GREATER KC LINC INC PUBLIC DISCLOSURE COPY FORM 990 TAX YEAR 2018

Form 8879-EO	IRS <i>e-file</i> Signature <i>f</i> for an Exempt Or	Authorization		OMB No. 1545-1878
	For calendar year 2018, or fiscal year beginning 07/01	ganization	, 20 19	
Department of the Treasury Internal Revenue Service	► Do not send to the IRS. Ke ► Go to <i>www.irs.gov/Form8879EO</i> for	ep for your records.	, 20	2018
Name of exempt organization			Employer ider	tification number
GREATER KC LI Name and title of officer	NC INC		43-167	76730
GAYLE HOBBS,	PRESIDENT			
	turn and Return Information (Whole Dollars O	nly)		
check the box on line 1 leave line 1b, 2b, 3b, 4	eturn for which you are using this Form 8879-EO an a, 2a, 3a, 4a, or 5a, below, and the amount on that b, or 5b, whichever is applicable, blank (do not ento w. Do not complete more than one line in Part I.	t line for the return being fil	ed with this f	orm was blank then
1a Form 990 check h				26667639.
2a Form 990-EZ chec				
3a Form 1120-POL ch 4a Form 990-PF chec				
5a Form 8868 check				
Ja Torri 0000 crieck	here b Balance Due (Form 8868, line 3c)		5b _	
Part II Declaratio	on and Signature Authorization of Officer			
the transmission, (b) the authorize the U.S. Trea financial institution acco return, and the financial Agent at 1-888-353-453 involved in the processi resolve issues related t	n's return to the IRS and to receive from the IRS (a) a reason for any delay in processing the return or ref sury and its designated Financial Agent to initiate ar unt indicated in the tax preparation software for pay institution to debit the entry to this account. To revo 7 no later than 2 business days prior to the paymer ng of the electronic payment of taxes to receive con to the payment. I have selected a personal identifica applicable, the organization's consent to electronic	und, and (c) the date of any n electronic funds withdrawa ment of the organization's oke a payment, I must conta the (settlement) date. I also a ifidential information necess tion number (PIN) as my sign	refund. If app al (direct debit federal taxes act the U.S. Tr authorize the sarv to answe	blicable, I t) entry to the owed on this reasury Financial financial institutions or inquiries and
Officer's PIN: check on				52 L A
X I authorize <u>BK</u>	D, LLP ERO firm name	Enter	6 2 3 5 five numbers, but enter all zeros	as my signature at
being filed with	tion's tax year 2018 electronically filed return. If I ha a state agency(ies) regulating charities as part of th y PIN on the return's disclosure consent screen.	ve indicated within this retu e IRS Fed/State program, I	rn that a copy also authorize	y of the return is the aforementioned
If I have indicate	the organization, I will enter my PIN as my signature ad within this return that a copy of the return is being ite program, I will enter my PIN on the return's disclo	g filed with a state agency(ie		
Officer's signature Part III Certification	Sundauthentication	SIGN HERE Date	1-121	19
	your site digit electronic filing identification			
	by your five-digit self-selected PIN.	4 3 3	3 7 2 2 Do not enter	4 4 0 1 6 all zeros
ndicated above. I confir	umeric entry is my PIN, which is my signature on th m that I am submitting this return in accordance with ad IRS <i>e-file</i> Providers for Business Returns.	e 2018 electronically filed r h the requirements of Pub .	eturn for the o 4163, Moderr	organization nized e-File (MeF)
ERO's signature ►	/V. he had	Date	1/13/2019	
	ERO Must Retain This Form - Do Not Submit This Form To the IRS U		So	
For Paperwork Reduct	on Act Notice, see back of form.			orm 8879-EO (2018)
JSA				

Form	990	

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 **Open to Public**

		of the Trea enue Servi			► Inf	ormation	n about	Form 9	- 90 and	its i	nstructio	ons	s is at w	ww.irs	s.gov	/form9	90.			nspect	ion
				dar year, o							01,20				<u> </u>	-		06	5/30 ,2		
		[of organization												D En	nployer		cation nu	-	
B c	heck if ap	oplicable:	GRE	ATER KC	LINC	INC															
	Addre		Doing	Business As												4	3-167	7673	0		
		e change	Numb	er and street ((or P.O.	box if mail	is not deli	vered to s	street add	Iress)		Room/s	suite		E Te	lephone	numbe	er		
	+	return	310	0 BROADV	VAY								110	00		(81	6) 8	89-!	5050		
	Term	- F	City o	r town, state o	r provin	ce, country	, and ZIP	or foreigr	n postal c	ode							,				
	Amer	nded	KAN	SAS CITY	ζ. МО	6411	1-242	5								G Gr	oss rece	eipts \$	27	,258	,062.
		cation		and address	-			AYLE 1	HOBBS	3							s this a g	•		Yes	XN
	_ pendi	ing		0 BROADV	• •						Y. MC		6411	1-24	2	s	ubordinat	es?	_	Yes	
	Tay-ey	empt sta		X 501(c)(3)		501(c) (_	4947(a)(527		1			st. (see instru		
				CLINC.OF		501(0) () <	(Inser	11 110.)		4947 (a)((1) (01	527		-					
				X Corporatio		Truct	A	ation	Other	-				V					number 🕨 e of legal d		MO
		-			on	Trust	Associ	ation	Other					rear of	forma	tion: 1	992 1	I State	e of legal d	omicile:	140
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	3			ing members														3			22.
es 5	4			ependent vo														4		1	22.
Activities &				of individuals														5			,037.
cti				of volunteers	•		• •			• •								6		6	,300.
∢				d business re														7a			0
	b	Net un	related	business tax	able ind	come fron	n Form 9	390-T, lir	ne 34 🔒									7b			5,100
																-	r Year			rrent Y	
e	8			and grants (P]			588,4		26		2,505
enu	9	Progra	m servi	ce revenue (F	Part VIII	, line 2g)					PUBLIC		Y FOR			2	294,4	192.		232	2,046
Revenue	10	Investr	ment ind	ome (Part V	'III, colu	mn (A), li	nes 3, 4,	, and 7d))	_	PUBLIC	או י	NSPEC			-	141,7	722.		180	6,378
	11	Other	revenue	(Part VIII, c	olumn (A), lines	5, 6d, 8c	, 9c, 10d	c, and 1	1e)							41,3	372.		70	6,710
	12	Total r	evenue	- add lines 8	throug	h 11 (mu	st equal	Part VIII	I, columi	n (A), line 12	2) .				25,0)66,0)77.	26	5,66	7,639
	13	Grants	and sir	nilar amounts	s paid (I	Part IX, co	olumn (A	s), lines 1	1-3)								341,7	775.		31:	2,427
	14	Benefi	ts paid t	o or for mem	nbers (P	art IX, co	lumn (A)), line 4)										0.			0
ŝ	15			- compensati												13,0)24,9	913.	13	3,311	1,962
Expenses	16a	Profes	sional f	undraising fee	es (Part	IX, colun	nn (A), li	ne 11e)						[0.			C
xpe				ng expenses								∩									
ш	17	Other	expense	es (Part IX, co	olumn (A), lines 1	11a-11d,	11f-24e								10,8	387,7	16.	12	2,471	1,674
	18			s. Add lines												24,2	254,4	104.	26	5,090	5,063
	19	Reven	ue less	expenses. S	ubtract	line 18 fro	om line 1	2								8	311,6	573.		573	1,576
or Ces															Begir	ning of	Curren	t Year	En	d of Ye	ar
Net Assets or Fund Balances	20	Total a	ssets (F	art X, line 16)											7,6	582,9	96.	-	7,740	0,667
Ass I Ba	21			(Part X, line						• •			• • •	•••		3,5	793,3	396.	1	3,303	3,150
Net	22			fund balance												3,8	389,6	500.	4	1,43	7,517
	rt II		nature				-												1		
Und	der pei			I declare that														of my	knowledge	and b	elief, it is
true	e, corre	ect, and o	complete	Declaration of	f prepare	er (other th	an officer) is based	d on all in	form	nation of v	whic	ch prepa	arer has	any k	nowledg	ge.				
Sig			Signature	e of officer													Date				
He	re																				
		🕨 i	Type or p	rint name and	title																
		Print/T	ype prer	arer's name			Prepa	arer's sign	ature				Dat	е			heck	if	PTIN		
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For	990 (2018)	Page 2
Pa	rt III Statement of Program Service Accomplishments	v
1	Check if Schedule O contains a response or note to any line in this Part III	X
•	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	f "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	
	services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program serv	vices, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.	
4a	Code:) (Expenses \$ 8,919,662. including grants of \$ 6,297.) (Revenue \$	232,046.)
	SEE SCHEDULE O	
4b	Code:) (Expenses \$6,803,086. including grants of \$25,893.) (Revenue \$	0.)
	SEE SCHEDULE O	
4c	(Code:) (Expenses \$3,916,039. including grants of \$) (Revenue \$)	0.)
	SEE SCHEDULE O	
4		
4d	Other program services (Describe in Schedule O.)	
4.0	(Expenses \$ 4,367,399. including grants of \$ 8,462.) (Revenue \$ 76,710.) Fotal program service expenses ► 24,006,186. 24,006,186.	
JSA		Form 990 (2018)
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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
-	complete Schedule A.	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
F	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
Ū	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.01		v
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
ISA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5 -		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		Х
26	<i>If "Yes," complete Schedule L, Part I</i> . Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			Х
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
50	19? Note. All Form 990 filers are required to complete Schedule O.	38	х	
Part		50		
	Check if Schedule O contains a response or note to any line in this Part V.	_		
		•••	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		-	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 1,037			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		v
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		Х
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. • Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/ 11		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business notings at any time during the years for the second sec	-		
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII. line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	140		x
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u></u>
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			

