

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

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 2003 calendar year, or tax year beginning 07/01, 2003, and ending 06/30/2004

B Check if applicable:
Address change
Name change
Initial return
Final return
Amended return
Application pending

C Name of organization
GREATER K. C. LINC, INC.
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3100 BROADWAY 1100
City or town, state or country, and ZIP + 4
KANSAS CITY, MO 64111-2425

D Employer identification number
43-1676730
E Telephone number
(816) 889-5050
F Accounting method: Cash [] Accrual [X] Other (specify) []

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

G Website: WWW.KCLINC.ORG
J Organization type (check only one) [X] 501(c) (3) (insert no.) 4947(a)(1) or 527

H(a) Is this a group return for affiliates? Yes [] No [X]

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes [] No []

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X]

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Group Exemption Number

M Check [] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 12,195,731.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Rows include Contributions (1), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-c), Other investment income (7), Gross amount from sales of assets (8a-c), Special events (9a-c), Gross sales of inventory (10a-c), 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), 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 page 22 of the instructions.)

Table with 5 columns: Description, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include Grants and allocations, Compensation of officers, directors, etc., Other salaries and wages, Pension plan contributions, etc., Total functional expenses.

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 [X] 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 page 25 of the instructions.)

What is the organization's primary exempt purpose? [] STMT 7

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

Table with 2 columns: Description, Program Service Expenses. Rows include Other program services and Total of Program Service Expenses.

Part IV Balance Sheets (See page 25 of the instructions.)

| | | (A) Beginning of year | | (B) End of year | |
|---|--|--|-------------|--------------------|-------------|
| Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. | | | | | |
| Assets | 45 Cash - non-interest-bearing | | 45 | | |
| | 46 Savings and temporary cash investments | 9,713,703. | 46 | 10,094,592. | |
| | 47a Accounts receivable | 47a 1,076,712. | | | |
| | b Less: allowance for doubtful accounts | 47b 532,860. | 722,407. | 47c 543,852. | |
| | 48a Pledges receivable | 48a 166,666. | | | |
| | b Less: allowance for doubtful accounts | 48b | 333,333. | 48c 166,666. | |
| | 49 Grants receivable | | 49 | | |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | | |
| | 51a Other notes and loans receivable (attach schedule) | 51a | | | |
| | b Less: allowance for doubtful accounts | 51b | | 51c | |
| | 52 Inventories for sale or use | | 52 | | |
| | 53 Prepaid expenses and deferred charges | STMT. 11 | 159,185. | 53 | 123,931. |
| | 54 Investments - securities (attach schedule) | ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54 | |
| | 55a Investments - land, buildings, and equipment: basis | 55a | | | |
| | b Less: accumulated depreciation (attach schedule) | 55b | | 55c | |
| 56 Investments - other (attach schedule) | | 56 | | | |
| 57a Land, buildings, and equipment: basis | 57a 1,492,877. | | | | |
| b Less: accumulated depreciation (attach schedule) | 57b 1,256,615. | 331,403. | 57c | 236,262. | |
| 58 Other assets (describe ▶ _____) | | | 58 | | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | | 11,260,031. | 59 | 11,165,303. | |
| Liabilities | 60 Accounts payable and accrued expenses | 3,177,973. | 60 | 2,565,866. | |
| | 61 Grants payable | | 61 | | |
| | 62 Deferred revenue | | 62 | | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | | |
| | 64a Tax-exempt bond liabilities (attach schedule) | | 64a | | |
| | b Mortgages and other notes payable (attach schedule) | | 64b | | |
| | 65 Other liabilities (describe ▶ _____) | | 65 | | |
| 66 Total liabilities (add lines 60 through 65) | | 3,177,973. | 66 | 2,565,866. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | | |
| | 67 Unrestricted | 5,691,901. | 67 | 5,723,091. | |
| | 68 Temporarily restricted | 2,390,157. | 68 | 2,876,346. | |
| | 69 Permanently restricted | | 69 | | |
| | Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74. | | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | | |
| | 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) | | 8,082,058. | 73 | 8,599,437. |
| | 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | | 11,260,031. | 74 | 11,165,303. |

