employed in the pay period that includes March 12, 2001 (See instructions) . . . 90b 84
91 The books are in care of JOHN RICH Telephone no. 816-889-5050
Located at 3100 BROADWAY STE 226, KANSAS CITY, MO ZIP + 4 64111
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . 92 N/A

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> <u>STATE ASSISTANCE</u>					<b>402,625.</b>
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . .					
<b>95</b> Interest on savings and temporary cash investments .			<b>14</b>	<b>196,045.</b>	
<b>96</b> Dividends and interest from securities . .					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events .					
<b>102</b> Gross profit or (loss) from sales of inventory . .					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> <u>OTHER REVENUE</u>					<b>8,819.</b>
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . .				<b>196,045.</b>	<b>411,444.</b>
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					<b>607,489.</b>

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
<b>93A</b>	<b>STATE PROVIDED SALARIES, SUPPLIES, AND RENTS WHICH HELP SERVE THE NEEDS OF GREATER KC LINC, INC.</b>
<b>103B</b>	<b>VENDOR REBATES AND OTHER EXEMPT FUNCTION INCOME.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Please Sign Here**

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 \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature  \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. W) **511-80-2296**

Firm's name (or yours if self-employed), address, and ZIP + 4 **BKD, LLP** EIN **44-0160260**

**120 WEST 12TH STREET, SUITE 1200** Phone no. **816 221-6300**

**KANSAS CITY, MO 64105-1936**

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

OMB No. 1545-0047

**2001**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **GREATER K.C. LINC, INC.** Employer identification number **43-1676730**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOHN SHIVELY 3100 BROADWAY, STE 226 KANSAS CITY, MO 64111	DATE EVALUATION MNGR 40 HRS	57,762.	4,332.	NONE
MARK GUNTER 3100 BROADWAY, STE 226 KANSAS CITY, MO 64111	CONTROLLER 40 HRS	55,078.	5,232.	NONE
Total number of other employees paid over \$50,000	NONE			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DYNAMIC ENTERPRISE SOLUTIONS, INC 7266 W. WILLIAMS DR, GLENDALE, AZ	IT CONSULTING	149,654.
BKD, LLP 120 W. 12TH ST. STE 1200, KC, MO	ACCOUNTING	67,186.
Total number of others receiving over \$50,000 for professional services	NONE	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amount on line 38, Part VI-A, or line i or Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property? 2a X

b Lending of money or other extension of credit? 2b X

c Furnishing of goods, services, or facilities? 2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d X

e Transfer of any part of its income or assets? 2e X

3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) 3 X

4 Do you have a section 403(b) annuity plan for your employees? 4 X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments. STMT 15

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)

11a X An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)



Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2000, (b) 1999, (c) 1998, (d) 1997, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	<b>31</b>	
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b>	Admissions policies? . . . . .	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b>	Educational policies? . . . . .	<b>33e</b>	
<b>f</b>	Use of facilities? . . . . .	<b>33f</b>	
<b>g</b>	Athletic programs? . . . . .	<b>33g</b>	
<b>h</b>	Other extracurricular activities? . . . . .	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check a if the organization belongs to an affiliated group.
Check b if you checked "a" and "limited control" provisions apply.

Table with columns: (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include: 36 Total lobbying expenditures to influence public opinion, 37 Total lobbying expenditures to influence a legislative body, 38 Total lobbying expenditures, 39 Other exempt purpose expenditures, 40 Total exempt purpose expenditures, 41 Lobbying nontaxable amount, 42 Grassroots nontaxable amount, 43 Subtract line 42 from line 36, 44 Subtract line 41 from line 38.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Table with columns: (a) 2001, (b) 2000, (c) 1999, (d) 1998, (e) Total. Rows include: 45 Lobbying nontaxable amount, 46 Lobbying ceiling amount, 47 Total lobbying expenditures, 48 Grassroots nontaxable amount, 49 Grassroots ceiling amount, 50 Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

Table with columns: Yes, No, Amount. Rows include: a Volunteers, b Paid staff or management, c Media advertisements, d Mailings to members, legislators, or the public, e Publications, or published or broadcast statements, f Grants to other organizations for lobbying purposes, g Direct contact with legislators, their staffs, government officials, or a legislative body, h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means, i Total lobbying expenditures (add lines c through h).

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



<b>Name of organization</b>  <b>GREATER K.C. LINC, INC.</b>	<b>Employer identification number</b>  <b>43-1676730</b>
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)(3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions.)