Form 9	90 (2018)	GREATER KC LINC INC	43-1676	5730	F	Page 6
Part	VI Go	overnance, Management, and Disclosure For each "Yes" response to lines 2 thi	ough 7b below,	and	for a	"No"
		ponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				tions.
	Ch	eck if Schedule O contains a response or note to any line in this Part VI				Х
Sect	ion A. G	overning Body and Management				
			1		Yes	No
1a		number of voting members of the governing body at the end of the tax year	1a 22			
		are material differences in voting rights among members of the governing body, or				
		governing body delegated broad authority to an executive committee or similar e, explain in Schedule O.				
b	Enter the	number of voting members included in line 1a, above, who are independent	1b 22			
2	Did any	officer, director, trustee, or key employee have a family relationship or a business re	ationship with			
		officer, director, trustee, or key employee?		2		X
3		organization delegate control over management duties customarily performed by or ur				v
	-	on of officers, directors, or trustees, or key employees to a management company or othe		3		X X
4		ganization make any significant changes to its governing documents since the prior Form 990 was fi		4 5		X
5		rganization become aware during the year of a significant diversion of the organization's a		5 6		X
6		rganization have members or stockholders?		0		21
7a		organization have members, stockholders, or other persons who had the power to el		7a		x
		ore members of the governing body?		10		
b		governance decisions of the organization reserved to (or subject to approval	• ·	7b		x
8		lers, or persons other than the governing body?		1.0		
0		by the following:	enaken uunng			
а		erning body?		8a	Х	
b		nmittee with authority to act on behalf of the governing body?		8b	Х	
9		any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
		nization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Po	licies (This Section B requests information about policies not required by the Inte	ernal Revenue	Code	· ·	1
					Yes	No
10a	Did the c	rganization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes,"	did the organization have written policies and procedures governing the activities of	such chapters,			
	affiliates,	and branches to ensure their operations are consistent with the organization's exempt per	urposes?	10b	37	
		ganization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form? .	11a	Х	
b		in Schedule O the process, if any, used by the organization to review this Form 990.			37	
12a		rganization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b		icers, directors, or trustees, and key employees required to disclose annually interests t	hat could give	4.04	Х	
		nflicts?		12b	Λ	
С		organization regularly and consistently monitor and enforce compliance with the p	-	12c	Х	
		in Schedule O how this was done		120	X	
13		rganization have a written whistleblower policy?		14	X	
14		rganization have a written document retention and destruction policy?		14		
15		process for determining compensation of the following persons include a review ar lent persons, comparability data, and contemporaneous substantiation of the deliberatior				
а	•	nization's CEO, Executive Director, or top management official		15a	Х	
a b	•	icers or key employees of the organization		15b		Х
~		o line 15a or 15b, describe the process in Schedule O (see instructions).				
16a		organization invest in, contribute assets to, or participate in a joint venture or simila	r arrangement			
		xable entity during the year?	•	16a		Х
b		did the organization follow a written policy or procedure requiring the organization				
	participa	tion in joint venture arrangements under applicable federal tax law, and take steps to	safeguard the			
		tion's exempt status with respect to such arrangements?		16b		
Secti	ion C. Di					
17		tates with which a copy of this Form 990 is required to be filed $\blacktriangleright^{\mathrm{MO}}$,				
18		3104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), available for public inspection. Indicate how you made these available. Check all that ap		(Sec	tion 5	501(c)
		n website Another's website X Upon request Other (explain in Sch				
19	Describe	in Schedule O whether (and if so, how) the organization made its governing document	ts, conflict of int	erest	policy	, and
	financial	statements available to the public during the tax year.			-	
20	State the	name, address, and telephone number of the person who possesses the organization's has 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111-2425 816-889-5050	books and record	s 🕨		

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co										
	Check if Schedule	e O d	contains a r	esponse or n	ote to any line	e in this	Part VII				Χ

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C) sition			(D)	(E)	(F)
Name and Title	Average	(do r	not ch	heck	more	e than c	one	Reportable	Reportable	Estimated
	hours per	box,	unles	ss pe	erson	is both	an	compensation	compensation from	amount of
	week (list any	office	r and	dad	lirect	or/trust	tee)	from	related	other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)JOHN (JACK) C. CRAFT	1.00									
CO-CHAIRMAN	0.	x		х				0.	0.	0.
(2)BAILUS TATE	1.00									
CO-CHAIRMAN	0.	x		х				0.	0.	0.
(3)BERT BERKELY	1.00									
COMMISSIONER/FOUNDER	0.	х						0.	0.	0.
(4)SHARON CHEERS	1.00									
COMMISSIONER	0.	x						0.	0.	0.
(5)AARON DEACON	1.00									
COMMISSIONER	0.	X						0.	0.	0.
(6)GARY STANGLER	1.00									
COMMISSIONER	0.	Х						0.	0.	0.
(7) ^{HERB} FREEMAN	1.00									
COMMISSIONER	0.	Х						0.	0.	0.
(8)SUELLEN FRIED	1.00									
COMMISSIONER	0.	Х						0.	0.	0.
(9)ROB GIVENS	1.00									
COMMISSIONER	0.	Х						0.	0.	0.
(10) ^{ANITA GORMAN}	1.00									
COMMISSIONER	0.	Х						0.	0.	0.
(11)RICHARD HIBSCHMAN	1.00									
COMMISSIONER	0.	Х						0.	0.	0.
(12) ^{TOM} LEWIN	1.00									
COMMISSIONER	0.	Х						0.	0.	0.
(13) ROSEMARY SMITH LOWE	1.00									_
VICE CHAIR	0.	Х		Х				0.	0.	0.
(14) MARY KAY MCPHEE	1.00									
COMMISSIONER	0.	X						0.	0.	0.

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Ρ	art VII Section A. Officers, Directors, Tr		∶y ⊏íĭ	ihic				ng			
	(A) Name and title	(B)				C)			(D) Reportable	(E) Reportable	(F) Estimated
		Average hours per week (list any hours for	officer and a director/trustee)						compensation from	compensation from related	amount of other compensation
		related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	- the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(15) RICHARD MORRIS	1.00									
	COMMISSIONER	0.	Х						0.	0.	0.
(16) DAVID ROSS	1.00									
	TREASURER	0.	X		Х				0.	0.	0.
(17		1.00									0
$(\frac{1}{10})$	COMMISSIONER	0.	X						0.	0.	0.
18) SLY JAMES EX-OFFICIO (NON-VOTING)	1.00	x						0.	0.	0.
19		1.00							0.	0.	0.
	EX-OFFICIO (NON-VOTING)	0.	x						0.	0.	0.
20) KEN POWELL	1.00							0.	0.	0.
	COMMISSIONER	0.	x						0.	0.	0.
21		1.00									
	COMMISSIONER	0.	x						0.	0.	0.
22) TOM DAVIS	1.00									
	COMMISSIONER	0.	X						0.	0.	0.
23) DAVID DISNEY	1.00									
	COMMISSIONER	0.	X						0.	0.	0.
24) DAVID ROCK	1.00									
	COMMISSIONER	0.	Х						0.	0.	0.
25		40.00									
	PRESIDENT	0.			Х				300,373.	0.	32,598.
	b Sub-total								0.	0.	0.
	c Total from continuation sheets to Part VII, S								658,139.	0.	77,491.
	d Total (add lines 1b and 1c)			• •	• •	• •			658,139.	0.	77,491.
2	Total number of individuals (including but not				d al	bov	e) who	o re	eceived more than	\$100,000 of	
	reportable compensation from the organizatio		-	1							Vec Ne
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schea										Yes No 3 X
4	For any individual listed on line 1a, is the organization and related organizations gr	sum of rep eater than	oortab \$15	ole o 50,0	com 00?	per ////////////////////////////////////	isatioi "Yes	n ai s," (nd other compens complete Schedu	sation from the <i>le J for such</i>	
	individual										4 X
5											
	for services rendered to the organization? If "Y	'es," comple	te Scł	nedı	ıle J	l for	such	per	son		5 X

for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		
2 Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ► 4	e listed above) who received	

(

(

(

(

Part VII Section A. Officers, Directors, Tru (A)	(B)	-		. (0				(D)	(E)		(F)
Name and title	Average hours per week (list any hours for	box,	iot ch unles	Pos neck is pe	ition more rson	than c is both or/trust	an	Reportable compensation from	Reportable compensation fr related		Estimated amount of other
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compensatior from the organization and related organizations
6) RON DEMPSY CFO (01/07/2019)	40.00 0.			х				0.		0.	
7) BRENT SCHONDELMEYER DEPUTY DIRECTOR COMMUNICATIONS	40.00 0.					х		147,747.		0.	20,47
8) DAVID HORN DIRECTOR OF IT	40.00 0.					х		104,585.		0.	18,89
9) BERNARD BARRY CFO, COO	40.00 0.						х	105,434.		0.	5,51
 Ib Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not 	ection A		· · ·	• •	•••			ceived more than	\$100.000 of		
reportable compensation from the organization		4				<i>,</i> , , , , , , , , , , , , , , , , , ,			\$100,000 01		Yes
Did the organization list any former offic employee on line 1a? If "Yes," complete Schedul											Yes 3
For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	0,00	00?	lf	"Yes	;,"	complete Schedu	le J for sucl	ו	4 X
 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye Section B. Independent Contractors 	accrue con	mpen	satio	on f	from	any	un	related organizati	on or individua		5
Complete this table for your five highest com compensation from the organization. Report o year.											tax
(A) Name and business add	lress							(B) Description of se	ervices	Com	(C) pensation

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more than \$100,000 in compensation from the organization **>**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .)				
a, C Am	c	Fundraising events 10					
Gifi ilar	d	Related organizations					
ns, Sim	е	Government grants (contributions)	25,167,622.				
utio er (f	All other contributions, gifts, grants,					
Oth		and similar amounts not included above . 1f	1,004,883.				
nd	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	<u> ▶</u>	26,172,505.			
Program Service Revenue			Business Code				
eve	2a	PARENT FEES & STATE SUBSIDY	900099	232,046.	232,046.		
e R	b						
rvic	с		_				
Se	d		-				
ram	е		_				
ıbo.	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f	<u> </u>	232,046.			
	3	Investment income (including divid					
		and other similar amounts)		176,801.			176,801.
	4	Income from investment of tax-exempt bo	· ·	0.			
	5	Royalties		0.			_
		(I) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	с	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a						
		assets other than inventory 600,00	0.				
	b	Less: cost or other basis					
		and sales expenses 590,42					
	c	Gain or (loss)		0.555			0.588
	d	Net gain or (loss)	•••••	9,577.			9,577.
/enue	8a	Gross income from fundraising events (not including \$					
Other Reven		of contributions reported on line 1c).					
her		See Part IV, line 18					
ō		Less: direct expenses					
	c	Net income or (loss) from fundraising ever	nts	0.			_
	9a	Gross income from gaming activities. See Part IV, line 19					
	b c	Less: direct expenses Net income or (loss) from gaming activitie		0.			
	10a	Gross sales of inventory, less returns and allowances	a0.				
	b c	Less: cost of goods sold	b 0.	0.			
		Miscellaneous Revenue	Business Code				
	11a	OTHER PROGRAM REVENUE	900099	76,710.	76,710.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		76,710.			
	12	Total revenue. See instructions.		26,667,639.	308,756.		186,378.