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

| | |
|---|----------------------|
| a Total revenue, gains, and other support per audited financial statements . . . ▶ | a 12,198,346. |
| b Amounts included on line a but not on line 12, Form 990: | |
| (1) Net unrealized gains on investments . . . \$ 2,615. | |
| (2) Donated services and use of facilities \$ | |
| (3) Recoveries of prior year grants \$ | |
| (4) Other (specify): _____ \$ | |
| Add amounts on lines (1) through (4) ▶ | b 2,615. |
| c Line a minus line b ▶ | c 12,195,731. |
| d Amounts included on line 12, Form 990 but not on line a: | |
| (1) Investment expenses not included on line 6b, Form 990 . . . \$ | |
| (2) Other (specify): _____ \$ | |
| Add amounts on lines (1) and (2) . . ▶ | d |
| e Total revenue per line 12, Form 990 (line c plus line d) ▶ | e 12,195,731. |

| | |
|--|----------------------|
| a Total expenses and losses per audited financial statements ▶ | a 11,680,967. |
| b Amounts included on line a but not on line 17, Form 990: | |
| (1) Donated services and use of facilities \$ | |
| (2) Prior year adjustments reported on line 20, Form 990 \$ | |
| (3) Losses reported on line 20, Form 990 \$ | |
| (4) Other (specify): _____ \$ | |
| Add amounts on lines (1) through (4) . . ▶ | b |
| c Line a minus line b ▶ | c 11,680,967. |
| d Amounts included on line 17, Form 990 but not on line a: | |
| (1) Investment expenses not included on line 6b, Form 990 . . . \$ | |
| (2) Other (specify): _____ \$ | |
| Add amounts on lines (1) and (2) . . ▶ | d |
| e Total expenses per line 17, Form 990 (line c plus line d) ▶ | e 11,680,967. |

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|----------------------|--|---|---|--|
| SEE STATEMENT 17 | | 352,975. | 68,533. | NONE |
| | | | | |
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule - see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 76 through 92 regarding organizational activities, expenditures, and tax information.

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

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 | |
| 93 Program service revenue: | | | | | |
| a STATE ASSISTANCE | | | | | 175,824. |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | 14 | 80,588. | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: a | | | | | |
| b OTHER REVENUE | | | | | 90,668. |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 80,588. | 266,492. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 347,080. |

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 page 34 of the instructions.)

| 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). |
|----------|---|
| 93A | STATE PROVIDED SALARIES, SUPPLIES, AND RENTS WHICH HELP SERVE THE NEEDS OF GREATER K.C. LINC, INC. |
| 103B | VENDOR REBATES AND OTHER EXEMPT FUNCTION INCOME. |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

| (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 |
|--|---|-----------------------------|---------------------|---------------------------|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(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).

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.

Please Sign Here

Signature of officer: _____ Date: _____

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: Preparer's SSN or PTIN (See Gen. Inst. W): _____

Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **BKD, LLP**
120 WEST 12TH STREET, SUITE 1200
KANSAS CITY, MO 64105-1936

EIN: **44-0160260**

Phone no.: **816 221-6300**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.)

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

OMB No. 1545-0047

2003

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, SUITE 1100 KANSAS CITY, MO 64111 | DATA EVALUATION MNGR 40 HOURS | 57,762. | 4,332. | NONE |
| MARK GUNTER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111 | CONTROLLER 40 HOURS | 55,078. | 5,232. | NONE |
| DAVID BUCK 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111 | COMMUNICATIONS 40 HOURS | 60,000. | 5,700. | 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 25 PHEASANT HILL ROAD, SALEM, CT 06420 | SOFTWARE SUPPORT | 117,473. |
| MIDWEST CENTER FOR NON PROFIT LEADERSHIP 4747 TROOST #207, KANSAS CITY, MO 64110 | TRAINING | 57,420. |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ▶ | NONE | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

JSA

| 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 a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) | | 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? | | X |
| b | Lending of money or other extension of credit? | | X |
| c | Furnishing of goods, services, or facilities? | | X |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | X | |
| e | Transfer of any part of its income or assets? | | X |
| 3a | Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) | | X |
| b | Do you have a section 403(b) annuity plan for your employees? | | X |
| 4 | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | | X |

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 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.)

| (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 for years (a) 2002, (b) 2001, (c) 2000, (d) 1999, and (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; 21 Value of services or facilities furnished; 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.

