

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2007, or fiscal year beginning 07/01, 2007, and ending 06/30, 2008

2007

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Return ID (20-digit number) ▶ 4303252007123405N447

Name of exempt organization

GREATER KC LINC INC

Employer identification number

43-1676730

Name and title of officer

GAYLE HOBBS, PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b 16110730.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5) 4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BKD, LLP to enter my PIN

8	6	2	3	5
---	---	---	---	---

 as my signature

ERO firm name

do not enter all zeros

on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 05/15/2009

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

4	3	0	3	2	5	4	4	0	1	6
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

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 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable: Please use IRS label or print or type. See Specific Instructions. C Name of organization: GREATER KC LINC INC. 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.

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]

I Group Exemption Number

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

G Website: WWW.KCLINC.ORG

J Organization type (check only one) [X] 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 23,162,342.

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

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 16,110,730. Total expenses: 14,676,004. Net assets at end of year: 8,441,873.

For Privacy Act and 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 the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-39, 40-43, and 44 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 the instructions.)

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.

<p>What is the organization's primary exempt purpose? SEE STATEMENT 7</p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a</p> <p>----- ----- ----- ----- ----- ----- ----- -----</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>b</p> <p>----- ----- ----- ----- ----- ----- ----- -----</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>----- ----- ----- ----- ----- ----- ----- -----</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>----- ----- ----- ----- ----- ----- ----- -----</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) SEE STATEMENT 8 (Grants and allocations \$ <u>3,364,349.</u>) If this amount includes foreign grants, check here <input type="checkbox"/></p>	13,684,422.
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	13,684,422.

Part IV Balance Sheets (See the instructions.)

				(A)		(B)
				Beginning of year		End of year
Assets	45 Cash - non-interest-bearing				45	
	46 Savings and temporary cash investments			2,642,488.	46	3,064,916.
	47a Accounts receivable	47a	4,669,633.			
	b Less: allowance for doubtful accounts	47b	4,398,396.	179,361.	47c	271,237.
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	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			125,512.	53	116,160.
	54a Investments - publicly-traded securities <small>S,T,M,T</small> 1,2. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			6,627,339.	54a	6,827,919.
	b Investments - other securities (attach schedule)				54b	
	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	2,179,640.			
b Less: accumulated depreciation (attach schedule)	57b	1,555,232.	137,390.	57c	624,408.	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)				58		
59 Total assets (must equal line 74). Add lines 45 through 58			9,712,090.	59	10,904,640.	
Liabilities	60 Accounts payable and accrued expenses			1,895,300.	60	2,462,767.
	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 <input type="checkbox"/>)				65	
66 Total liabilities. Add lines 60 through 65			1,895,300.	66	2,462,767.	
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			5,508,128.	67	5,874,844.
	68 Temporarily restricted			2,308,662.	68	2,567,029.
	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 and column (B) must equal line 21)			7,816,790.	73	8,441,873.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73			9,712,090.	74	10,904,640.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	15,301,087.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	-809,643.
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4	b	-809,643.
c	Subtract line b from line a	c	16,110,730.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	16,110,730.

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

a	Total expenses and losses per audited financial statements	a	14,676,004.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	14,676,004.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	14,676,004.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
SEE STATEMENT 13		504,413.	36,916.	4,744.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** *(continued)*

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 29

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) **75b** Yes No

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." **75c** Yes No
If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy? **75d** Yes No

Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
-----	-0-	-0-	-0-	-0-

Part VI **Other Information** *(See the instructions.)*

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change **76** Yes No

77 Were any changes made in the organizing or governing documents but not reported to the IRS? **77** Yes No
If "Yes," attach a conformed copy of the changes.

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? **78a** Yes No

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** Yes No

80a 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** Yes No

b If "Yes," enter the name of the organization ► ----- and check whether it is exempt or nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.) **81a** NONE

b Did the organization file Form 1120-POL for this year? **81b** Yes No

Part VI Other Information (continued)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 82a through 91b regarding organizational activities, financials, and foreign accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If "Yes," enter the name of the foreign country _____

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 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					5,090.
b PARENT FEES					557,839.
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	441,585.	
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			18	7,166.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OTHER REVENUE					62,680.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				448,751.	625,609.
105 Total (add line 104, columns (B), (D), and (E))					1,074,360.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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).