Form 990 (2018)

Statement of Revenue

Part VIII

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must		. All other organization	ns must complete colun	nn (A).
Check if Schedule O contains a respo	onse or note to any line	e in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	312,427.	312,427.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	384,330.	333,771.	50,559.	
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	10,555,181.	9,729,950.	825,231.	
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	645,420.	593,786.	51,634.	
9 Other employee benefits	636,270.	585,999.	50,271.	
0 Payroll taxes	1,090,761.	1,003,500.	87,261.	
1 Fees for services (non-employees):				
a Management	0.			
b Legal	285,903.	235,333.	50,570.	
c Accounting	65,857.	60,589.	5,268.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
	9,306,867.	8,562,317.	744,550.	
(A) amount, list line 11g expenses on Schedule O.).	5,835.	5,368.	467.	
3 Office expenses	663,365.	610,296.	53,069.	
4 Information technology	0.			
5 Royalties	0.			
	380,038.	349,635.	30,403.	
· · · · · · · · · · · · · · · · · · ·	149,977.	137,979.	11,998.	
7 Travel 8 Payments of travel or entertainment expenses			- , •	
for any federal, state, or local public officials	0.			
	201,308.	185,203.	16,105.	
9 Conferences, conventions, and meetings	0.	100,200.		
0 Interest	0.			
1 Payments to affiliates	23,718.	21,821.	1,897.	
2 Depreciation, depletion, and amortization	370,269.	340,647.	29,622.	
3 Insurance	570,209.	510,017.	27,022.	
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)	112 007	104 160	0.050	
a EXTENDED LEARNING ACTIVITIES	113,227.	104,169.	9,058.	
bADMINISTRATIVE FEES	193,287.	177,824.	15,463.	
CEQUIPMENT RENTAL & MAINT	395,216.	363,599.	31,617.	
dEVENT, FACILITY & FUND SVCS	6,387.	6,387.	04.004	
e All other expenses	310,420.	285,586.	24,834.	
5 Total functional expenses. Add lines 1 through 24e	26,096,063.	24,006,186.	2,089,877.	
5 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				
	(1)			

0.

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following SOP 98-2 (ASC 958-720)

		GREATER KC LINC INC		43-	1676730
Forn	n 990 (2	,			Page 11
Ра	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,518,355.	1	2,547,699.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	2,145,893.	4	1,009,082.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers	0.	5	0.
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
ssets	7	Notes and loans receivable, net	0.	7	0.
Ass	8	Inventories for sale or use	0.	8	0.
-	9	Prepaid expenses and deferred charges	67,458.	9	103,693.
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 330, 612.			
	b	Less: accumulated depreciation	57,750.		64,737.
	11	Investments - publicly traded securities			4,015,456.
	12	Investments - other securities. See Part IV, line 11		12	0.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	10	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,682,996.	-	7,740,667.
	17	Accounts payable and accrued expenses			2,136,877.
	18	Grants payable	0.	10	0.
	19	Deferred revenue			1,166,273.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Liabilities	22	Loans and other payables to current and former officers, directors,			
oilit		trustees, key employees, highest compensated employees, and	0		0
lat		disqualified persons. Complete Part II of Schedule L	0.	~~	0.
_	23	Secured mortgages and notes payable to unrelated third parties		23 24	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
			0.	25	0.
	26	of Schedule D Total liabilities. Add lines 17 through 25	3,793,396.	25	3,303,150.
	20	Organizations that follow SFAS 117 (ASC 958), check here X and	0,190,0901	20	5755572551
ŝ		complete lines 27 through 29, and lines 33 and 34.			
лс	27	Unrestricted net assets	3,889,600.	27	4,437,517.
3ala	28	Temporarily restricted net assets	0.	28	0.
Б	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	3,889,600.	33	4,437,517.
	34	Total liabilities and net assets/fund balances	7,682,996.	34	7,740,667.

Form 9	90 (2018)				Pa	ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			67,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2		96,0	
3	Revenue less expenses. Subtract line 2 from line 1	3			71,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			89,6	
5	Net unrealized gains (losses) on investments	5		-	23,6	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4,4	37,5	517.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for a	oversio	aht			
•	of the audit, review, or compilation of its financial statements and selection of an independent acc	-	-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
Ju	the Single Audit Act and OMB Circular A-133?			3a	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х	

SCHED	ULE	A
(Form 99	0 or	990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 G

nternal Revenue Service	r ee te tittine.ge	v/Form990 for instruction	nis anu i	ine ialest ii	normation.	Inspection
Name of the organization					Employer identi	fication number
GREATER KC LINC INC					43-16767	
Part I Reason for Public Ch		•			,	S.
The organization is not a private fo					,	
1 A church, convention of cl						
2 A school described in sec			-			
3 A hospital or a cooperativ		•		. ,		
4 A medical research organ	state:					
5 An organization operated section 170(b)(1)(A)(iv).		a college or universi	ty owne	d or ope	rated by a governm	ental unit described ir
6 A federal, state, or local g	,	rnmental unit describe	d in sec t	tion 170()	b)(1)(A)(v).	
7 X An organization that norm				•		rom the general public
described in section 170(I		•	••	0		0 1
8 A community trust describ		-	e Part II.)			
9 An agricultural research o					in conjunction with a	a land-grant college
or university or a non-land	I-grant college of ag	griculture (see instruc	tions). E	nter the r	name, city, and state o	of the college or
university:						
 An organization that norm receipts from activities rel support from gross invest acquired by the organization An organization organized 	lated to its exempt f ment income and u ion after June 30, 1	functions - subject to nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exceptions ome (less Complete	s, and (2) no more the s section 511 tax) from Part III.)	an 331/3 %of its
12 An organization organized		, ,				carry out the purposes
of one or more publicly s		•			•	, , ,
Check the box in lines 12a						
a Type I. A supporting or	-				-	-
the supported organizat supporting organization.	ion(s) the power to	regularly appoint or e	lect a m		• • • • •	
b Type II. A supporting or				n with its	supported organizat	tion(s) by having
control or management	of the supporting c	organization vested in			•••	
organization(s). You mus	•		stad in a	onnoction	a with and functions	ally integrated with
c Type III functionally into						any integrated with,
d Type III non-functionally						rtad arganization(s)
that is not functionally in						• • • • •
requirement (see instruction			-		-	
e Check this box if the org						II Type III
functionally integrated, of	•				••••••	, . , p o
f Enter the number of supporte						
g Provide the following informat						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
		above (see instructions))		ment?	instructions)	instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						
For Paperwork Reduction Act Notice, see t	the Instructions for Form	990 or 990-EZ.			Schedule	A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,937,553.	20,226,247.	20,329,687.	24,588,491.	26,172,505.	114,254,483.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	22,937,553.	20,226,247.	20,329,687.	24,588,491.	26,172,505.	114,254,483.
6	line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4						0.
Sec	tion B. Total Support					I	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	22,937,553.	20,226,247.	20,329,687.	24,588,491.	26,172,505.	114,254,483.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	135,480.	99,290.	48,827.	82,154.	176,801.	542,552.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	444,729.	23,956.	63,386.	41,372.	76,710.	650,153.
11	Total support. Add lines 7 through 10						115,447,188.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,384,274.
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2018 (lin	ne 6, column (f)	divided by line	11, column (f)) .		14	98.97 %
15	Public support percentage from 2017					15	99.00 %
	331/3% support test - 2018. If the orgoin box and stop here. The organization qu	ualifies as a pub	licly supported o	organization			▶ X
	331/3% support test - 2017. If the org this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		▶∟
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets t organization	meets the "fac he "facts-and-c	cts-and-circumstation	ances" test, che est. The organiz	eck this box an zation qualifies	nd stop here. E as a publicly s	Explain in upported
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organization supported organization	anization meets on meets the "	the "facts-and facts-and-circum	-circumstances' stances" test.	' test, check tl The organizatic	his box and st on qualifies as a	op here.
18	Private foundation. If the organization instructions	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	•

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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

Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calor	tion A. Public Support Indar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Jaier	Gifts, grants, contributions, and membership fees	(4) 2017	(3) 2010	(-) 2010	(~) 2017	(-) 2010	(i) i otai
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ũ	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
13 14		or the organiza	ation's first, secc	nd, third, fourth	, or fifth tax ye	ear as a sectior	501(c)(3)
	and 12.)	-					
14	and 12.)						
14	and 12.) First five years. If the Form 990 is f organization, check this box and stop here	port Percenta	ige				
14 Sect	and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup	p ort Percenta , column (f), divid	ige ded by line 13, colu	mn (f))		<u></u>	▶
14 Sect 15 16	and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8	port Percenta , column (f), divid edule A, Part III, lii	i ge ded by line 13, colu ne 15	mn (f))		. 15	••••▶
14 Sect 15 16	and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche	port Percenta , column (f), divic edule A, Part III, lin t Income Perc	ige ded by line 13, colu ne 15	mn (f))		. 15	· · ▶ [9 9
14 Sect 15 16 Sect	and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investmen	port Percenta , column (f), divic edule A, Part III, lin t Income Perc ne 10c, column	led by line 13, colu ne 15 centage (f), divided by line	mn (f))	·····	. 15	▶ 9 9 9
14 15 16 Sect 17 18	and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (li	port Percenta , column (f), divic edule A, Part III, lii t Income Perc ne 10c, column Schedule A, Part	ige Jed by line 13, colu ne 15 centage (f), divided by line i III, line 17	mn (f))	· · · · · · · · · · · · · · · · · · ·	. 15 16 17 18	· · · · ► □ 9 9 9 9
14 15 16 Sect 17 18	and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (li Investment income percentage from 2017	port Percenta , column (f), divic edule A, Part III, lin t Income Perc ne 10c, column (Schedule A, Part ganization did n	Ige ded by line 13, colu ne 15 centage (f), divided by line i III, line 17 ot check the box	mn (f)) 13, column (f))	d line 15 is mor	15 16 17 18 e than 331/3%,	▶ 9 9 9 9 9 9 and line
14 15 16 Seci 17 18 19 a	and 12.) First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2018 (line 8 Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (li Investment income percentage from 2017 331/3% support tests - 2018. If the or	port Percenta , column (f), divic adule A, Part III, lin t Income Perc ne 10c, column Schedule A, Part ganization did n is box and sto	Ige ded by line 13, colu ne 15 centage (f), divided by line III, line 17 ot check the box p here. The org	mn (f)) 13, column (f)) (on line 14, and anization qualifie	d line 15 is mor s as a publicly	15 16 17 18 e than 331/3%, supported organ	· · · · ► % % % and line ization . ►
14 15 16 Seci 17 18 19 a	and 12.)	port Percenta , column (f), divice edule A, Part III, lin t Income Perc ne 10c, column Schedule A, Part ganization did n is box and sto anization did not	Ige ded by line 13, colu ne 15 centage (f), divided by line III, line 17 ot check the box p here. The org check a box on	mn (f)) 13, column (f)) (on line 14, and anization qualifie line 14 or line 15	d line 15 is mor s as a publicly 9a, and line 16 is	15 16 17 18 e than 331/3 %, supported organ s more than 331/	▶ % % % and line ization .► 3 %, and

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

43-1676730

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2018

JSA

Schedul	e A (Form 990 or 990-EZ) 2018		F	Page 5
Part	V Supporting Organizations (continued)		I	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		
	on B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,</i>			
	supervised, or controlled the supporting organization.			
Sectio	on C. Type II Supporting Organizations	2		
0000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	-	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instru	Yes	
2	Activities Test. Answer (a) and (b) below.		162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	<i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
U	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the</i>			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3a

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s regard. 3b Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organiz	ations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	2		
 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 	3		
	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	c		
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

Part Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		ourrent real
2	Amounts paid to perform activity that directly furthers exer		ed	
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organized	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
-	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II -	OTHER INCOME]			ATTACHMENT 1	
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
OTHER INCOME	444,729.	23,956.	63,386.	41,372.	76,710.	650,153.
TOTALS	444,729.	23,956.	63,386.	41,372.	76,710.	650,153.

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Schedule B

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

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

18

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

43-1676730

GREATER KC LINC INC

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

ame of o	rganization GREATER KC LINC INC		Employer identification number 43-1676730
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$23,831,916.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$580,530.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		Schedul	B (Form 990, 990-EZ, or 990-PF) (2

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Schedule B (Form 990, 99	0-EZ, or 990-PF	.) (201	8)	
Name of organization	GREATER	КC	LINC	IN

Page **2**

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

8E1254 1.000			
05N447 K922	11/13/2019	12:56:35 PM	V 18-7.6F

Employer identification number
43-1676730

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	Page 4
Name of organization GREATER KC LINC INC	Employer identification number
	43-1676730
Part III Evolusively religious charitable etc. contributions to organizations described	in section $501(c)(7)$ (8) or

	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	t he year from any ons completing Par e year. (Enter this in	one contributor. t III, enter the total formation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transf	or of aift			
	Transferee's name, address, an			onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relatio	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, an	id ZIP + 4		onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relatio	onship of transferor to transferee		
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2018)		

SCHEE	DULE	D
(Form	990)	

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

(Form 990)		Complete if	2018			
_		Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, ► Attach to Form 9		r 12D.	Open to Public
	Irtment of the Treasury nal Revenue Service	► Go to www.irs.gov	/Form990 for instruction		mation.	Inspection
Name	e of the organization	•			Employer identific	ation number
GRE	EATER KC LINC				43-16767	30
Ра	•	tions Maintaining Donor Adv			or Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990	, Part IV, line 6.		
			(a) Donor adv	vised funds	(b) Funds and	d other accounts
1	Total number at e	nd of year				
2	Aggregate value c	of contributions to (during year)				
3	Aggregate value c	of grants from (during year)				
4	Aggregate value a	at end of year				
5	Did the organizati	ion inform all donors and donor	advisors in writing t	hat the assets held	l in donor advised	
	funds are the orga	inization's property, subject to the	e organization's exclus	vive legal control?		Yes No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in	writing that grant	funds can be used	
		e purposes and not for the bene			• • •	
_		issible private benefit?				Yes No
Pa		tion Easements.				
		e if the organization answered				
1		servation easements held by the				
		n of land for public use (e.g., rec	reation or education)		n of a historically in	1
		of natural habitat		Preservation	n of a certified histo	oric structure
~		n of open space			a the ferrer of a ser	
2	-	through 2d if the organization h	eid a qualified conserv	vation contribution i		End of the Tax Year
		ast day of the tax year.				
a		onservation easements			2a	
b	-	tricted by conservation easement			2b	
C		vation easements on a certified		. ,	2c	
d		rvation easements included in (, ,		24	
2		isted in the National Register			2d	nization during the
3	tax year ▶	rvation easements modified, trai	isierieu, releaseu, ext	inguisned, or term	inated by the orga	nization during the
4		where property subject to conse	rvation assement is lo			
4 5		ation have a written policy reg			tion bandling of	
5		orcement of the conservation ea				Yes No
6		hours devoted to monitoring, inspec				
Ŭ		nours devoted to monitoring, inspec	sing, nanaling of violatic	sho, and emotoling of		s during the year
7	Amount of expense	es incurred in monitoring, inspec	ting, handling of violati	ions, and enforcing	conservation easer	nents during the year
-	▶\$	• •				
8		vation easement reported on line	2(d) above satisfy the r	equirements of sec	tion 170(h)(4)(B)(i)	
)(4)(B)(ii)?		-		Yes No
9		be how the organization reports				nt, and
	balance sheet, an	d include, if applicable, the text of	of the footnote to the o	organization's finan	cial statements that	describes the
	organization's acc	ounting for conservation easeme	nts.			
Pa		tions Maintaining Collections			er Similar Assets	ì.
	Complete	e if the organization answered	"Yes" on Form 990	, Part IV, line 8.		
1a	If the organizatior works of art, hist public service, pro	n elected, as permitted under S orical treasures, or other simila vide, in Part XIII, the text of the f	FAS 116 (ASC 958), ar assets held for pu potnote to its financial	not to report in its iblic exhibition, ed statements that de	revenue statemenucation, or resear	nt and balance sheet ch in furtherance of S.
b	If the organization works of art, hist public service, pro	n elected, as permitted under orical treasures, or other simila vide the following amounts relat	SFAS 116 (ASC 958) ar assets held for pu ing to these items:), to report in its Iblic exhibition, ed	revenue statemen ucation, or resear	t and balance sheet
		ded on Form 990, Part VIII, line 1				j
	(ii) Assets include	d in Form 990, Part X			▶\$	i

l	For F	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Sch	nedule D (Form 990) 2018
	b	Assets included in Form 990, Part X	► \$)
	а	Revenue included on Form 990, Part VIII, line 1.	►\$	i