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) NOT APPLICABLE

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

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.

| Limits on Lobbying Expenditures | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|---|-----------------------------------|---|
| (The term "expenditures" means amounts paid or incurred.) | | | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 | Other exempt purpose expenditures | 39 | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 | 41 | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | |

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.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots nontaxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities **NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|----------|----------|--------|
| a Volunteers | | X | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | | X | |
| c Media advertisements | | X | |
| d Mailings to members, legislators, or the public STMT 20. | X | | |
| e Publications, or published or broadcast statements | | X | |
| f Grants to other organizations for lobbying purposes | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body STMT 21. | X | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | X | |
| 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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

| | Yes | No |
|--|-----|----|
|--|-----|----|

- (i) Cash **51a(i)** Yes No
- (ii) Other assets **a(ii)** Yes No

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization **b(i)** Yes No
- (ii) Purchases of assets from a noncharitable exempt organization **b(ii)** Yes No
- (iii) Rental of facilities, equipment, or other assets **b(iii)** Yes No
- (iv) Reimbursement arrangements **b(iv)** Yes No
- (v) Loans or loan guarantees **b(v)** Yes No
- (vi) Performance of services or membership or fundraising solicitations **b(vi)** Yes No

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees **c** Yes No

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-----------------|------------------------|--|---|
| N/A | | | |
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52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|-----------------------------|-----------------------------|------------------------------------|
| N/A | | |
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FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
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| DESCRIPTION | AMOUNT |
|---------------------------------|-----------------|
| ----- | ----- |
| UNREALIZED GAINS ON INVESTMENTS | 2,615. |
| TOTAL | ----- 2,615. |
| | ===== |

FORM 990, PART II - OTHER EXPENSES

=====

| DESCRIPTION ----- | TOTAL ----- | PROGRAM SERVICES ----- | MANAGEMENT AND GENERAL ----- | FUNDRAISING ----- |
|--------------------------------|----------------|------------------------------|------------------------------------|----------------------|
| ADMINISTRATIVE FEES | 138,040. | 138,040. | | |
| PURCHASED PROFESSIONAL SERVICE | 302,699. | 280,396. | 22,303. | |
| TRAVEL AND MILEAGE | 47,611. | 24,017. | 23,594. | |
| COMMUNICATION EQUIPMENT | 31,374. | 24,143. | 7,231. | |
| EQUIPMENT | 324,260. | 238,080. | 86,180. | |
| EVENTS & FACILITATION SERVICES | 162,310. | 90,382. | 68,849. | 3,079. |
| REFERENCE MATERIALS | 2,365. | 1,260. | 1,105. | |
| INSURANCE | 130,198. | 63,383. | 66,815. | |
| MARKETING | 50,145. | 50,365. | -220. | |
| BAD DEBT | -123. | -123. | | |
| OTHER | 29,194. | 273. | 28,921. | |
| GRANTS, STIPENDS & SCHOLARSHIP | 26,913. | 26,838. | 75. | |
| | ----- | ----- | ----- | ----- |
| TOTALS | 1,244,986. | 937,054. | 304,853. | 3,079. |
| | ===== | ===== | ===== | ===== |

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

GREATER K.C. LINC, INC. (LOCAL INVESTMENT COMMISSION) IS A CITIZEN-DRIVEN COMMUNITY COLLABORATIVE INVOLVING EFFORTS BY THE STATE OF MISSOURI TO WORK WITH NEIGHBORHOOD LEADERS, AS WELL AS OTHER 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.