▼ STMT 19

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No
N/A

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 <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no.
BKD, LLP		44-0160260	816 221-6300
120 WEST 12TH STREET, SUITE 1200			
KANSAS CITY, MO	64105-1936		

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 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

2007

Name of the organization

GREATER KC 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
SEE STATEMENT 20				

Total number of other employees paid over \$50,000 . . ▶ 5

Part II-A 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
SEE STATEMENT 21		

Total number of others receiving over \$50,000 for professional services ▶ NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other 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 a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 1,600. (Must equal amounts on line 38, Part VI-A, or line i of 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

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c N/A

d Enter the total number of donor advised funds owned at the end of the tax year NONE

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year NONE

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006, (b) 2005, (c) 2004, (d) 2003, (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; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The 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 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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.) ----- -----		
34 a	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 11 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

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
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	41	
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		
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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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	X		1,000.
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	X		600.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			1,600.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. **STMT 24**

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i)	Cash	51a(i)	X
(ii)	Other assets	a(ii)	X
b Other transactions:			
(i)	Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
(ii)	Purchases of assets from a noncharitable exempt organization	b(ii)	X
(iii)	Rental of facilities, equipment, or other assets	b(iii)	X
(iv)	Reimbursement arrangements	b(iv)	X
(v)	Loans or loan guarantees	b(v)	X
(vi)	Performance of services or membership or fundraising solicitations	b(vi)	X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		c	X

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			

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		

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

GREATER KC LINC INC

Employer identification number

43-1676730

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 boxes 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 2 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization GREATER KC LINC INC	Employer identification number 43-1676730
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____	\$ 396,266.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____	\$ 569,483.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____	\$ 62,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____	\$ 11,067,403.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____	\$ 328,238.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____	\$ 2,612,218.	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 **GREATER KC LINC INC**

Employer identification number

43-1676730

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	EQUIPMENT _____ _____ _____	\$ 569,483.	_____
5	FACILITIES AND OFFICE SUPPORT _____ _____ _____	\$ 328,238.	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

COMPENSATION FOR GAYLE HOBBS
FORM 990, PART V-A

COMPENSATION EARNED IN CURRENT YEAR BUT NOT PAID	49,450
CURRENT YEAR CONTRIBUTIONS TO EMPLOYEE BENEFIT PLAN	11,971

TOTAL BENEFIT CONTRIBUTIONS AND DEFERRED COMPENSATION	61,421
	=====
CURRENT YEAR BASE COMPENSATION	132,309
COMPENSATION EARNED IN PRIOR YEARS BUT PAID IN CURRENT YEAR	85,525

TOTAL COMPENSATION PAYMENTS	217,834
	=====

FORM 990 - GENERAL EXPLANATION ATTACHMENT

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FIXED ASSETS

FORM 990, PART II, LINE 42 & PART IV, LINE 57A & B

ASSET.....	COST.....	A/D.....	DEPRECIATION....
EQUIPMENT.....	337,863.....	278,515.....	16,503.....
FURNITURE & FIXTURES.....	220,789.....	203,618.....	746.....
SOFTWARE.....	350,132.....	231,325.....	31,482.....
COMPUTERS.....	1,108,314.....	764,867.....	116,409.....
VEHICLES.....	47,170.....	33,798.....	4,719.....
BUILDING IMPROVEMENT.....	115,372.....	43,109.....	7,227.....
TOTALS.....	2,179,640.....	1,555,232.....	177,086.....

=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION	AMOUNT
-----	-----
UNREALIZED LOSS ON INVESTMENTS	809,643.