**General Rule -**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules -**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received **any** charitable contributions and listed **any** charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list **any** charitable contributors on Part I, check the box on line **A** at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

**Specific Instructions**

**Note:** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I.** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year; and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II.** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III.** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization <b>GREATER K.C. LINC, INC.</b>	Employer identification number <b>43-1676730</b>
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	KAUFMAN FOUNDATION  4801 ROCKHILL ROAD  KANSAS CITY, MO 64112-2776	508,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	STATE GRANTS	9,752,133.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MISC GRANTS < 5,000	3,347,489.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	AHEC  800 WEST JEFFERSON  KIRKSVILLE, MO 63501	164,882.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	GEORGE K. BAUM FOUNDATION  1055 BROADWAY, SUITE 130  KANSAS CITY, MO 64105	50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
7	BLOCH EDUCATION FUND  1055 BROADWAY, SUITE 130  KANSAS CITY, MO 64105	5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>GREATER K.C. LINC, INC.</b>	Employer identification number <b>43-1676730</b>
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	COMBAT  200 S. MAIN STREET  INDEPENDENCE, MO 64050	20,138.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	FEC WIG  1740 PASEO, SUITE D  KANSAS CITY, MO 64110	19,634.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	FORD UAW  8200 WEST OUTER DRIVE #64  DETROIT, MI 48219	80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	HAKC  712 BROADWAY  KANSAS CITY, MO 64106	72,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	HALL FAMILY FOUNDATION  PO BOX 419580, DEPT. 323  KANSAS CITY, MO 64141	100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
13	ROBERT WOODS JOHNSON FOUNDATION  PO BOX 1527  JEFFERSON CITY, MO 65102	18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization <b>GREATER K.C. LINC, INC.</b>	Employer identification number <b>43-1676730</b>
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	<u>KANSAS CITY POWER AND LIGHT</u>  <u>1201 WALNUT, PO BOX 418679</u>  <u>KANSAS CITY, MO 64141</u>	25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<u>JACOB L. &amp; ELLA LOOSE FOUNDATION</u>  <u>1055 BROADWAY, SUITE 130</u>  <u>KANSAS CITY, MO 641105</u>	165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	<u>JACK &amp; HELEN MILLER FOUNDATION</u>  <u>1055 BROADWAY, SUITE 130</u>  <u>KANSAS CITY, MO 64105</u>	50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	<u>PRIME HEALTH FOUNDATIION</u>  <u>1021 JEFFERSON</u>  <u>KANSAS CITY, MO 64105</u>	30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	<u>EDWARD A. &amp; BETH K SMITH- EDUCATION</u>  <u>1055 BROADWAY, SUITE 130</u>  <u>KANSAS CITY, MO 64105</u>	5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
19	<u>STILLWELL FINANCIAL, INC.</u>  <u>920 MAIN STREET, 21ST FLOOR</u>  <u>KANSAS CITY, MO 64105</u>	8,336.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>GREATER K.C. LINC, INC.</b>	Employer identification number <b>43-1676730</b>
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20	THORNTON COOKE  1055 BROADWAY, SUITE 130  KANSAS CITY, MO 64105	5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	_____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	_____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	_____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	_____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	_____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990, PART I - LIST OF CONTRIBUTORS

=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
KAUFMAN FOUNDATION 4801 ROCKHILL ROAD KANSAS CITY, MO 64112-2776	VAR	508,000.	
CONTRIBUTIONS < 5,000	VAR	356,526.	
STATE GRANTS	VAR		9,752,133.
MISC GRANTS < 5,000	VAR		3,347,489.
AHEC 800 WEST JEFFERSON KIRKSVILLE, MO 63501	VAR	164,882.	
GEORGE K. BAUM FOUNDATION 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	VAR	50,000.	
BLOCH EDUCATION FUND 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	VAR	5,000.	
COMBAT 200 S. MAIN STREET INDEPENDENCE, MO 64050	VAR	20,138.	

## FORM 990, PART I - LIST OF CONTRIBUTORS

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(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
FEC WIG 1740 PASEO, SUITE D KANSAS CITY, MO 64110	VAR	19,634.	
FORD UAW 8200 WEST OUTER DRIVE #64 DETROIT, MI 48219	VAR	80,000.	
HAKC 712 BROADWAY KANSAS CITY, MO 64106	VAR	72,778.	
HALL FAMILY FOUNDATION PO BOX 419580, DEPT. 323 KANSAS CITY, MO 64141	VAR	100,000.	
ROBERT WOODS JOHNSON FOUNDATION PO BOX 1527 JEFFERSON CITY, MO 65102	VAR	18,000.	
KANSAS CITY POWER AND LIGHT 1201 WALNUT, PO BOX 418679 KANSAS CITY, MO 64141	VAR	25,000.	
JACOB L. & ELLA LOOSE FOUNDATION 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 641105	VAR	165,000.	
JACK & HELEN MILLER FOUNDATION 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	VAR	50,000.	

