

990 126, 192

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the **2000** calendar year, OR tax year period beginning **07/01**, 2000, and ending **06/30/2001**

- Check if applicable:
 - Change of address
 - Change of name
 - Initial return
 - Final return
 - Amend return

C Name of organization
GREATER K. C. LINC, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3100 BROADWAY **226**

City or town, state or country, and ZIP code
KANSAS CITY, MO 64111

D Employer identification number
43-1676730

E Telephone number
() -

F Check if application pending

G Organization type (check only one) 501(c) (**3**) (insert no.) 527 OR 4947 (a)(1)

Note: (H and I are not applicable to section 527 orgs.)

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

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

H(b) If "Yes," enter number of affiliates **H(c)** Are all affiliates included? (if "No," attach a list. See inst.) Yes No

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

I Enter 4-digit group exemption no. (GEN) **L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

J Accounting method: Cash Accrual Other (specify) **K** Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

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

Revenue	1 Contributions, gifts, grants, and similar amounts received: STMT 1			
	a Direct public support	1a	1,200,162.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	14,422,143.	
	d Total (add lines 1a through 1c) (cash \$ 15,622,305. noncash \$)	1d		15,622,305.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		370,479.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		331,956.
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		8a		
		8b		
		8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a Gross sales of inventory, less returns and allowances		10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11		24,728.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		F2 16,349,468.	
Expenses	13 Program services (from line 44, column (B))	13	9.2 15,002,016.	
	14 Management and general (from line 44, column (C))	14	F3 1,339,847.	
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		16,341,863.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	7,605.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	9,293,199.	
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		9,300,804.

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Form 990 (2000)

JSA 0E1010 2.000

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization GREATER K.C. LINC, INC.	Employer Identification number 43-1676730
	Number, street, and room or suite no. If a P.O. box, see instructions. 3100 Broadway	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Kansas City, MO 64111	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning July 1, 2000, and ending June 30, 2001.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [Signature] Title ▶ CPA Date ▶ 11-15-2001

For Paperwork Reduction Act Notice, see Instruction Form 8868 (12-2000)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 7,577,648 noncash \$)	7,577,648.	7,577,648.	STMT 4	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc.	263,797.	263,797.		
26 Other salaries and wages	3,091,466.	2,637,932.	453,534.	
27 Pension plan contributions				
28 Other employee benefits	1,076,980.	1,070,474.	6,506.	
29 Payroll taxes	164,638.	163,640.	998.	
30 Professional fundraising fees				
31 Accounting fees	24,769.	9,557.	15,212.	
32 Legal fees				
33 Supplies	824,873.	522,875.	301,998.	
34 Telephone	75,851.	31,822.	44,029.	
35 Postage and shipping	52,481.	38,607.	13,874.	
36 Occupancy	192,876.	192,457.	419.	
37 Equipment rental and maintenance	87,918.	33,181.	54,737.	
38 Printing and publications	105,962.	100,501.	5,461.	
39 Travel	45,714.	33,963.	11,751.	
40 Conferences, conventions, and meetings	355,339.	339,507.	15,832.	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	254,762.		254,762.	
43 Other expenses (itemize): a STMT 5	2,146,789.	1,986,055.	160,734.	
b				
c				
d				
e				
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	16,341,863.	15,002,016.	1,339,847.	

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 7 (Grants and allocations \$ 2,271,927.)	3,477,312.
b SEE STATEMENT 7 (Grants and allocations \$ 230,050.)	381,077.
c SEE STATEMENT 7 (Grants and allocations \$)	304,650.
d SEE STATEMENT 7 (Grants and allocations \$ 305,242.)	672,101.
e Other program services (attach schedule) STMT 8 (Grants and allocations \$ 4,770,429.)	10,166,876.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	15,002,016.91

Part IV Balance Sheets (See Specific Instructions on page 23.)