TOTAL	809,643.
	=====

FORM 990, PART II - OTHER 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
-----	-----	-----	-----
GRANTS PAID =====			
EARLY CHILDHOOD C/O GREATER KC LINC 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	PROGRAM SERVICE NONE	TO INCREASE THE QUALITY & AVAILABILITY OF CHILD CARE WITHIN THE URBAN CORE	312,233.
CARING COMMUNITIES C/O GREATER KC LINC 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	PROGRAM SERVICE NONE	SUPPORT SCHOOLS, NEIGHBORHOOD SERVICES AND AFTER-SCHOOL ACTIVITIES	1,804,623.
EDUCARE C/O GREATER KC LINC 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	PROGRAM SERVICE NONE	PROVIDE TRAINING, EDUCATIONAL RESOURCES AND HOME VISITS TO FAMILY CARE PROVIDERS	114,948.
HEALTH & CHILD WELFARE INITIATIVES C/O GREATER KC LINC 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	PROGRAM SERVICE NONE	TO ADDRESS AND IMPROVE COMMUNITY CHILD WELFARE	737,654.
OTHER INITIATIVES C/O GREATER KC LINC 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	PROGRAM SERVICE NONE	SUPPORT VARIOUS INITIATIVES TO FOR THE AT-RISK AND UNDERSERVED POPULATION	5,567.

FORM 990, PART II - OTHER 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
-----	-----	-----	-----
WELFARE TO WORK C/O GREATER KC LINC 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	PROGRAM SERVICE NONE	TO MONITOR COMMUNITY-BASED WELFARE-TO-WORK SYSTEMS	389,324.
TOTAL CONTRIBUTIONS PAID			3,364,349.
			=====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
ADMINISTRATIVE FEES	79,710.	79,710.		
PURCHASED PROFESSIONAL SERVICE	397,100.	340,682.	56,418.	
TRAVEL AND MILEAGE	120,528.	112,415.	8,113.	
COMMUNICATION EQUIPMENT	87,252.	59,760.	27,492.	
EQUIPMENT	243,247.	182,734.	60,513.	
EVENTS & FACILITATION SERVICES	273,352.	178,516.	69,221.	25,615.
INSURANCE	187,333.	104,663.	82,670.	
MARKETING	80,380.	76,262.	4,118.	
BAD DEBT	3,187,924.	3,187,904.	20.	
OTHER	19,957.	1,661.	18,296.	
TOTALS	4,676,783.	4,324,307.	326,861.	25,615.

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

GREATER KC LINC (LOCAL INVESTMENT COMMISSION) IS A MISSOURI NOT-FOR-PROFIT ORGANIZATION. IT 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 USING 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, 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 SUPPORT "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 61 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 (LINE E)

=====

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
<p>CARING COMMUNITIES -- LINC PROVIDES SUPPORT FOR SCHOOL AND NEIGHBORHOOD SERVICES IN MULTIPLE SCHOOL DISTRICTS. EFFORTS INCLUDE (A) OPERATING AN OUT-OF-SCHOOL PROGRAM IN KC-AREA SCHOOL DISTRICTS, (B) IMPLEMENTING 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. FOR FY 2008, THIS PROGRAM SERVED APPROXIMATELY 17,413 PEOPLE. FUNDS FROM THE 21CCLC GRANT FROM THE MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION ARE BEING USED TO PROVIDE AFTER-SCHOOL ACADEMIC ENRICHMENT, YOUTH INVOLVEMENT AND EXPANDED PARENT AND COMMUNITY INVOLVEMENT AT SEVERAL SCHOOLS. IN TOTAL AT JUNE 30, 2008 AND 2007, THERE WERE 52 AND 61 CARING COMMUNITY SITES, RESPECTIVELY.</p>	<p>1,804,623.</p>	<p>10,072,897.</p>
<p>- HEALTH & CHILD WELFARE-- LINC IS ACTIVELY INVOLVED IN ADDRESSING COMMUNITY CHILD WELFARE ISSUES. THESE PROGRAMS IMPROVE OUTCOMES FOR (AND EXTENDS SERVICES TO) AT-RISK FAMILIES, PARTICULARLY THOSE AT RISK FOR CHILD ABUSE AND NEGLECT. FOR FY08 THIS PROGRAM SERVED APPROXIMATELY 953 PEOPLE. LINC'S HEALTH INITIATIVES IMPROVE OUTCOMES FOR (AND EXTENDS SERVICES TO) AT-RISK, UNDER SERVED YOUTH AND THEIR FAMILIES, PARTICULARLY THOSE WITHOUT READY ACCESS TO HEALTH SERVICES AND/OR INSURANCE. CLOSE RELATIONSHIPS WITH ENTITIES SUCH AS KANSAS CITY QUALITY IMPROVEMENT CONSORTIUM (KCQIC) & THE AREA HEALTH EDUCATION CENTER (AHEC)</p>	<p>737,654.</p>	<p>1,253,860.</p>