FORM 990, PART I - LIST OF CONTRIBUTORS

=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
PRIME HEALTH FOUNDATIION 1021 JEFFERSON KANSAS CITY, MO 64105	VAR	30,000.	
EDWARD A. & BETH K SMITH- EDUCATION FUND 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	VAR	5,000.	
STILLWELL FINANCIAL, INC. 920 MAIN STREET, 21ST FLOOR KANSAS CITY, MO 64105	VAR	8,336.	
THORNTON COOKE 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	VAR	5,000.	
TOTAL CONTRIBUTION AMOUNTS		----- 1,683,294. =====	----- 13,099,622. =====

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
<u>GRANTS PAID</u>			
COMPREHENSIVE NEIGHBORHOOD SERVICES	501 (C) (3)	SYSTEM REFORM-DEVELOP MORE EFFECTIVE SERVICES	837,911.
EDUCARE	501 (C) (3)	ENHANCE EARLY CHILDHOOD DEVELOPMENT	253,822.
WELFARE-TO-WORK	501 (C) (3)	SERVING THE UNEMPLOYED AND UNDEREMPLOYED	529,895.
EXTENDED DAY	501 (C) (3)	SERVING WORKING NEEDY FAMILIES WITH CHILDCARE	4,450,382.
EARLY CHILDHOOD HB1519	501 (C) (3)	SUPPORT FOR CHILD CARE PROGS. & PROFESSIONALS	122,545.
OTHER PROGRAMS	501 (C) (3)	OUTREACH TO LOW INCOME AREAS	735,399.
		TOTAL CONTRIBUTIONS PAID	----- 6,929,954. =====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----
ADMINISTRATIVE FEES	162,379.	161,976.	403.
CONSULTANTS	636,339.	512,756.	123,583.
PERFORMANCE INCENTIVES	401,220.	397,067.	4,153.
BUS AND TAXI SERVICE	23,223.	23,060.	163.
EQUIPMENT	201,054.	102,902.	98,152.
FACILITIES USAGE	8,529.	8,529.	
CHILD CARE	237,356.	237,356.	
INSURANCE	129,896.	26,255.	103,641.
ADVERTISING	66,230.	64,384.	1,846.
OTHER	89,138.	24,666.	64,472.
AUTO MILEAGE	31,900.	28,446.	3,454.
BAD DEBT	189,500.	189,500.	
	-----	-----	-----
TOTALS	2,176,764.	1,776,897.	399,867.
	=====	=====	=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

GREATER K.C. LINC (LOCAL INVESTMENT COMMISSION) IS A CITIZEN-DRIVEN COMMUNITY COLLABORATIVE INVOLVING EFFORTS BY THE STATE OF MISSOURI TO WORK WITH NEIGHBORHOOD LEADERS, CITIZENS, BUSINESS, CIVIC AND LABOR LEADERS TO IMPROVE THE LIVES OF ITS CHILDREN AND FAMILIES IN JACKSON, CLAY AND PLATTE COUNTIES IN MISSOURI, INCLUDING KANSAS CITY, MISSOURI. IT IS INVOLVED IN A VARIETY OF COMMUNITY EFFORTS AND PARTNERSHIPS. ITS AREAS OF CONCENTRATION INCLUDE: CHILDREN AND FAMILIES, AGING, HEALTH CARE, HOUSING, SCHOOL-LINKED SERVICES, WELFARE REFORM AND BUSINESS DEVELOPMENT. LINC IS ALSO INVOLVED IN INITIATIVES TO PROVIDE EMPLOYMENT TO THOSE ON WELFARE, CREATE NEW BUSINESS IN THE CENTRAL CITY, IMPROVE THE DELIVERY OF HUMAN SERVICES AND HELP IMPROVE THE LIVES OF FAMILIES AND CHILDREN.