LINC WORKS TO CREATE BETTER COMMUNITIES BY BUILDING STRONGER FAMILIES, STRONGER SCHOOLS AND STRONG NEIGHBORHOODS. LINC MAXIMIZES RESOURCES BY COLLABORATIVE PLANNING, LEVERAGING IN-KIND SERVICES IN LOW-INCOME NEIGHBORHOODS, AND THROUGH THE USE OF INFORMATION TECHNOLOGIES TO SUPPORT DECISION-MAKING, PLANNING AND SERVICE DELIVERY.

LINC 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 AREA'S "CARING COMMUNITIES" FUND, AN INITIATIVE 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 IS USED TO SUPPORT SERVICES AT SELECTED SCHOOLS WHERE INTEREST IS SHOWN BY PARENTS, NEIGHBORS, AND THE SCHOOL PRINCIPAL. THE EFFORT INVOLVES 65 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 - OTHER PROGRAM SERVICES
 =====

| DESCRIPTION ----- | GRANTS AND ALLOCATIONS ----- | EXPENSES ----- |
|---|------------------------------------|-------------------|
| <p>CARING COMMUNITIES -- LINC PROVIDES SUPPORT FOR SCHOOL AND NEIGHBORHOOD SERVICES IN MULTIPLE SCHOOL DISTRICTS. MAJOR EFFORTS INCLUDE (A) OPERATING AN OUT-OF-SCHOOL PROGRAM IN KANSAS CITY, MO SCHOOL DISTRICT, (B) IMPLEMENTING THE FEDERAL 21ST CENTURY COMMUNITY LEARNING CENTER GRANT, AND (C) OPERATING THE AREA'S COMMUNITY PARTNERSHIP INITIATIVE. OTHER SMALLER, SIMILAR PROGRAMS ARE ALSO INCLUDED IN THE CATEGORY. IN TOTAL AT JUNE 30, 2004 THERE WERE 65 CARING COMMUNITY SITES. IN EXCESS OF 5,300 PEOPLE ARE SERVED. ADDITIONALLY, 5,900 CHILDREN ARE ENROLLED IN THE OUT-OF-SCHOOL PROGRAM.</p> | <p>4,972,224.</p> | <p>8,465,894.</p> |
| <p>EDUCARE -- THIS PROGRAM IS DESIGNED TO ENHANCE THE EARLY CHILDHOOD DEVELOPMENT OF CHILDREN BETWEEN THE AGES OF ZERO TO THREE YEARS OLD. THE PROGRAM OFFERS TRAINING, EDUCATIONAL RESOURCES AND HOME VISITS TO FAMILY CARE PROVIDERS LOCATED IN JACKSON, CLAY AND PLATTE COUNTY, MISSOURI, AND ADDRESS CORE COMPETENCIES FOR EARLY CARE AND EDUCATION PROFESSIONALS. IN EXCESS OF 8,600 PEOPLE ARE SERVED.</p> | <p>217,153.</p> | <p>361,991.</p> |
| <p>EARLY CHILDHOOD -- COLLABORATING WITH MANY COMMUNITY PARTNERS, THIS INITIATIVE IS DESIGNED TO INCREASE THE QUALITY AND AVAILABILITY OF CHILD CARE WITHIN THE URBAN CORE BY PROVIDING (A) TECHNICAL ASSISTANCE TO AREA EARLY EDUCATION PROFESSIONALS, (B) EXTENSIVE</p> | <p>330,759.</p> | <p>346,399.</p> |