OMB No. 1545-0047

43-1676730

	GREF	ALER AC LINC IN	C			43-10/0/30
-	dule D (Form 990) 2018			_		Page 2
Pa	rt III Organizations Maintainin	-				
3	Using the organization's acquisition		er records, ch	neck any of t	he following that a	are a significant use of its
	collection items (check all that apply	<i>י</i>):				
а	Public exhibition			an or exchan		
b	Scholarly research		e 🔄 Otl	ner		
С	Preservation for future generation					
4	Provide a description of the organi	zation's collections a	nd explain ho	w they furth	er the organization	s exempt purpose in Part
	XIII.					
5	During the year, did the organization					
	assets to be sold to raise funds rathe		ed as part of t	ne organizatio	on's collection?	Yes No
Ра	ITT IV Escrow and Custodial Ar					
	Complete if the organizat	ion answered "Yes"	on Form 99), Part IV, Iir	ne 9, or reported a	in amount on Form
	990, Part X, line 21.					
1a	Is the organization an agent, trustee					
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in	Part XIII and complete	te the following	table:		
						Amount
С	Beginning balance				c	
d	Additions during the year			1	d	
е	Distributions during the year			1	e	
f	Ending balance			1		
2a	Did the organization include an amo					
b	If "Yes," explain the arrangement in	Part XIII. Check here	e if the explana	tion has been	provided on Part XII	<u> </u>
Ра	rt V Endowment Funds.					
	Complete if the organizat	ion answered "Yes"	on Form 99			
		(a) Current year	(b) Prior year	(c) Two y	ears back (d) Three y	vears back (e) Four years back
1a	Beginning of year balance					
b	Contributions					
с	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f						
g	End of year balance					
2	Provide the estimated percentage of	of the current year end	d balance (line	1g, column (a	a)) held as:	
а	Board designated or quasi-endowme			0, (,,	
b	Permanent endowment	%				
С	Temporarily restricted endowment	►%				
	The percentages on lines 2a, 2b, ar					
3a	Are there endowment funds not in the	he possession of the	organization t	nat are held a	and administered for	
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related	d organizations listed a	as required on	Schedule R? .		3b
4	Describe in Part XIII the intended us		n's endowmen	t funds.		
Ра	rt VI Land, Buildings, and Equi Complete if the organiza	pment.	on Form 00	0 Part IV/ li	no 11a Soo Form	000 Part X line 10
	Description of property	(a) Cost or oth		ost or other basis		(d) Book value
		(investme		(other)	depreciation	(-,
1a	Land					
b	Buildings					
С	Leasehold improvements			127,164		54,851.
d	Equipment.			201,015		9,886.
				2,433		
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form 9	90, Part X, col	umn (B), line	10c.) 💽 🕨 🕨	64,737.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018			Page 3
Part VII Investments - Other Securities.)/a a a a F a maa 000		
(a) Description of security or category (including name of security)	(b) Book value	, Part IV, line 11b. See Form 990, Part X, lin (c) Method of valuation: Cost or end-of-year market value	ne 12.
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, lir	ne 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
	l "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, lii	ne 15.
(a) De	scription	(b) Boo	ok value
(1)			
(2)			
_(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)	•	
Part X Other Liabilities.			
	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Pa	art X,
1. (a) Description of liability	(b) Book valu	e	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
1.1			

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

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

(8) (9)

GREATER	KC	LINC	INC

Schedu	le D (Form 990) 2018		Page 4
Part		n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	26,643,980.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	20	-23,659.
e	Add lines 2a through 2d	2e 3	26,667,639.
3	Subtract line 2e from line 1	3	20,007,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a L			
b	Other (Describe in Part XIII.) 4b Add lines 4a and 4b	4c	
с 5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	26,667,639.
Part		-	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	26,096,063.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	26,096,063.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
_ c	Add lines 4a and 4b	4c 5	26,096,063.
5 Dart	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information.	5	20,000,000.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V. li	ne 4: Part X. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SCHE	DULE D, PART X, LINE 2		
MANA	GEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE		
INCL	UDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED		
ANY	MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE		
FTNA	NCIAL STATEMENTS.		
I. TIVY	NCIAL STATEMENTS.		

JSA 8E1271 1.000

Schedule D (Form 990) 2018

 Part XIII
 Supplemental Information (continued)

Schedule D (Form 990) 2018

SCHEDULE I			ants and Other Assistance to Organizations,						
(Form 990)			-	ndividuals in				2018	
	Comp	lete il the or	-	wered "Yes" on F ttach to Form 990		, iine 21 of 22.		Open to Public	
Department of the Treasury Internal Revenue Service		► Go f		/Form990 for the I		L.		Inspection	
Name of the organization			ie minine.ger			•	Employer identit		
GREATER KC LIN	CINC						43-167		
	Information on Grants and	Assistance	9						
	ization maintain records to su			a arants or assista	nce the grantees	' eligibility for the grant	ts or assistance	and	
-	teria used to award the grants			-	-				
	t IV the organization's proced							•	
	nd Other Assistance to Do					plata if the organiz	ration anowaras	I "Voo" on Form 000	
			-						
Part IV, II	ne 21, for any recipient th	at received	more than \$5	,000. Part II can t					
	nd address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant		
_(1)		-							
(2)		-							
(3)									
(4)									
(5)		-							
(6)		-							
(7)		-							
(8)		-							
(9)		-							
(10)		-							
(11)		-							
(12)		-							
	per of section 501(c)(3) and goer of other organizations listed							▶	
	ion Act Notice, see the Instruction							Schedule I (Form 990) (2018)	

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SEE SCHEDULE I, PART IV	1,082.	271,775.			
2 SEE SCHEDULE I, PART IV	272.	25,893.			
3 SEE SCHEDULE I, PART IV	89.	14,759.			
4					
5					
6					
7					

information.

SCHEDULE I, PART I, LINE 2

THE POINT PERSON, THE CONTRACTS PERSON, AND ACCOUNTING DEPARTMENT

MONITOR THE GRANTS FOR OPERATIONS, BUDGETS VS. ACTUALS AND

OVERAGES/UNDERAGES.

SCHEDULE I, PART III

1. WELFARE-TO-WORK INITIATIVES: BARRIER REMOVAL FOR JOB SEARCH AND/OR

MAINTAINING EMPLOYMENT FOR LOW INCOME INDIVIDUALS.

2. YOUTH DEVELOPMENT: ASSIST LOW INCOME FOSTER CHILDREN AS THEY

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
3					
4					
5					
6					
7					
art IV Supplemental Information. Provide information.	e the information re	equired in Part I,	line 2, Part III, c	column (b); and any c	other additional

TRANSITION TO ADULTHOOD AND INDEPENDENT LIVING.

3. UTILITY ASSISTANCE FOR LOW INCOME FAMILIES.

(Forr	EDULE J m 990) nent of the Treasury Revenue Service	Compen For certain Officers, Dire Com ► Complete if the organizatio ► Go to www.irs.gov/Forms	OMB No. 1545-0047					
Name	of the organization	·			Employer identificat			
GRE <i>I</i>	ATER KC LI	NC INC			43-167673	30		
Part	Question	s Regarding Compensation						
	990, Part VII, First-cla Travel fo Tax inde Discretio	propriate box(es) if the organization pro Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did the ement or provision of all of the ex		ide any relevant information regarding Housing allowance or residence for Payments for business use of perso Health or social club dues or initiation Personal services (such as maid, ch rganization follow a written policy re	y these items. personal use nal residence on fees auffeur, chef) egarding payme	nt	Yes	No
	explain					1b		
2	Did the orga	anization require substantiation prior	to	reimbursing or allowing expenses	incurred by a	all		
		stees, and officers, including the CEC			checked on lir	ne		
	1a?		• •			. 2		
3	organization's related organ X Comper Indepen X Form 99 During the ye	n, if any, of the following the filing organ CEO/Executive Director. Check all that ization to establish compensation of the sation committee dent compensation consultant 00 of other organizations ar, did any person listed on Form 990, or a related organization:	e CE	pply. Do not check any boxes for metho EO/Executive Director, but explain in P Written employment contract Compensation survey or study Approval by the board or compensa	ads used by a art III. ation committee			
а	•	verance payment or change-of-control pa	avme	ent?		. 4a	X	
b		, or receive payment from, a suppleme						Х
c								Х
5	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
•		n contingent on the revenues of: ion?				. 5a		X
		rganization?						X
N	-	e 5a or 5b, describe in Part III.						
6	For persons li compensatior	isted on Form 990, Part VII, Section A, n contingent on the net earnings of:			-			
а		ion?						X
b	•	rganization?				. 6b		X
-		e 6a or 6b, describe in Part III.	~ ^	line to did the amountanting and	ide env sertion			
7		listed on Form 990, Part VII, Sectio described on lines 5 and 6? If "Yes," d						x
8	Were any am to the initial	ounts reported on Form 990, Part VII, I contract exception described in I	paid Regi	or accrued pursuant to a contract the ulations section 53.4958-4(a)(3)?	at was subject F "Yes," describ	be 🗌		
								X
9		ine 8, did the organization also fol ection 53.4958-6(c)?						

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
GAYLE HOBBS	(i)	300,373.	0.	0.	26,125.	6,473.	332,971.	0.
1 ^{PRESIDENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
BERNARD BARRY	(i)	58,703.	0.	46,731.	0.	5,517.	110,951.	0.
2 ^{CFO, COO}	(ii)	0.	0.	0.	0.	0.	0.	0.
BRENT SCHONDELMEYER	(i)	147,747.	0.	0.	14,838.	5,640.	168,225.	0.
DEPUTY DIRECTOR COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

59392

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4A

BERNARD BARRY - \$46,731

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service Name of the organization GREATER KC LINC INC

Employer identification number

43-1676730

FORM 990, PART III, LINE 1

TO PROVIDE LEADERSHIP AND INFLUENCE TO ENGAGE THE KANSAS CITY, MISSOURI COMMUNITY AS WELL AS THE SURROUNDING COMMUNITIES IN CREATING THE BEST SERVICE DELIVERY SYSTEM TO SUPPORT AND STRENGTHEN CHILDREN, FAMILIES AND INDIVIDUALS, HOLDING THAT SYSTEM ACCOUNTABLE, AND CHANGING PUBLIC ATTITUDES TOWARDS THE SYSTEM. THE PURPOSE OF LINC INCLUDES BEING A STATE-WIDE RESOURCE FOR MISSOURI FOR CERTAIN DATA AND COMMUNICATIONS NEEDS AND SERVICES.

FORM 990, PART III, LINE 4A

CARING COMMUNITIES

HELPING STUDENTS, PARENTS AND NEIGHBORS:

LINC PROVIDES SUPPORT FOR SCHOOL AND NEIGHBORHOOD SERVICES IN MULTIPLE SCHOOL DISTRICTS. MAJOR EFFORTS INCLUDE BUILDING COMMUNITY SCHOOLS, OPERATING OUT-OF SCHOOL PROGRAMS IN AREA DISTRICTS AND CHARTER SCHOOLS, IMPLEMENTING FEDERAL 21ST CENTURY COMMUNITY LEARNING CENTER GRANTS, AND OPERATING THE AREA'S COMMUNITY PARTNERSHIP INITIATIVE. OTHER SMALLER, SIMILAR PROGRAMS ARE ALSO INCLUDED IN THE CATEGORY.

IN TOTAL, AS OF JUNE 30, 2019 THERE WERE 52 CARING COMMUNITY SITES ACROSS SEVEN SCHOOL DISTRICTS WHICH INCLUDE TWO CHARTER SCHOOLS AND TWO COMMUNITY CENTERS.