LINC ALSO IS THE COMMUNITY PARTNERSHIP SELECTED BY THE STATE OF MISSOURI TO ADMINISTER THE "CARING COMMUNITIES" FUND CREATED BY EIGHT STATE DEPARTMENTS--SOCIAL SERVICES, MENTAL HEALTH, HEALTH, LABOR, PUBLIC SAFETY, EDUCATION, CORRECTIONS, AND ECONOMIC DEVELOPMENT--TO SUPPORT AND DEVELOP SCHOOL LINKED, NEIGHBORHOOD-BASED SERVICES. THE FUND WILL BE USED TO SUPPORT SERVICES AT SELECTED SCHOOL WHERE INTEREST IS SHOWN BY PARENTS, NEIGHBORS, AND THE SCHOOL PRINCIPAL. THE EFFORT INVOLVES 67 SCHOOLS IN FIVE SCHOOL DISTRICTS. THE SCHOOL-LINKED SERVICES ARE PART OF A LARGER EFFORT TO DEVELOP COMPREHENSIVE INTEGRATED NEIGHBORHOOD SERVICES THROUGH NEIGHBORHOOD INVOLVEMENT, PROFESSIONAL DEVELOPMENT AND CHANGE MANAGEMENT. SEE WWW.KCLINC.ORG FOR MORE INFORMATION.



FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
COMPREHENSIVE NEIGHBORHOOD SERVICES - FACILITATES PLANNING AND DEVELOPMENT PROCESS, IN COOPERATION WITH LOCAL SCHOOL DISTRICTS AND THE COMMUNITY, TO DELIVER MULTI-DISCIPLINARY SERVICES THROUGH NEIGHBORHOOD LINKAGES WITH LOCAL SCHOOLS.	837,911.	3,021,638.
EDUCARE IS DESIGNED TO ENHANCE THE EARLY CHILDHOOD DEVELOPMENT OF YOUNG CHILDREN. THE PROGRAM OFFERS TRAINING, EDUCATIONAL RESOURCES AND HOME VISITS TO FAMILY CARE PROVIDERS LOCATED IN JACKSON, CLAY AND PLATTE COUNTIES.	253,822.	376,696.
TITLE IV-E -FEDERAL GOV'T PROVIDES PARTIAL REIMBURSEMENT TO ORGANIZATIONS UNDER TITLE IV-E OF SOCIAL SECURITY ACT. THE STATE OF MISSOURI HAS AN AGREEMENT WITH LINC TO LOCALLY ADMINISTER THE STATE'S TITLE IV-E CLAIMING PROCESS.		288,926.
WELFARE-TO-WORK - LINC IS RESPONSIBLE FOR SERVING UNEMPLOYED AND UNDEREMPLOYED ADULTS BY DEVELOPING, PLANNING, CONTRACTING AND MONITORING THE COMMUNITY-BASED WELFARE-TO-WORK SYSTEM. THE SYSTEM FOCUSES ON JOB RETENTION ISSUES AFFECTING EMPLOYMENT INCLUDING: CHILD CARE, JOB READINESS, PERSONAL SKILLS, EMPLOYER TRAINING & PUBLIC TRANSPORTATION.	529,895.	934,024.
 TOTAL	 ----- 1,621,628. =====	 ----- 4,621,284. =====

FORM 990, PART III - OTHER PROGRAM SERVICES  
 =====

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
BEFORE AND AFTER SCHOOL CARE PROGRAM- THIS PROGRAM IS DESIGNED TO IMPROVE EDUCATIONAL OUTCOMES AND SOCIETAL BENEFITS. FIFTY-THREE SCHOOLS LOCATED IN KANSAS CITY, MISSOURI SCHOOL DISTRICTS WERE PARTICIPATING IN THIS PROGRAM.	4,450,382.	7,154,792.
EARLY CHILDHOOD- THIS PROGRAM PROVIDES TECHNICAL ASSISTANCE TO AREA EARLY CHILDHOOD EDUCATION PROFESSIONALS, PROVIDES EXTENSIVE RESOURCES AND SUPPORT TO AREA CHILD CARE PROGRAMS, AND PROVIDES OTHER BENEFITS TO OTHER CHILD CARE CENTERS AND DAY CARE HOMES THAT ARE WORKING TO IMPROVE QUALITY CHILD CARE AND SEEK ACCREDITATION AS THEY KEEP THEIR FEES AFFORDABLE.	122,545.	455,838.
DATA AND EVALUATION AND OTHER PROGRAMS- THESE INCLUDE VARIOUS PROGRAMS SUCH AS LINC MIS, COMMUNICATIONS AND FINANCE COSTS FOR DATA AND RESEARCH PROJECTS THAT SUPPORT LINC'S INFORMATION INFRASTRUCTURE.	735,399.	2,376,775.
TOTALS	----- 5,308,326. =====	----- 9,987,405. =====