FORM 990, PART III - OTHER PROGRAM SERVICES

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| DESCRIPTION ----- | GRANTS AND ALLOCATIONS ----- | EXPENSES ----- |
|--|------------------------------------|-------------------|
| <p>RESOURCES AND SUPPORT TO AREA CHILD CARE PROGRAMS THAT ARE WORKING TO ACHIEVE NATIONAL ACCREDITATION, AND (C) OTHER BENEFITS TO CHILD CARE CENTERS WORKING TO IMPROVE QUALITY CHILD CARE AS THEY STAY AFFORDABLE. ONE ELEMENT OF THIS INITIATIVE REWARDS EARLY EDUCATION TEACHERS FOR PROFESSIONAL DEVELOPMENT THROUGH WAGE INCREASES AND OTHER INCENTIVES TO ATTRACT AND RETAIN QUALIFIED STAFF AS WELL.</p> | | |
| <p>CHILD WELFARE --</p> <p>THIS PROGRAM EFFORT IMPROVES OUTCOMES FOR (AND EXTENDS SERVICES TO) AT-RISK FAMILIES, PARTICULARLY THOSE AT RISK FOR CHILD ABUSE AND NEGLECT. LINC IS ACTIVELY INVOLVED IN ADDRESSING COMMUNITY CHILD WELFARE ISSUES. THESE EFFORTS INCLUDE COORDINATING A REGIONAL EFFORT TO WORK WITH TEENAGE FOSTER CHILDREN WHO ARE LEAVING THE SYSTEM, ENHANCING COMMUNITY AWARENESS & TRAINING, AND DEVELOPING DATA SYSTEMS TO SUPPORT BETTER SERVICE DELIVERY BY THE STATE CHILD WELFARE AGENCY.</p> | 98,394. | 197,334. |
| <p>WELFARE-TO-WORK INITIATIVES --</p> <p>UNDER THE WELFARE-TO-WORK PROGRAM, LINC IS RESPONSIBLE FOR SERVING THE UNEMPLOYED AND UNDER-EMPLOYED ADULTS IN KANSAS CITY AND JACKSON COUNTY, MISSOURI BY DEVELOPING, PLANNING, CONTRACTING AND MONITORING COMMUNITY-BASED WELFARE-TO-WORK SYSTEMS. THEY SYSTEM FOCUSES ON JOB RETENTION ISSUES INLCUDING: CHILD CARE, JOB READINESS, PERSONAL SKILLS, EMPLOYER TRAINING AND PUBLIC</p> | 67,630. | 172,585. |

FORM 990, PART III - OTHER PROGRAM SERVICES

=====

| DESCRIPTION ----- | GRANTS AND ALLOCATIONS ----- | EXPENSES ----- |
|---|------------------------------------|-------------------------------|
| TRANSPORTATION. | | |
| DATA -- | NONE | 976,434. |
| LINC DATA AND RESEARCH INITIATIVES SUPPORT PLANNING AND SERVICE DELIVERY, PROMOTE ACCOUNTABILITY, AND ASSIST VOLUNTEERS IN MONITORING OUTCOMES. LINC MAINTAINS A CURRENT DATABASE OF ASSISTED FAMILIES AND INDIVIDUALS, AND PROVIDES OTHER DATA SUPPORT. THE RESULT IS A SYSTEM WHICH PROVIDES INCREASINGLY ACCURATE AND USEFUL APPLICATIONS USED INTERNALLY AS WELL AS OUTSIDE OF LINC. OTHER FUNDING IN THIS CATEGORY SUPPORTS PART OF LINC'S ACCOUNTING AND TECHNOLOGY INFRASTRUCTURE. | | |
| OTHER INITIATIVES -- | 80,027. | 288,784. |
| THIS CATEGORY IS COMPOSED OF MULTIPLE SMALLER INITIATIVES THAT REPRESENT LINC TAKING ADVANTAGE OF UNIQUE REGIONAL OPPORTUNITIES FOR THE UNDER- SERVED POPULATION. THESE INITIATIVES SUPPORT HEALTH, EDUCATION AND FAMILY STABILITY. | | |
| TOTALS | ----- 5,766,187. ===== | ----- 10,809,421. ===== |

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

| DESCRIPTION | ENDING BOOK VALUE |
|-------------------|----------------------------|
| ----- | ----- |
| EMPLOYEE ADVANCES | NONE |
| VENDOR DEPOSITS | -443. |
| PREPAID RENT | 124,374. |
| TOTALS | ----- 123,931. ===== |