				(A)		(B)
				Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
Assets	45	Cash - non-interest-bearing		2,392,783.	45	4,595,791.
	46	Savings and temporary cash investments		5,537,057.	46	5,725,958.
	47a	Accounts receivable	47a 1,190,553.			
	b	Less: allowance for doubtful accounts	47b	3,121,211.	47c	1,190,553.
	48a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less: allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges SEE STATEMENT 9		4,913.	53	55,119.
	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55a	Investments - land, buildings, and equipment: basis	55a			
	b	Less: accumulated depreciation (attach schedule)	55b		55c	
56	Investments - other (attach schedule)			56		
57a	Land, buildings, and equipment: basis	57a 1,318,915.				
b	Less: accumulated depreciation (attach schedule)	57b 679,825.	626,581.	57c	639,090.	
58	Other assets (describe <input type="checkbox"/>)			58		
59 Total assets (add lines 45 through 58) (must equal line 74)				11,682,545.	59	12,206,511.
Liabilities	60	Accounts payable and accrued expenses		2,389,346.	60	2,905,707.
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe <input type="checkbox"/>)			65	
66 Total liabilities (add lines 60 through 65)				2,389,346.	66	2,905,707.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		4,094,140.	67	4,879,799.
	68	Temporarily restricted		5,199,059.	68	4,421,005.
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)		9,293,199.	73	9,300,804.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)				11,682,545.	74	12,206,511.

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

Part VI Other Information (See Specific Instructions on page 26.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity... 77 Were any changes made in the organizing or governing documents but not reported to the IRS?... 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?... 78b If "Yes," has it filed a tax return on Form 990-T for this year?... 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement... 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?... 80b If "Yes," enter the name of the organization and check whether it is exempt OR nonexempt... 81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81... 81b Did the organization file Form 1120-POL for this year?... 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?... 82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II... 83a Did the organization comply with the public inspection requirements for returns and exemption applications?... 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?... 84a Did the organization solicit any contributions or gifts that were not tax deductible?... 84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?... 85 501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?... 85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?... 85c Dues, assessments, and similar amounts from members... 85d Section 162(e) lobbying and political expenditures... 85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices... 85f Taxable amount of lobbying and political expenditures (line 85d less 85e)... 85g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?... 85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?... 86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12... 86b Gross receipts, included on line 12, for public use of club facilities... 87 501(c)(12) orgs. Enter: a Gross income from members or shareholders... 87b Gross income from other sources... 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX... 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911... section 4912... section 4955... 89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction... 89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958... 89d Enter: Amount of tax on line 89c, above, reimbursed by the organization... 90a List the states with which a copy of this return is filed... 90b Number of employees employed in the pay period that includes March 12, 2000 (See inst.)... 91 The books are in care of JOHN RICH Telephone no. 816-889-5050 Located at 3100 BROADWAY STE 226, KANSAS CITY, MO ZIP code 64111... 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year... 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a STATE ASSISTANCE					370,479.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments . . .					
95 Interest on savings and temporary cash investments .			14	331,956.	
96 Dividends and interest from securities . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property . .					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events .					
102 Gross profit or (loss) from sales of inventory . .					
103 Other revenue: a _____					
b OTHER REVENUE			01	24,728.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . .				F2 356,684.	370,479.
105 Total (add line 104, columns (B), (D), and (E))					727,163.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31.)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31.)

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

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

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instructions on page 14.)

THIS COPY FOR YOUR FILES

Signature of officer _____ Date _____ Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature **BKD, LLP** Date **FEB 01 2002** Check if self-employed Preparer's SSN or PTIN **511-80-2296**

Firm's name (or yours if self-employed) and address, and ZIP code **120 WEST 12TH STREET, SUITE 1200** EIN **44-0160260**

KANSAS CITY, MO 64105-1936 Phone no. **816 221-6300**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue Service

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

Name of the organization

GREATER K. C. LINC, INC.