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
EMPLOYEE ADVANCES	450.	9,653.
VENDOR DEPOSITS	51,308.	144,581.
PREPAID RENT	3,361.	NONE
	-----	-----
TOTALS	55,119.	154,234.
	=====	=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LONDON ROWLAND 920 MAIN, 21ST FLOOR KANSAS CITY, MO 64105	CHAIRMAN AS REQ	NONE	NONE	NONE
JOHN (JACK) C. CRAFT CRAFT FRIDKIN & RHYME 4435 MAIN STREET KANSAS CITY, MO 64111	COMMISSIONER AS REQ	NONE	NONE	NONE
SUELLEN FRIED 4003 HOMESTEAD DRIVE SHAWNEE MISSION, KS 66208	COMMISSIONER AS REQ	NONE	NONE	NONE
BERT BERKLEY TENSION ENVELOPE CORP 819 EAST 19TH KANSAS CITY, MO 64108	VICE CHAIRMAN AS REQ	NONE	NONE	NONE
ROBERT GLASER 5300 NE NORTHGATE CROSSING LEE'S SUMMIT, MO 64064	COMMISSIONER AS REQ	NONE	NONE	NONE
ANITA GORMAN 917 NE VIVION ROAD KANSAS CITY, MO 64118	COMMISSIONER AS REQ	NONE	NONE	NONE
BART HAKAN 221 WEST 53RD TERRACE KANSAS CITY, MO 64112	COMMISSIONER AS REQ	NONE	NONE	NONE
ADELE HALL	COMMISSIONER AS REQ	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
5801 OAKWOOD ROAD SHAWNEE MISSION, KS 66208				
JUDY HUNT 6526 RAINBOW SHAWNEE MISSION, KS 66208	COMMISSIONER AS REQ	NONE	NONE	NONE
JAN KREAMER GREATER KANSAS CITY COMMUNITY FNDTN 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	COMMISSIONER AS REQ	NONE	NONE	NONE
RICHARD MORRIS 14061 RILEY ST., #2408 OVERLAND PARK, KS 66223	COMMISSIONER AS REQ	NONE	NONE	NONE
MARGIE PELTIER 2914 EAST 55TH STREET KANSAS CITY, MO 64130	COMMISSIONER AS REQ	NONE	NONE	NONE
OSCAR PINSKER 75 LEMANS PRAIRIE VILLAGE, KS 66208	COMMISSIONER AS REQ	NONE	NONE	NONE
SUSAN RAMIREZ 911 EAST 79 TERR. KANSAS CITY, MO 64131	COMMISSIONER AS REQ	NONE	NONE	NONE
DAVID ROSS BANK OF AMERICA P.O. BOX 419119 KANSAS CITY, MO 64105	COMMISSIONER AS REQ	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
GENE STANDIFER 1317 EAST 28TH STREET KANSAS CITY, MO 64109-1213	COMMISSIONER AS REQ	NONE	NONE	NONE
BARRY WILKINSON 2408 SW WINTERGREEN COURT LEE'S SUMMIT, MO 64081	COMMISSIONER AS REQ	NONE	NONE	NONE
HERMAN JOHNSON HERMAN JOHNSON COMPANY 912 BALTIMORE, #510 KANSAS CITY, MO 64105	VICE CHAIRMAN AS REQ	NONE	NONE	NONE
DENISE JORDON THE KANSAS CITY GLOBE 615 EAST 29TH STREET KANSAS CITY, MO 64109	COMMISSIONER AS REQ	NONE	NONE	NONE
ROSEMARY SMITH LOWE SANTA FE NEIGHBORHOOD ASSN 3232 E. 29TH STREET KANSAS CITY, MO 64128	VICE CHAIRMAN AS REQ	NONE	NONE	NONE
KAY BARNES MAYOR 414 E. 12TH STREET, 29TH FLOOR KANSAS CITY, MO 64106	COMMISSIONER EX OFFICIO	NONE	NONE	NONE
FRANK SALIZZONI 5720 OAKWOOD SHAWNEE MISSION, KS 66208	COMMISSIONER AS REQ	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KATHERYN SHIELDS JACKSON COUNTY EXECUTIVE 415 E. 12TH STREET STE 200 KANSAS CITY, MO 64106	COMMISSIONER EX OFFICIO	NONE	NONE	NONE
CANDACE CHEATEM 3100 BROADWAY, STE 226 KANSAS CITY, MO 64111	DEPUTY DIRECTOR FULL-TIME	71,406.	6,784.	NONE
BRENT SCHONDELMEYER 3100 BROADWAY, STE 226 KANSAS CITY, MO 64111	DIR OF COMMUNICATION FULL-TIME	68,141.	6,473.	NONE
BILL BROWN FANNIE MAE PARTNERSHIP OFFICE 4435 MAIN, SUITE 910 KANSAS CITY, MO 64111	COMMISSIONER AS REQ	NONE	NONE	NONE
STEVE DUNN JE DUNN CONSTRUCTION CO 929 HOLMES KANSAS CITY, MO 64106	COMMISSIONER AS REQ	NONE	NONE	NONE
JOHN RICH 3100 BROADWAY, SUITE 226 KANSAS CITY, MO 64111	DIR OF OPERATIONS FULL-TIME	68,245.	6,483.	NONE
BRIDGETTE WILLIAMS LABOR MGMT COUNCIL OF KC 6301 ROCKHILL ROAD, #106 KANSAS CITY, MO 64131	COMMISSIONER AS REQ	NONE	NONE	NONE