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

=====

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
LEVERAGE RESOURCES TO CREATE BROADER OPPORTUNITIES FOR SERVICE. -		
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. FOR FY 2008, THIS PROGRAM SERVED APPROXIMATELY 1,319 PEOPLE. -	114,948.	379,412.
EARLY CHILDHOOD -- COLLABORATING WITH MANY COMMUNITY PARTNERS, THIS INITIATIVE IS DESIGNED TO INCREASE THE QUALITY AND AVAILABILITY OF CHILD CARE BY PROVIDING (A) TECHNICAL ASSISTANCE TO AREA EARLY EDUCATION PROFESSIONALS, (B) EXTENSIVE 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. FOR FY 2008, THIS PROGRAM SERVED APPROXIMATELY 5,160 PEOPLE. -	312,233.	323,842.
WELFARE-TO-WORK INITIATIVES -- UNDER THE WELFARE-TO-WORK PROGRAM, LINC IS RESPONSIBLE FOR SERVING UNEMPLOYED AND UNDER-EMPLOYED ADULTS IN KANSAS CITY AND JACKSON COUNTY, MISSOURI BY DEVELOPING, PLANNING, CONTRACTING AND	389,324.	554,308.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

=====

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
MONITORING COMMUNITY-BASED WELFARE-TO-WORK SYSTEMS. THE SYSTEM FOCUSES ON JOB RETENTION ISSUES INCLUDING: CHILD CARE, JOB READINESS, PERSONAL SKILLS, EMPLOYER TRAINING AND PUBLIC TRANSPORTATION. FOR FY08, THIS PROGRAM SERVED APPROXIMATELY 2,021 PEOPLE.		
-		
DATA --	NONE	682,146.
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 --	5,567.	417,957.
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	3,364,349.	13,684,422.
	=====	=====

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
VENDOR DEPOSITS	5,537.	NONE
PREPAID SOFTWARE UPDATES	119,975.	116,160.
	-----	-----
TOTALS	125,512.	116,160.
	=====	=====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
MUTUAL FUNDS	6,030,960.	4,629,655.
MONEY MARKET	NONE	1,389,042.
CORPORATE BONDS	NONE	809,222.
CERTIFICATE OF DEPOSITS	596,379.	NONE
	-----	-----
TOTALS	6,627,339.	6,827,919.
	=====	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
LANDON ROWLAND 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	CHAIRMAN 1.00	NONE	NONE	NONE
BERT BERKLEY 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	VICE CHAIRMAN 1.00	NONE	NONE	NONE
SHARON CHEERS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
JACK CRAFT 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
STEVE DUNN 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
RANDALL FERGUSON 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
HERB FREEMAN	COMMISSIONER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111				
SUELLEN FRIED 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
KIVA GATES 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
TOM GERKE 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
ROB GIVENS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
ROBERT GLASER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
ANITA GORMAN 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BART HAKAN 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
ADELE HALL 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	VICE CHAIRMAN 1.00	NONE	NONE	NONE
RICHARD HIBSCHMAN 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
JUDY HUNT 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
DENISE JORDON 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
ROSEMARY SMITH LOWE 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	VICE CHAIRMAN 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
MARY KAY MCPHEE 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
RICHARD MORRIS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
LEO MORTON 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
MARGIE PELTIER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
DAVID ROCK 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
DAVID ROSS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	TREASURER 1.00	NONE	NONE	NONE
FRANK SALIZZONI	COMMISSIONER 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111				
GENE STANDIFER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
BAILUS TATE 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
BRIDGETTE WILLIAMS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
MARK FUNKHOUSER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	EX-OFFICIO 1.00	NONE	NONE	NONE
MIKE SANDERS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	EX-OFFICIO 1.00	NONE	NONE	NONE
ROBIN GIERER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	CFO 40.00	88,680.	7,855.	1,260.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
GAYLE HOBBS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	PRESIDENT 40.00	217,834.	11,971.	1,564.
SEE STATEMENT 1 FOR MORE DETAIL				
CANDACE CHEATAM 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	DEPUTY DIRECTOR 40.00	107,014.	9,026.	1,200.
BRENT SCHONDELMEYER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	DIR OF COMMUNICATION 40.00	90,885.	8,064.	720.
GRAND TOTALS		504,413.	36,916.	4,744.
		=====	=====	=====