OUT-OF-SCHOOL-TIME:

AS NOTED, OUT-OF-SCHOOL-TIME PROGRAMMING (ALSO REFERRED TO AS BEFORE AND AFTER SCHOOL CARE) IS A MAJOR PROGRAMMING COMPONENT FOR MANY CARING COMMUNITIES LOCATIONS. CURRENTLY 45 SCHOOL SITES OFFER LINC-FACILITATED OUT-OF-SCHOOL-TIME ACTIVITIES TO AN ENROLLED PROGRAM POPULATION IN EXCESS OF 6,800 CHILDREN. THESE PROGRAMS OPERATE EVERY DAY SCHOOL IS IN SESSION DURING THE REGULAR SCHOOL YEAR, WITH SUMMER PROGRAMMING HISTORICALLY OFFERED AT A REDUCED NUMBER OF SITES. IN ALL CASES, LINC STRIVES TO WORK CLOSELY WITH THE SITE COUNCILS, DISTRICTS, AND INDIVIDUAL YOUTH AND FAMILIES TO ENSURE EACH SITE'S PROGRAMMING IS SUPPORTIVE OF THAT NEIGHBORHOOD'S UNIQUE NEEDS AND GOALS.

21ST CENTURY COMMUNITY LEARNING CENTERS (21CCLC):

THREE 21ST CENTURY GRANTS AWARDED BY THE MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION ARE HELPING FUND AFTER-SCHOOL ACADEMIC ENRICHMENT, YOUTH INVOLVEMENT, AND EXPANDED PARENT AND COMMUNITY INVOLVEMENT AT 24 OF LINC'S LOCAL SCHOOL SITES. THE ACADEMIC COMPONENT OF THESE GRANTS FOCUSES HEAVILY ON SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH (STEM) ACTIVITIES, WITH AN EQUALLY IMPORTANT EMPHASIS ON YOUTH DEVELOPMENT AND PROJECT LEARNING ACTIVITIES. THIS COMBINATION WILL BUILD STUDENT SKILLS NECESSARY FOR SUCCESS IN MIDDLE AND HIGH SCHOOL GRADE LEVELS AND BEYOND. FOR FY19, THIS SERVICE SERVED APPROXIMATELY 52,000 PEOPLE.

FORM 990, PART III, LINE 4B YOUTH DEVELOPMENT

PROTECTING CHILDREN & YOUTH:

LINC IS ACTIVELY INVOLVED IN ADDRESSING COMMUNITY CHILD AND ADOLESCENT ISSUES. THESE PROGRAMS IMPROVE OUTCOMES FOR (AND EXTENDS SERVICES TO) AT-RISK FAMILIES, PARTICULARLY THOSE AT RISK FOR CHILD ABUSE AND NEGLECT AND THOSE WHO HAVE BEEN INVOLVED WITH THE JUVENILE COURT SYSTEM. EMPHASIS IS PUT ON ENHANCING COMMUNITY AWARENESS AND TRAINING, AND DEVELOPING DATA SYSTEMS TO SUPPORT BETTER SERVICE DELIVERY BY THE STATE CHILD WELFARE AGENCY. THESE EFFORTS ALSO INCLUDE:

1. COORDINATING A REGIONAL EFFORT TO WORK WITH TEENAGE CHILDREN LEAVING THE FOSTER CARE SYSTEM SO THEY ARE SUCCESSFUL IN MOVING TOWARDS AN INDEPENDENT AND PRODUCTIVE ADULTHOOD.

2. PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP) PROVIDES TRAINING FOR YOUTH ON MAKING SAFE CHOICES.

3. FINANCIAL INFRASTRUCTURE SUPPORT FOR THREE REGIONAL ADOPTION RESOURCE CENTERS LOCATED IN MISSOURI.

4. MENTORING SERVICES TO ASSIST YOUTH WHO FOR A VARIETY OF REASONS MAY BENEFIT FROM ADDITIONAL ROLE MODELS IN THEIR LIVES.

5. STAFFING AND OPERATIONAL SUPPORT FOR THE MISSOURI DEPARTMENT OF YOUTH SERVICE'S STAR SCHOOL - AN ONLINE VIRTUAL SCHOOL WHICH DELIVERS A UNIQUE EDUCATIONAL APPROACH WITH SUPPORTS DESIGNED FOR AT-RISK YOUTH.

HEALTH INITIATIVES:

JSA

THESE PROGRAMS IMPROVE OUTCOMES FOR (AND EXTENDS SERVICES TO) AT-RISK, UNDERSERVED YOUTHS AND THEIR FAMILIES, PARTICULARLY THOSE WITHOUT READY ACCESS TO HEALTH SERVICES AND/OR INSURANCE. OFTEN THESE PROGRAMS ARE

Schedule O (Form 990 or 990-EZ) 2018

DRIVEN BY CONCERNED CITIZENS STRIVING TO IMPROVE HEALTH CONDITIONS IN THEIR NEIGHBORHOODS, WITH LINC PROVIDING THE INFRASTRUCTURE TO ENABLE THEM TO MOVE FORWARD ON THEIR VISION.

FORM 990, PART III, LINE 4C

WORK SKILLS

UNDER A CONTRACT WITH THE STATE OF MISSOURI TO SUPPORT ITS MISSOURI WORK ASSISTANCE INITIATIVE (MWA) LINCWORKS IS RESPONSIBLE FOR SERVING UNEMPLOYED AND UNDEREMPLOYED ADULTS IN THE COUNTIES OF JACKSON, CLAY, AND PLATTE. THESE COVER THE KANSAS CITY MISSOURI METROPOLITAN AREA AND SURROUNDING REGION. THROUGH DEVELOPMENT, PLANNING, CONTRACTING, AND MONITORING COMMUNITY-BASED WELFARE-TO-WORK SYSTEMS LINCWORKS FOCUSES ON JOB RETENTION ISSUES INCLUDING: CHILD CARE, JOB READINESS, PERSONAL SKILLS, EMPLOYER TRAINING AND PUBLIC TRANSPORTATION. FOR FY19, THIS PROGRAM SERVED APPROXIMATELY 1,500 PEOPLE.

FORM 990, PART III, LINE 4D COMMUNITY ASSISTANCE

JSA

THE CARING COMMUNITIES CONCEPT IS BUILT AROUND A HOLISTIC APPROACH TO RESOLVING INDIVIDUAL, FAMILY, AND NEIGHBORHOOD ISSUES. ELIMINATING THE OBVIOUS ISSUE OFTEN REQUIRES ADDRESSING SEVERAL THAT ARE MUCH LESS OBVIOUS. TO ACCOMPLISH THIS, LINC FACILITATES CARING COMMUNITY SITES OFFERING SERVICES SUCH AS UTILITY ASSISTANCE, FOOD PANTRIES, CLOTHES CLOSETS, AND OTHER SUPPORTS APPLICABLE TO THE NEEDS OF EACH SITE'S RESIDENTS. THESE PROGRAMS SERVED MORE THAN 250 FAMILIES AND 1,400 INDIVIDUALS IN FY19.

CHILDCARE EDUCATION & SUPPORT EDUCARE:

LINC HAS A LONG HISTORY OF WORKING CLOSELY WITH LOCAL CHILDCARE PROVIDERS AND OTHER ORGANIZATIONS WHO SHARE A COMMON VISION OF QUALITY CHILDCARE. AS AN INTEGRATED COMMUNITY-WIDE ASSET THE CHILDCARE SERVICE NETWORK HOLDS HIGH VALUE NOT ONLY TO FAMILIES DEPENDENT UPON IT, BUT TO THE METROPOLITAN AREA AS A WHOLE. A CRITICAL COMPONENT IN QUALITY CARE IS TRAINING. EDUCARE SERVICES OFFERED BY LINC REPRESENT ONE OF THE FIRST STEPS IN A RANGE OF TRAINING OPPORTUNITIES AVAILABLE FOR CHILDCARE PROVIDERS IN THE KANSAS CITY AREA. CRITICAL SKILLS AND ON-SITE TECHNICAL SUPPORT ARE MADE AVAILABLE TO PROVIDERS WITH THE GOAL OF THEM BEING ABLE TO OPERATE SAFE, VIABLE, BUSINESSES TO INCREASE THEIR DESIRE FOR MORE ADVANCED TRAINING, ACCREDITATION, AND PERHAPS PURSUE A DEGREE IN EARLY CHILDHOOD. EDUCARE 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 ADDRESSES CORE COMPETENCIES FOR EARLY CARE AND EDUCATION PROFESSIONALS. FOR FY19, THE EDUCARE PROGRAM SERVED APPROXIMATELY 20,000 PROVIDER STAFF AND CHILDREN.

FORM 990, PART VI, SECTION B, LINE 11B

AN INDEPENDENT CPA FIRM PREPARES AND REVIEWS THE 990. THE 990 IS THEN REVIEWED BY THE AGENCY FINANCE TEAM AND SENIOR EXECUTIVES. QUESTIONS OR CONCERNS RAISED BY THESE INDIVIDUALS ARE ADDRESSED AND CORRECTIONS OR CLARIFICATIONS ARE MADE AT THIS TIME. THE 990 IS THEN PRESENTED TO THE

JSA 8E1228 1.000 FINANCE AND AUDIT COMMITTEE OF THE BOARD FOR THEIR REVIEW. ALL QUESTIONS, CONCERNS, CHANGES OR CLARIFICATIONS RAISED BY THE COMMITTEE ARE ADDRESSED. THE FINAL 990 IS PRESENTED TO THE COMMISSION FOR COMMENT PRIOR TO FILING OF THE 990.