Employer identification number

43-1676730

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	NONE	

Part III Statements About Activities

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation...; 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts...; 3. Does the organization make grants for scholarships, fellowships, student loans, etc.?; 4a. Do you have a section 403(b) annuity plan...; b. Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

- The organization is not a private foundation because it is: (Please check only ONE applicable box.)
5 [] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [] A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
7 [] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b [] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Multiple empty rows for data entry.

14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

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

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

Table with columns for Calendar year (or fiscal year beginning in) and rows for various income and support categories (15-28). Includes sub-rows for public support calculations (26a-26f) and investment income (27a-27h).

Part V Private School Questionnaire (See page 5 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

NOT APPLICABLE

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 9 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

NOT APPLICABLE

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

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

**Schedule B
(Form 990 or 990-EZ)**

Schedule of Contributors

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see Instructions)

Name of organization GREATER K. C. LINC, INC.			Employer identification number 43-1676730	
Organization type (check only one) - Section:	<input checked="" type="checkbox"/> 501(c)(3) (enter number)	<input type="checkbox"/> 527 or	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust	

A Section 501(c)(7), (8), or (10) organizations -

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see General rule below.)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose. ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed on Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General Rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 331/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example: A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General Rule discussed above.

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

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

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

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

Specific Instructions

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

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

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

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

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

Name of organization

Employer identification number

GREATER K. C. LINC, INC.

43-1676730

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	KAUFFMAN FOUNDATION 4801 ROCKHILL ROAD KANSAS CITY, MO 64112	422,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
2	STATE GRANTS	13,002,084.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
3	MISC GRANTS < 5,000	1,276,483.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
4	ROBERT WOODS FOUNDATION P.O. BOX 1527 JEFFERSON CITY, MO 65102	74,495.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
5	MILLER FOUNDATION 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	50,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
6	THORNTON COOKE FUND 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Schedule B (Form 990 or 990-EZ) (2000)

JSA

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9.15

Name of organization

Employer identification number

GREATER K. C. LINC, INC.

43-1676730

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
7	BLOCH EDUCATION FOUNDATION 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	5,000. ✓	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
8	JACKSON COUNTY COMBAT COMMISSION 200 S. MAIN STREET INDEPENDENCE, MO 64050	$\frac{22968}{8400}$ 31,368. ✓	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
9	HALL FAMILY FOUNDATION P.O. BOX 419580, DEPT. 323 KANSAS CITY, MO 64141	100,000. ✓	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
10	EDWARD & BETH SMITH FUNDS 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	5,000. ✓	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
11	SOSLAND FOUNDATION 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	25,000. ✓	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
12	HAKC 301 E. ARMOUR BLVD. KANSAS CITY, 64111	61,220. ✓	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Schedule B (Form 990 or 990-EZ) (2000)

JSA

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Name of organization

Employer identification number

GREATER K. C. LINC, INC.

43-1676730

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
13	ELAINE & NORMAN POLSKY DONOR ADV. F 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	10,000. ✓	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
14	GEORGE K. BAUM FAMILY FOUNDATION 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	50,000. ✓	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
15	KCPL 1201 WALNUT, P.O. BOX 418679 KANSAS CITY, MO 64141	25,000. ✓	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
16	LOOSE FOUNDATION 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	90,000. ✓	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
17	MASTER CRAFTSMEN FOUNDATION P.O. BOX 419692 KANSAS CITY, MO 64141	5,000. ✓	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
18	AHEC, KIRKSVILLE COLLEGE OF OSTEO. 800 W. JEFFERSON KIRKSVILLE, MO 63501	50,988. ✓	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Schedule B (Form 990 or 990-EZ) (2000)

Name of organization

Employer identification number

GREATER K. C. LINC, INC.