SCHEDULE A, PART III - EXPLANATION FOR LINE 4

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GREATER K.C. LINC DISTRIBUTED DIRECTLY FEDERAL TITLE IV-E FUNDS TO QUALIFIED 501(C)(3) ORGANIZATIONS THAT APPLIED TO BE SUB-RECIPIENTS OF THE FUNDS AND MET THE CRITERIA OF THE PROGRAM. THE STATE OF MISSOURI HAD AN AGREEMENT WITH LINC TO ADMINISTER THE STATE'S TITLE IV-E CLAIMING PROCESS. THE FUNDING FOR THIS PROGRAM WAS SUSPENDED EFFECTIVE 6/30/1999.

SCHEDULE A, PART IV-A - OTHER INCOME

=====

DESCRIPTION -----	2000 ----	1999 ----	1998 ----	1997 ----	TOTAL -----
OTHER INCOME	24,728.	36,031.	27,027.	12,967.	100,753.
TOTALS	----- 24,728.	----- 36,031.	----- 27,027.	----- 12,967.	----- 100,753.
	=====	=====	=====	=====	=====

SCHEDULE A, PART VI-B - MAILINGS TO MEMBERS

=====

DE MINIMIS COSTS OF INFREQUENT COMMUNICATIONS WITH PUBLIC OFFICIALS.

SCHEDULE A, PART VI-B - DIRECT CONTACT WITH LEGISLATORS

=====

DE MINIMIS COSTS OF INFREQUENT COMMUNICATIONS WITH PUBLIC OFFICIALS.

**Depreciation and Amortization  
 (Including Information on Listed Property)**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Identifying number

**GREATER K.C. LINC, INC.**

**43-1676730**

Business or activity to which this form relates

**GENERAL DEPRECIATION**

**Part I Election To Expense Certain Tangible Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses . . . . .	1	
2	Total cost of section 179 property placed in service (see page 3 of the instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2002. Add lines 9 and 10, less line 12 . . . . . ▶	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see page 3 of the instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions) . . . . .	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2001 . . . . .	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See page 6 of the instructions.)**

21	Listed property. Enter amount from line 28 . . . . .	21	<b>4,607.</b>
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. . . . .	22	<b>4,607.</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See page 8 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes X No 24b If "Yes," is the evidence written? Yes X No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use (see page 7 of the instructions) 25
26 Property used more than 50% in a qualified business use (see page 7 of the instructions): SEE LISTED PROPERTY DETAIL
27 Property used 50% or less in a qualified business use (see page 7 of the instructions): S/L -
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 4,607.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles - see page 2 of the instructions) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2001 tax year (see page 9 of the instructions):
43 Amortization of costs that began before your 2001 tax year 43
44 Total. Add amounts in column (f). See page 9 of the instructions for where to report 44



FEDERAL FOOTNOTES

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FORM 990, PART IV, QUESTION 57

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	COST	A/D
	-----	-----
EQUIPMENT	283,424	(174,473)
FURNITURE & FIXTURES	208,221	(100,771)
SOFTWARE	179,811	(86,574)
COMPUTERS	660,569	(528,484)
VEHICLES	23,574	(20,011)
BUILDING IMPROVEMENT	53,022	(6,243)
	-----	-----
TOTALS	1,408,621	(916,556)