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 ----- |
|--|--|-----------------------|--|--|
| LANDON ROWLAND EVER GLADES FINANCIAL 920 MAIN, SUITE 204 KANSAS CITY, MO 64105 | CHAIRMAN AS NEEDED | NONE | NONE | NONE |
| JOHN (JACK) C. CRAFT CRAFT FRIDKIN SHAFFER & RHYNE 4435 MAIN STREET KANSAS CITY, MO 64111 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| SUELLEN FRIED 4003 HOMESTEAD DRIVE SHAWNEE MISSION, KS 66208 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| BERT BERKLEY TENSION ENVELOPE CORP 819 EAST 19TH ST KANSAS CITY, MO 64108 | VICE CHAIRMAN AS NEEDED | NONE | NONE | NONE |
| ROBERT GLASER HEART OF AMERICA UNITED WAY 5300 NE NORTHGATE CROSSING LEE'S SUMMIT, MO 64064 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| ANITA GORMAN 917 NE VIVION ROAD KANSAS CITY, MO 64118 | COMMISSIONER 40 HOURS | NONE | NONE | NONE |
| BART HAKAN 221 WEST 53RD TERRACE KANSAS CITY, MO 64112 | COMMISSIONER AS NEEDED | 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 |
|---|------------------------------------|--------------|---|-----------------------------------|
| ADELE HALL 5801 OAKWOOD ROAD SHAWNEE MISSION, KS 66208 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| JUDY HUNT 6526 RAINBOW SHAWNEE MISSION, KS 66208 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| JAN KREAMER GREATER KANSAS CITY COMM FOUNDATION 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| RICHARD MORRIS 14061 RILEY ST., #2408 OVERLAND PARK, KS 66223 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| MARGIE PELTIER 2914 EAST 55TH STREET KANSAS CITY, MO 64130 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| OSCAR PINSKER 75 LEMANS PRAIRIE VILLAGE, KS 66208 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| DAVID ROCK 2521 S. MOHICAN AVENUE INDEPENDENCE, MO 64057 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| GENE STANDIFER 1317 EAST 28TH STREET | COMMISSIONER AS NEEDED | 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 |
|---|------------------------------------|--------------|---|-----------------------------------|
| KANSAS CITY, MO 64109-1213 | | | | |
| BARRY WILKINSON 2408 SW WINTERGREEN COURT LEE'S SUMMIT, MO 64081 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| DENISE JORDON THE KANSAS CITY GLOBE 615 EAST 29TH STREET KANSAS CITY, MO 64109 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| ROSEMARY SMITH LOWE SANTA FE NEIGHBORHOOD ASSN 3232 E. 29TH STREET KANSAS CITY, MO 64128 | VICE CHAIRMAN AS NEEDED | 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 NEEDED | NONE | NONE | NONE |
| 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 1100 | DEPUTY DIRECTOR 40 HOURS | 71,406. | 6,784. | 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 |
|--|------------------------------------|--------------|---|-----------------------------------|
| KANSAS CITY, MO 64111 | | | | |
| BRENT SCHONDELMEYER 3100 BROADWAY, STE 1100 KANSAS CITY, MO 64111 | DIR OF COMMUNICATION 40 HOURS | 68,141. | 6,473. | NONE |
| JOHN RICH 3100 BROADWAY, STE 1100 KANSAS CITY, MO 64111 | DIR OF OPERATIONS 40 HOURS | 68,245. | 6,483. | NONE |
| GAYLE HOBBS SEE ATTACHED STATEMENT 3100 BROADWAY, STE 1100 KANSAS CITY, MO 64111 | PRESIDENT 40 HOURS | 106,683. | 45,135. | NONE |
| DAVID ROSS DAVID P ROSS, LLC P.O. BOX 419119 KANSAS CITY, MO 64105 | TREASURER AS NEEDED | NONE | NONE | NONE |
| BILL BROWN FANNIE MAE PARTNERSHIP OFFICE 4435 MAIN, SUITE 910 KANSAS CITY, MO 64111 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| STEVE DUNN JE DUNN CONSTRUCTION CO 929 HOLMES KANSAS CITY, MO 64106 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| BRIDGETTE WILLIAMS KANSAS CITY AFL-CIO | COMMISSIONER AS NEEDED | 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 |
|---|------------------------------------|--------------|---|-----------------------------------|
| 6301 ROCKHILL ROAD, #106 KANSAS CITY, MO 64131 | | | | |
| SHARON CHEERS P.O. BOX 32076 KANSAS CITY, MO 64171 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| RANDALL FERGUSON GREATER KC CHAMBER OF COMMERCE 5433 NORTHGATE CROSSING LEE'S SUMMIT, MO 64064 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| HERB FREEMAN 14493 WEST 139TH STREET OLATHE, KS 66062 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| RICHARD HIBSCHMAN PEMBROKE HILL SCHOOL 400 WEST 151ST STREET KANSAS CITY, MO 64112 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| MARY KAY MCPHEE 4740 ROANOKE PKWY, APT 1005 KANSAS CITY, MO 64112 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| CARSON ROSS 3305 PARK LANE BLUE SPRINGS, MO 64015 | COMMISSIONER AS NEEDED | NONE | NONE | NONE |
| BAILUS TATE GKC BLACK ECONOMIC UNION 5410 OSAGE AVENUE | COMMISSIONER AS NEEDED | 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 |
|--|---------------------------------------|--------------|---|---|
| KANSAS CITY, MO 64133 | | | | |
| ROBIN GIERER 3100 BROADWAY, STE 1100 KANSAS CITY, MO 64111 | CHIEF FIN. OFFICER 40 HOURS | 38,500. | 3,658. | NONE |
| | GRAND TOTALS | 352,975. | 68,533. | NONE |