43-1676730

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
19	MISC CONTRIBUTIONS < \$5,000 EACH	333,667.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

9.18

FORM 990, PART I - LIST OF CONTRIBUTORS
(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT	GOVERNMENT GRANTS
KAUFFMAN FOUNDATION 4801 ROCKHILL ROAD KANSAS CITY, MO 64112	VAR	422,000. ^{9.15}	13,002,084. ^{9.15}
STATE GRANTS	VAR		1,276,483. ¹
MISC GRANTS < 5,000	VAR		
ROBERT WOODS FOUNDATION P.O. BOX 1527 JEFFERSON CITY, MO 65102	VAR	74,495.	
MILLER FOUNDATION 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	VAR	50,000.	
THORNTON COOKE FUND 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	VAR	5,000.	
BLOCH EDUCATION FOUNDATION 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	VAR	5,000.	
JACKSON COUNTY COMBAT COMMISSION 200 S. MAIN STREET INDEPENDENCE, MO 64050	VAR		31,368.

FORM 990, PART I - LIST OF CONTRIBUTORS
=====

(NOT OPEN TO PUBLIC INSPECTION)

	DATE		DIRECT PUBLIC SUPPORT	GOVERNMENT GRANTS
	----		-----	-----

HALL FAMILY FOUNDATION P.O. BOX 419580, DEPT. 323 KANSAS CITY, MO 64141	VAR	100,000.		
EDWARD & BETH SMITH FUNDS 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	VAR	5,000.		
SOSLAND FOUNDATION 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	VAR	25,000.		
HAKC 301 E. ARMOUR BLVD. KANSAS CITY, 64111	VAR			61,220.
ELAINE & NORMAN POLSKY DONOR ADV. FUND 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	VAR	10,000.		916
GEORGE K. BAUM FAMILY FOUNDATION 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	VAR	50,000.		
KCPL 1201 WALNUT, P.O. BOX 418679 KANSAS CITY, MO 64141	VAR	25,000.		
LOOSE FOUNDATION 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	VAR	90,000.		

FORM 990, PART I - LIST OF CONTRIBUTORS
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
MASTER CRAFTSMEN FOUNDATION P.O. BOX 419692 KANSAS CITY, MO 64141	VAR	5,000. <i>9.17</i>	
AHEC, KIRKSVILLE COLLEGE OF OSTEO. MED. 800 W. JEFFERSON KIRKSVILLE, MO 63501	VAR		50,988. <i>9.17</i>
MISC CONTRIBUTIONS < \$5,000 EACH	VAR	333,667. <i>9.18</i>	
TOTAL CONTRIBUTION AMOUNTS		1,200,162.	14,422,143.

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
COMPREHENSIVE NEIGHBORHOOD SERVICES	501(C) (3)	SYSTEM REFORM-DEVELOP MORE EFFECTIVE SERVICES	2,271,927.
EDUCARE	501(C) (3)	ENHANCE EARLY CHILDHOOD DEVELOPMENT	230,050.
WELFARE-TO-WORK	501(C) (3)	SERVING THE UNEMPLOYED AND UNDEREMPLOYED	305,242.
EXTENDED DAY	501(C) (3)	SERVING WORKING NEEDY FAMILIES WITH CHILDCARE	3,902,942.
EARLY CHILDHOOD HB1519	501(C) (3)	SUPPORT FOR CHILD CARE PROGS. & PROFESSIONALS	127,906.
OTHER STATE FUNDED PROGRAMS	501(C) (3)	OUTREACH TO LOW INCOME AREAS	739,581.
		TOTAL CONTRIBUTIONS PAID	7,577,648.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
ADMINISTRATIVE FEES	122,081.	122,081.	
CONSULTANTS	962,068.	899,169.	62,899.
PERFORMANCE INCENTIVES	385,978.	385,281.	697.
BUS AND TAXI SERVICE	25,079.	25,079.	
EQUIPMENT	137,616.	136,817.	799.
FACILITIES USAGE	4,194.	4,194.	
CHILD CARE	238,027.	238,027.	
INSURANCE	48,111.	42,049.	6,062.
ADVERTISING	32,609.	31,429.	1,180.
OTHER	131,882.	69,266.	62,616.
AUTO MILEAGE	37,004.	32,638.	4,366.
PARKING	97.	25.	72.
BAD DEBT	22,043.		22,043.
TOTALS	2,146,789.	1,986,055.	160,734.