FORM 990, PART VI, SECTION B, LINE 12C CONFLICT OF INTEREST ARISES WHENEVER THE PERSONAL OR PROFESSIONAL INTEREST OF A BOARD MEMBER, OFFICER OR KEY EMPLOYEE IS POTENTIALLY AT ODDS WITH THE BEST INTEREST OF GREATER KC LINC INC. ALTHOUGH THE LEGAL STANDARDS FOR AVOIDING CONFLICT OF INTEREST FOR NONPROFIT ORGANIZATIONS ARE FAIRLY LIMITED, GREATER KC LINC INC. WILL AVOID WHERE POSSIBLE EVEN THE APPEARANCE OF THE POTENTIAL FOR IMPROPRIETY.

INDIVIDUALS AND BUSINESSES QUALIFIED TO PROVIDE GOODS AND SERVICES IN THE GREATER KC LINC INC. AREA ARE LIMITED.

WHEN SITUATIONS ARISE THAT INVOLVE POTENTIAL CONFLICT OF INTEREST THE FOLLOWING PROCEDURES APPLY.

IF AN ISSUE IS TO BE DECIDED BY THE BOARD THAT INVOLVES A POTENTIAL CONFLICT OF INTEREST FOR A BOARD MEMBER, IT IS THE RESPONSIBILITY OF THE BOARD MEMBER TO:

1. IDENTIFY THE POTENTIAL CONFLICT OF INTEREST.

2. NOT PARTICIPATE IN THE DISCUSSION OF THE PROGRAM OR MOTION BEING CONSIDERED.

3. NOT VOTE ON THE ISSUE.

IT IS THE RESPONSIBILITY OF THE BOARD TO:

RECORD IN THE MINUTES OF THE BOARD MEETING THE POTENTIAL CONFLICT OF INTEREST, AND THE USE OF THE PROCEDURES AND CRITERIA OF THIS POLICY. ALTHOUGH IT IS NOT A CONFLICT OF INTEREST TO REIMBURSE BOARD MEMBERS FOR EXPENSES INCURRED (SUCH AS THE PURCHASE OF SUPPLIES), BOARD MEMBERS ARE NOT BEING PAID FOR SERVING ON THE BOARD. CONFLICT OF INTEREST FORMS ARE PROVIDED TO THE BOARD MEMBERS FOR COMPLETION EACH YEAR. THE FORM COLLECTS INFORMATION ON THE CONFLICTS OR POTENTIAL CONFLICTS OF THE BOARD MEMBERS. A REPORT FROM THIS EXERCISE IS PROVIDED TO THE AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15A EXECUTIVE SALARY: IS BASED UPON PERFORMANCE TARGETS SET FOR THE PRESIDENT BY THE PERSONNEL COMMITTEE. THE PERSONNEL COMMITTEE REVIEWS THE PERFORMANCE TARGETS DURING THE YEAR AND DETERMINES WHAT, IF ANY SALARY ADJUSTMENT SHOULD BE MADE FOR THE PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 15B

JSA

LINC USES THE FOLLOWING PROCEDURE FOR COMPENSATION OF EMPLOYEES AS REFLECTED IN THE BOARD GOVERNANCE MANUAL ADOPTED BY THE BOARD ON FEBRUARY OF 2009. GENERAL FULL TIME SALARIES: LINC STAFF MAKES A RECOMMENDATION TO THE PERSONNEL COMMITTEE. STAFF RECOMMENDATION IS BASED UPON THE LOCAL CONSUMER PRICE INDEX - URBAN WAGE EARNERS AND CLERICAL WORKERS. THIS RECOMMENDATION IS MADE TO THE PERSONNEL COMMITTEE AND THEY MAKE A

Schedule O (Form 990 or 990-EZ) 2018		Page 2
Name of the organization	Employer identification number	
GREATER KC LINC INC	43-1676730	

DECISION BASED UPON THEIR ASSESSMENT OF THE RECOMMENDATION.

FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT WWW.KCLINC.ORG OR UPON REQUEST.

FORM 990, PART VII

AVERAGE HOURS PER WEEK FOR OFFICERS & DIRECTORS AVERAGE HOURS OF SERVICE

PER WEEK ARE BASELINE/APPROXIMATE.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
FULL EMPLOYMENT COUNCIL 1740 PASEO, SUITE D KANSAS CITY, MO 64108	PLACEMENT ASSISTANCE	1,094,331.
UNIVERSITY OF MISSOURI PO BOX 807012 KANSAS CITY, MO 64180-7012	CONTRACTED WORKERS	476,554.
LATHROP AND GAGE 2345 GRAND AVE SUITE 2200 KANSAS CITY, MO 64108	LEGAL SERVICES	232,011.
TSHIBANDA & ASSOCIATES 1717 OAK STREET KANSAS CITY, MO 64108	TECH CONSULTING	132,050.

ESTIMATED TAX WORKSHEET FOR FORM 990-W

	2019 Estimated Tax	Α	
В.	Enter ¹⁰⁰ % of Line A		
C.	Enter 100 % of tax on 2018 FORM 990-T C 7,371.		
	Required Annual Payment (Smaller of lines B or C)	D	7,371.
E.	Income tax withheld (if applicable)	Е	
	Balance (As rounded to the nearest multiple of)		7,372.

Record of Estimated Tax Payments

Payment number	(a) Date	(b) Amount	(c)	2018 overpayment	(d) Total amount paid and	
r dymont humbor	(a) Date			credit applied	credited (add (b) and (c))	
1	10/15/2019			1,843.	1,843.	
2	12/15/2019	692.		1,151.	1,843.	
3	03/15/2020	1,843.			1,843.	
4	06/15/2020	1,843.			1,843.	
Total		4,378.		2,994.	7,372.	

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

Form	Z	Z	Z	U	
Depar	tmer	nt of t	he T	reasu	ıry

Internal Revenue Service

Name

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

2018)
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Attach to the corporation's tax return.

Go to www.irs.gov/Form2220 for instructions and the latest information.

Employer identification numberGREATER KC LINC INC43-1676730

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Par	Required Annual Payment												
1	Total tax (see instructions)		••						1			7,31	71.
2a b	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 Look-back interest included on line 1 under section $460(b)(2)$ for completed long-term	2a							-				
	contracts or section 167(g) for depreciation under the income forecast method	2b							-				
с	Credit for federal tax paid on fuels (see instructions)	2c											
d	Total. Add lines 2a through 2c.								2d				
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete	or file	e th	is fo	rm.	The	corp	oration					
	does not owe the penalty								3			7,37	71.
4	Enter the tax shown on the corporation's 2017 income tax return. See instruction the tax year was for less than 12 months, skip this line and enter the amount											3,33	38.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation	on is I	requ	uired	to s	skip I	line 4	, enter					
	the amount from line 3								5			3,33	38.
Par	t II Reasons for Filing - Check the boxes below that apply. If	anv	bc	oxes	s ar	e cł	hecł	ked. t	he c	corpora	tion m	nust fi	le

Form 2220 ev	en if it does not owe a pe	nalty. See instructions.

6	The corporation is using the adjusted seaso	nal installment method.								
7	The corporation is using the annualized income installment method.									
8	The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.									
Part	Figuring the Underpayment									
		()	(1)	(-)	(1)					

			(a)	(b)	(C)	(d)								
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (<i>Form 990-PF filers:</i> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	10/15/2018	12/15/2018	03/15/2019	06/15/2019								
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in		0.25	0.25	0.25	0.2.2								
	each column	10	835.	835.	835.	833.								
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	3,615.											
	Complete lines 12 through 18 of one column before going to the next column.													
12	Enter amount, if any, from line 18 of the preceding column	12		2,780.	1,945.	1,110.								
13	Add lines 11 and 12	13		2,780.	1,945.	1,110.								
14	Add amounts on lines 16 and 17 of the preceding column	14												
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	3,615.	2,780.	1,945.	1,110.								
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16												
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17												
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	2,780.	1,945.	1,110.									
GO 10	Part IV on page 2 to ngure the penalty. Do not	90 t	o Part IV II there are no en	to to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.										

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2018)

Form	990-T	E>	empt Organi (and p			siness Inc der sectior			urn	OMB N	No. 1545-0687
		For cale	ndar year 2018 or other ta				•		, 20 19.	り	12
Depart	ment of the Treasury		Go to www.irs.go								
•	I Revenue Service	► Do	not enter SSN numbers						1(c)(3).	Open to P 501(c)(3) (ublic Inspection for Organizations Only
Α	Check box if address changed		Name of organization (Check bo	ox if nai	me changed and se	e instruction	s.)			cation number
B Exe	mpt under section	-	GREATER KC L	INC INC							
	501(C)(3)	Print	Number, street, and roor		faP.O	. box, see instructio	ns.		43-1	676730	
	408(e) 220(e)	_ or	, ,			,					ss activity code
	408A 530(a)	Туре	3100 BROADWA	Y				1100	(See	instructions.)	-
	529(a)		City or town, state or pro		v. and Z	ZIP or foreign postal	code		_		
C Bor	bk value of all assets		KANSAS CITY,	· ·		0 1					
	end of year	F Gro	up exemption number (
			ck organization type			rporation	501(c) truct	401(a) truet	Other trust
	tor the number of		inization's unrelated trac		()	•	501(0			y (or first) u	
	ade or business her							complete Part			
		· · ·	end of the previous se					•			describe the
	•		•	entence, cor	npiete	Parts Fand II, cu	Implete a S			na	
	ade or business, the		corporation a subsidia	n in an affili	-						Yes X No
	o , ,				0		subsidiary	controlled group)? 	••••	Yes X No
	ne books are in care		identifying number of t	ne parent co	rporation	on. 🕨	Talanhar	ne number 🕨 8	216-889	-5050	
_						(4) Inco					(C) Not
			or Business Incom	le		(A) Inco	me	(B) Exp	enses		(C) Net
	Gross receipts or s			.							
b	Less returns and allowa			c Balance ►						_	
2			ule A, line 7)		2						
3			2 from line 1c		3					_	
4a			ttach Schedule D)		4a					_	
b	• • • •		Part II, line 17) (attach Fo		4b						
c _			rusts		4c						
5			r an S corporation (attach state		5						
6					6						
7			come (Schedule E)		7						
8			ents from a controlled organizati	,	8						
9			1(c)(7), (9), or (17) organizatio		9						
10			ncome (Schedule I)		10						
11			dule J)		11						
12			ctions; attach schedule)		12						
13			ough 12				0.		/=		
Par			Taken Elsewhere						(Except	for contri	outions,
			be directly connect								
14			directors, and trustees (
15											
16 17											
17											
18			(see instructions)								1,976.
19											
20			See instructions for limit			1			20		
21			4562)								
22			on Schedule A and els						22		
23											
24 25			compensation plans								
25			S								
26			Schedule I)								
27			chedule J)								
28			schedule)								1,976.
29			s 14 through 28								-1,976.
30			le income before ne								-1,910.
31		•	g loss arising in tax ye	0	•			,			-1,976.
		ion Act N	e income. Subtract line Notice, see instructions		30 .	<u></u>	<u></u>	<u></u>	32		rm 990-T (2018)