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
---	-----
93A	STATE PROVIDED SALARIES, SUPPLIES, AND RENTS WHICH HELP SERVE THE NEEDS OF GREATER K. C. LINC, INC.
93B	FEES EARNED FROM CERTAIN FAMILIES FOR BEFORE AND AFTER SCHOOL CHILD CARE.
103B	VENDOR REBATES AND OTHER EXEMPT FUNCTION INCOME.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
-----	-----	-----	-----	-----
TOM DANIELS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	CONTRACT MANAGER 40.00	62,385.	4,416.	720.
STEVE WINBURN 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMM SUPPORT LIAISON 40.00	64,048.	5,800.	720.
MARK GUNTER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	CONTROLLER 40.00	73,492.	7,855.	720.
JOHN CYPRUS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	KCQIC INITIATIVE MGR 40.00	59,363.	4,452.	NONE
RENEE ASHER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	SUBSIDY MANAGER 40.00	59,514.	5,321.	720.
	TOTAL COMPENSATION	----- 318,802. =====	----- 27,844. =====	----- 2,880. =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
DYNAMIC ENTERPRISE SOLUTIONS 106 ROUTE 32, #201 NORTH FRANKLIN, CT 06254	DATA DEVELOPMENT	188,175.
LATHROP AND GAGE 2345 GRAND, #2800 KANSAS CITY, MO 64108	LEGAL SERVICES	134,769.
TOTAL COMPENSATION		----- 322,944. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE FORM 990 PART V-A

SCHEDULE A, PART IV-A - OTHER INCOME
 =====

DESCRIPTION -----	2006 ----	2005 ----	2004 ----	2003 ----	TOTAL -----
OTHER INCOME	162,343.	327,821.	95,671.	90,668.	676,503.
TOTALS	162,343.	327,821.	95,671.	90,668.	676,503.
	=====	=====	=====	=====	=====

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION
=====

COSTS OF INFREQUENT COMMUNICATIONS WITH PUBLIC OFFICIALS.

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No. 1545-0092

2007

Name of estate or trust

Employer identification number

GREATER KC LINC INC

43-1676730

Note: Form 5227 filers need to complete *only* Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back. ▶	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b.	6b	7,166.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2006 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back. ▶	12	7,166.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2007

JSA
7F1210 2.000

Part III Summary of Parts I and II Caution: Read the instructions before completing this part.		(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		7,166.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15		7,166.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of:
a The loss on line 15, column (3) or **b** \$3,000. **16** ()

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 42 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.
Caution: Skip this part and complete the worksheet on page 43 of the instructions if:
• Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
• Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,150	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Multiply line 26 by 5% (.05)	27		
28	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 thru 31; go to line 32. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28		
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)	29		
30	Subtract line 29 from line 28	30		
31	Multiply line 30 by 15% (.15)	31		
32	Figure the tax on the amount on line 23. Use the 2007 Tax Rate Schedule on page 27 of the instructions	32		
33	Add lines 27, 31, and 32	33		
34	Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 of the instructions	34		
35	Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T)	35		

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

Employer identification number

GREATER KC LINC INC

43-1676730

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

Table with 6 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Sales price, (e) Cost or other basis, (f) Gain or (loss). Row 1: INVESTMENTS, 7,058,778, 7,051,612, 7,166.

6b. Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b 7,166.

Schedule D-1 (Form 1041) 2007