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

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

LINC ALSO IS THE COMMUNITY PARTNERSHIP SELECTED BY THE STATE OF MISSOURI TO ADMINISTER THE "CARING COMMUNITIES" FUND CREATED BY EIGHT STATE DEPARTMENTS--SOCIAL SERVICES, MENTAL HEALTH, HEALTH, LABOR, PUBLIC SAFETY, EDUCATION, CORRECTIONS, AND ECONOMIC DEVELOPMENT--TO SUPPORT AND DEVELOP SCHOOL-LINKED, NEIGHBORHOOD-BASED SERVICES. THE FUND WILL BE USED TO SUPPORT SERVICES AT SELECTED SCHOOLS WHERE INTEREST IS SHOWN BY PARENTS, NEIGHBORS AND THE SCHOOL PRINCIPAL. THE EFFORT INVOLVES 61 SCHOOLS IN FIVE SCHOOL DISTRICTS. THE SCHOOL-LINKED SERVICES ARE PART OF A LARGER EFFORT TO DEVELOP COMPREHENSIVE INTEGRATED NEIGHBORHOOD SERVICES THROUGH NEIGHBORHOOD INVOLVEMENT, PROFESSIONAL DEVELOPMENT AND CHANGE MANAGEMENT.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
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COMPREHENSIVE NEIGHBORHOOD SERVICES - FACILITATES PLANNING AND DEVELOPMENT PROCESS, IN COOPERATION WITH LOCAL SCHOOL DISTRICTS AND THE COMMUNITY, TO DELIVER MULTI-DISCIPLINARY SERVICES THROUGH NEIGHBORHOOD LINKAGES WITH LOCAL SCHOOLS

	2,271,927.	3,477,312.
--	------------	------------

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.

	230,050.	381,077.
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TITLE IV-E -FEDERAL GOV'T PROVIDES PARTIAL REIMBURSEMENT TO ORGANIZATIONS UNDER TITLE IV-E OF SOCIAL SECURITY ACT. THE STATE OF MISSOURI HAS AN AGREEMENT WITH LINC TO LOCALLY ADMINISTER THE STATE'S TITLE IV-E CLAIMING PROCESS.

		304,650.
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WELFARE-TO-WORK - LINC IS RESPONSIBLE FOR SERVING UNEMPLOYED AND UNDEREMPLOYED ADULTS BY DEVELOPING, PLANNING, CONTRACTING AND MONITORING THE COMMUNITY-BASED WELFARE-TO-WORK SYSTEM. THE SYSTEM FOCUSES ON JOB RETENTION ISSUES AFFECTING EMPLOYMENT INCLUDING: CHILD CARE, JOB READINESS, PERSONAL SKILLS, EMPLOYER TRAINING & PUBLIC TRANSPORTATION.

	305,242.	672,101.
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TOTAL

	2,807,219.	4,835,140.
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FORM 990, PART III - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
BEFORE AND AFTER SCHOOL CARE PROGRAM- THIS PROGRAM IS DESIGNED TO IMPROVE EDUCATIONAL OUTCOMES AND SOCIETAL BENEFITS. FORTY-SEVEN SCHOOLS LOCATED IN THE KANSAS CITY MISSOURI SCHOOL DISTRICT WERE PARTICIPATING IN THIS PROGRAM.	3,902,942.	6,616,546.
EARLY CHILDHOOD - THIS PROGRAM PROVIDES TECHNICAL ASSISTANCE TO AREA EARLY CHILDHOOD EDUCATION PROFESSIONALS, PROVIDES EXTENSIVE RESOURCES AND SUPPORT TO AREA CHILD CARE PROGRAMS, AND PROVIDES OTHER BENEFITS TO OTHER CHILD CARE CENTERS THAT ARE WORKING TO IMPROVE QUALITY CHILD CARE AS THEY KEEP THEIR FEES AFFORDABLE.	127,906.	730,906.
DATA AND EVALUATION AND OTHER PROGRAMS - THESE INCLUDE VARIOUS PROGRAMS SUCH AS LINC MIS, COMMUNICATIONS AND FINANCE COSTS FOR DATA AND RESEARCH PROJECTS THAT SUPPORT LINC'S ACCOUNTING AND INFORMATION INFRASTRUCTURE AS WELL AS MENTORING PROGRAMS.	739,581.	2,819,424.
TOTALS	4,770,429.	10166876.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
EMPLOYEE ADVANCES	450.	450.
VENDOR DEPOSITS	500.	51,308.
PREPAID RENT	3,963.	3,361.
TOTALS	----- 4,913. =====	----- 55,119. =====