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GREAT	ER	KC	LINC	INC

For	m 990-T (2018)		Page	2
Ρ	art III Total Unrelated Business Taxable Income		3-	-
33				-
	instructions)	33		
34		34	36,100	_
35		54	50,100	÷
	instructions)	25		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	35		_
	of lines 33 and 34		26 100	
37		36	36,100	
38	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000	÷
30	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36		25 100	
D.	art IV Tax Computation	38	35,100	·
1000		1		_
39 40	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	39	7,371	·
40	interest and the set interestion of the tax computation. Income tax of			
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)			_
41	Proxy tax. See instructions			_
42	Alternative minimum tax (trusts only)			_
43	Tax on Noncompliant Facility Income. See instructions			_
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	7,371	•
	nt V Tax and Payments			
	a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
	b Other credits (see instructions)			
	General business credit. Attach Form 3800 (see instructions)			
	d Credit for prior year minimum tax (attach Form 8801 or 8827)			
	e Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46	7,371	-
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47		-
48	Total tax. Add lines 46 and 47 (see instructions)	48	7,371.	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		-
50 a	Payments: A 2017 overpayment credited to 2018			-
	2018 estimated tax payments			
	Tax deposited with Form 8868			
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d			
	Backup withholding (see instructions)			
	Credit for small employer health insurance premiums (attach Form 8941) 50f			
	Other credits, adjustments, and payments: Form 2439			
	□ Form 4136 Other Total ► 50g			
51	Total payments. Add lines 50a through 50g	51	10,365.	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52		-
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		-
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	2,994.	-
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax \triangleright 2, 994. Refunded	55	_,	-
	rt VI Statements Regarding Certain Activities and Other Information (see instructions			-
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	1	uthority Yes No	-
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma			-
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the		1228 CONSTR	
	here >	loroign	X	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	an truct?		-
57		jii uustr.		-
58	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
50	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	est of my	knowledge and belief, it is	5
Sig	true confect and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge			
		•	S discuss this return	
He		h the pr instructions	s)? X Yes No	L
	Print/Type preparer's name Preparer's signature / Date		s)? X Yes No PTIN	
Pai			P00482834	
		mployed	44-0160260	÷
	Pirm's name P BRD, BBT Pirm's	010	5-221-6300	÷.
	Firm's address ▶ 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Phone	NO. OIO		
JSA			Form 990-T (2018)	1

f inventory valuation ► 6 Inventory at end of year 6 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2
6 Inventory at end of year 6 7 Cost of goods sold. Subtract line 6 6 from line 5. Enter here and in 7 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Ye
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Ye
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Ye
Part I, line 2 7 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?
B Do the rules of section 263A (with respect to Ye property produced or acquired for resale) apply to the organization?
property produced or acquired for resale) apply to the organization?
to the organization?
to the organization? Personal Property Leased With Real Property)
Personal Property Leased With Real Property)
real and personal property (if the of rent for personal property exceeds he rent is based on profit or income) 3(a) Deductions directly connected with the i in columns 2(a) and 2(b) (attach schedul
(b) Total deductions.

Schedule E - Unrelated Debt-Financed Income (see instructions)

2. Gross income from or	3. Deductions directly connected with or allocable to debt-financed property				
property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
%					
%					
%					
%					
	Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).			
Total dividends-received deductions included in column 8					
	allocable to debt-financed property	2. Gross income from or allocable to debt-financed property debt-financed (a) Straight line depreciation (attach schedule) 6. Column 4 divided by column 5 % 9% 9% 9% 9% 9% 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 10000 10000			

Form 990-T (2018)

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Form	990-T	(2018)	
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Schedule F-Interest, Ann	uities, Royalties	, and Ren	ts Fron	n Contro	lled Or	ganiza	tions (see	e instructio	ons)	5	
	· •			trolled Org		-	```		,		
1. Name of controlled organization	2. Employer identification number		et unrelate s) (see ins	ed income tructions)		of specifients made	d included	4		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	8. Net unrelated in (loss) (see instruct			tal of specifie ments made		inclu	art of column ded in the co ization's gros	ntrolling		I. Deductions directly nected with income in column 10	
(1)											
(2)											
(3)											
(4)											
Totals Schedule G-Investment Ir		tion 501//		P) or (17		Ente Part	I columns 5 a r here and on I, line 8, colu	page 1, mn (A).	Ent	Id columns 6 and 11. er here and on page 1, rt I, line 8, column (B).	
1. Description of income	2. Amount of	-	<u>-)('), (</u>	3. Deduc directly cor (attach sch	tions inected		4. Se	t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)				(,					p	
(2)											
(3)											
(4)											
<u>``</u>	Enter here and o Part I, line 9, co									Enter here and on page 1 Part I, line 9, column (B).	
Totals ► Schedule I-Exploited Exe	empt Activity Ind	come. Oth	er Tha	n Adverti	sina Ir	come	(see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected productio unrelate business in	ses / with n of ed	4. Net incon from unrelat or business 2 minus col If a gain, co cols. 5 thro	ne (loss) ed trade (column umn 3). ompute	5. Gro from a is not	oss income ictivity that unrelated ess income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, Pa line 10, col	art I,			1		1		Enter here and on page 1, Part II, line 26.	
Schedule J-Advertising In	ncome (see instru	uctions)									
Part I Income From Per			onsolid	lated Bas	sis						
1. Name of periodical	2. Gross advertising income	3. Direct advertising	rt	4. Advert gain or (los 2 minus co a gain, co cols. 5 thro	ising s) (col. bl. 3). If mpute		irculation Icome	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(1) (2)											
(2) (3)										-	
(3) (4)											
<u>\''</u>											
Totals (carry to Part II, line (5))											

Form 990-T (2018)

Form 990-T (2018)	GREATER	KC LINC INC			43-16	76730 Page 5	
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)							
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)							
(2)							
(3)							
(4)							
Totals from Part I							
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)							
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)			
1. Name		2. Title		3. Percent of time devoted to business	4. Compensation unrelated I		
(1)				%			
(2) ATCH 1				%			
(3)				%			

Total. Enter here and on page 1, Part II, line 14 ►

(4)

Form 990-T (2018)

%

GREATER KC LINC INC

43-1676730

ATTACHMENT 1

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NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
JOHN (JACK) C. CRAFT 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	CO-CHAIRMAN	0	0.
BAILUS TATE 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	CO-CHAIRMAN	0	0.
BERT BERKELY 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	COMMISSIONER/FOUNDER	0	0.
SHARON CHEERS 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	COMMISSIONER	0	0.
AARON DEACON 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	COMMISSIONER	0	0.
GARY STANGLER 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	COMMISSIONER	0	0.
HERB FREEMAN 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	COMMISSIONER	0	0.
SUELLEN FRIED 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	COMMISSIONER	0	0.
ROB GIVENS 3100 BROADWAY	COMMISSIONER	0	0.
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GREATER KC LINC INC

ATTACHMENT 1 (CONT'D)

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NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
1100 KANSAS CITY, MO 64111-2425			
ANITA GORMAN 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	COMMISSIONER	0	0.
RICHARD HIBSCHMAN 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	COMMISSIONER	0	0.
TOM LEWIN 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	COMMISSIONER	0	0.
ROSEMARY SMITH LOWE 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	VICE CHAIR	0	0.
MARY KAY MCPHEE 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	COMMISSIONER	0	0.
RICHARD MORRIS 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	COMMISSIONER	0	0.
DAVID ROSS 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	TREASURER	0	0.
MARGE WILLIAMS 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	COMMISSIONER	0	0.
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ATTACHMENT 1 (CONT'D)

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
SLY JAMES 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	EX-OFFICIO (NON-VOTING)	0	0.
FRANK WHITE 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	EX-OFFICIO (NON-VOTING)	0	0.
GAYLE HOBBS 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	PRESIDENT	0	0.
ROBIN GIERER 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	DEPUTY DIRECTOR FINANCE HR	0	0.
KEN POWELL 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	COMMISSIONER	0	0.
MARK FLAHERTY 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	COMMISSIONER	0	0.
TOM DAVIS 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	COMMISSIONER	0	0.
BERNARD BARRY 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	CFO, COO	0	0.
DAVID DISNEY 3100 BROADWAY	COMMISSIONER	0	0.
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GREATER KC LINC INC

43-1676730

ATTACHMENT 1 (CONT'D)

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NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
1100 KANSAS CITY, MO 64111-2425			
DAVID ROCK 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	COMMISSIONER	0	0.
BRENT SCHONDELMEYER 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	DEPUTY DIRECTOR COMMUNICATIONS	0	0.
DAVID HORN 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	DIRECTOR OF IT	0	0.
RON DEMPSY 3100 BROADWAY 1100 KANSAS CITY, MO 64111-2425	CFO (01/07/2019)	0	0.
TOTAL COMPENSATION			0.