SCHEDULE A, PART IV-A - OTHER INCOME

=====

| DESCRIPTION ----- | 2002 ---- | 2001 ---- | 2000 ---- | 1999 ---- | TOTAL ----- |
|----------------------|--------------|--------------|--------------|--------------|----------------|
| OTHER INCOME | 28,790. | 8,819. | | | 37,609. |
| TOTALS | 28,790. | 8,819. | | | 37,609. |

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 10 OR 11

=====

(NOT OPEN TO PUBLIC INSPECTION)

| CONTRIBUTOR NAME ----- | TOTAL CONTRIBUTION ----- | MINUS 2% OF LINE 24 ----- | EXCESS CONTRIBUTION AMOUNT ----- |
|---------------------------|--------------------------------|---------------------------------|---|
| EXCESS CONTRIBUTIONS | 1,688,000. | 1,246,379. | 441,621. |
| TOTAL | 1,688,000. | | 441,621. |

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.

FEDERAL FOOTNOTES

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FORM 990, PART IV, QUESTION 57

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| | <u>COST</u> | <u>A/D</u> |
|----------------------|------------------|------------------|
| EQUIPMENT | 285,547 | 222,532 |
| FURNITURE & FIXTURES | 208,222 | 149,513 |
| SOFTWARE | 192,979 | 172,853 |
| COMPUTERS | 729,532 | 671,346 |
| VEHICLES | 23,574 | 23,574 |
| BUILDING IMPROVEMENT | 53,022 | 16,797 |
| TOTALS | <u>1,492,876</u> | <u>1,256,615</u> |

FEDERAL FOOTNOTES

=====

FORM 990, PART V, COLUMN (D), FOR GAYLE HOBBS

=====

| | |
|--|----------------|
| COMPENSATION EARNED IN CURRENT YEAR BUT NOT PAID | 35,000 |
| CURRENT YEAR CONTRIBUTIONS TO EMPLOYEE BENEFIT PLAN | <u>10,135</u> |
| TOTAL BENEFIT CONTRIBUTIONS AND DEFERRED COMP | <u>45,135</u> |
| | |
| CURRENT YEAR BASE COMPENSATION | 106,683 |
| COMPENSATION EARNED IN PRIOR YEARS BUT PAID IN CURRENT YEAR | <u>NONE</u> |
| TOTAL COMPENSATION PAYMENTS | <u>106,683</u> |