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LONDON ROWLAND KANSAS CITY SOUTHERN INDUSTRIES 114 WEST 11TH STREET KANSAS CITY, MO 64105	CHAIRMAN AS REQ	NONE	NONE	NONE
VELDA COOK JACKSON COUNTY PROSECUTOR'S OFFICE 415 EAST 12TH STREET, 11TH FLOOR KANSAS CITY, MO 64106	COMMISSIONER AS REQ	NONE	NONE	NONE
JOHN (JACK) C. CRAFT CRAFT FRIDKIN & RHYME 4435 MAIN STREET KANSAS CITY, MO 64111	COMMISSIONER AS REQ	NONE	NONE	NONE
SUELLEN FRIED 4003 HOMESTEAD DRIVE SHAWNEE MISSION, KS 66208	COMMISSIONER AS REQ	NONE	NONE	NONE
BERT BERKLEY TENSION ENVELOPE CORP 819 EAST 19TH KANSAS CITY, MO 64108	VICE CHAIRMAN AS REQ	NONE	NONE	NONE
ROBERT GLASER 5300 NE NORTHGATE CROSSING LEE'S SUMMIT, MO 64064	COMMISSIONER AS REQ	NONE	NONE	NONE
ANITA GORMAN 917 NE VIVION ROAD KANSAS CITY, MO 64118	COMMISSIONER AS REQ	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BART HAKAN 221 WEST 53RD TERRACE KANSAS CITY, MO 64112	COMMISSIONER AS REQ	NONE	NONE	NONE
ADELE HALL 5801 OAKWOOD ROAD SHAWNEE MISSION, KS 66208	COMMISSIONER AS REQ	NONE	NONE	NONE
JUDY HUNT 6526 RAINBOW SHAWNEE MISSION, KS 66208	COMMISSIONER AS REQ	NONE	NONE	NONE
JAN KREAMER GREATER KANSAS CITY COMMUNITY FNDTN 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	COMMISSIONER AS REQ	NONE	NONE	NONE
MARK MCAFEE RITE-WAY MAGIC SUPPLY 13010 2ND STREET GRANDVIEW, MO 64030	COMMISSIONER AS REQ	NONE	NONE	NONE
ESTELLE MORALES CITY OF KC, MO PLANNING & DEVELOPMNT 414 EAST 12TH STREET, 13TH FLOOR KANSAS CITY, MO 64106	COMMISSIONER AS REQ	NONE	NONE	NONE
RICHARD MORRIS 13431 BALLANTINE OVERLAND PARK, KS 66213	COMMISSIONER AS REQ	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARGIE PELTIER 2914 EAST 55TH STREET KANSAS CITY, MO 64130	COMMISSIONER AS REQ	NONE	NONE	NONE
OSCAR PINSKER 75 LEMANS PRAIRIE VILLAGE, KS 66208	COMMISSIONER AS REQ	NONE	NONE	NONE
SUSAN RAMIREZ C/O HAT 2900 CAMPBELL KANSAS CITY, MO 64109	COMMISSIONER AS REQ	NONE	NONE	NONE
PAUL ROJAS 2200 JEFFERSON KANSAS CITY, MO 64108	COMMISSIONER AS REQ	NONE	NONE	NONE
DAVID ROSS BANK OF AMERICA P.O. BOX 619119 KANSAS CITY, MO 64105	COMMISSIONER AS REQ	NONE	NONE	NONE
GENE STANDIFER 1317 EAST 28TH STREET KANSAS CITY, MO 64109-1213	COMMISSIONER AS REQ	NONE	NONE	NONE
BARRY WILKINSON HEAVY CONSTR WRKRS LOCAL UNION #663 7820 PROSPECT KANSAS CITY, MO 64132	COMMISSIONER AS REQ	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
HERMAN JOHNSON HERMAN JOHNSON COMPANY 912 BALTIMORE KANSAS CITY, MO 64105	VICE CHAIRMAN AS REQ	NONE	NONE	NONE
DENISE JORDON THE KANSAS CITY GLOBE 615 EAST 29TH STREET KANSAS CITY, MO 64109	COMMISSIONER AS REQ	NONE	NONE	NONE
ROSEMARY SMITH LOWE SANTA FE NEIGHBORHOOD ASSN 3232 E. 29TH STREET KANSAS CITY, MO 64128	VICE CHAIRMAN AS REQ	NONE	NONE	NONE
OSCAR TSHIBANDA 620 ROMANY KANSAS CITY, MO 64113	COMMISSIONER AS REQ	NONE	NONE	NONE
KAY BARNES MAYOR 414 E. 12TH STREET 11TH FLOOR KANSAS CITY, MO 64106	COMMISSIONER AS REQ	NONE	NONE	NONE
FRANK SALIZZONI H & R BLOCK 4410 MAIN STREET KANSAS CITY, MO 64111	COMMISSIONER AS REQ	NONE	NONE	NONE
KATHERYN SHIELDS JACKSON COUNTY EXECUTIVE	COMMISSIONER AS REQ	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
415 E. 12TH STREET STE 200 KANSAS CITY, MO 64106	DEPURY DIRECTOR FULL-TIME	75,013.	6,651.	NONE
CANDACE CHEATEM 3100 BROADWAY, STE 226 KANSAS CITY, MO 64111	DIR OF COMMUNICATION FULL-TIME	69,896.	6,165.	NONE
BRENT SCHONDELMAYER 3100 BROADWAY, STE 226 KANSAS CITY, MO 64111	DIRECTOR OF MIS FULL-TIME	57,638.	4,248.	NONE
BILL BROWN FANNIE MAE PARTNERSHIP OFFICE 4435 MAIN, SUITE 910 KANSAS CITY, MO 64111	COMMISSIONER AS REQ	NONE	NONE	NONE
STEVE DUNN JE DUNN CONSTRUCTION CO. 929 HOLMES KANSAS CITY, MO 64106	COMMISSIONER AS REQ	NONE	NONE	NONE
JOHN RICH 3100 BROADWAY, SUITE 226 KANSAS CITY, MO 64111	DIR OF OPERATIONS FULL-TIME	61,250.	5,894.	NONE
BRIDGETTE WILLIAMS LABOR MGMT COUNCIL OF KC 6301 ROCKHILL ROAD	COMMISSIONER AS REQ	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KANSAS CITY, MO 64131		263,797.	22,958.	NONE

GRAND TOTALS

263,797.

22,958.

NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE FORM 990, PART V.

SCHEDULE A, PART III - EXPLANATION FOR LINE 4
=====

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

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	1999	1998	1997	1996	TOTAL
OTHER INCOME	36,031.	27,027.	12,967.		76,025.
TOTALS	36,031.	27,027.	12,967.		76,025.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach this form to your return.

Attachment
Sequence No. **67**

Name(s) shown on return

Identifying number
43-1676730

GREATER K. C. LINC, INC.

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Tangible Property (Section 179)

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

1	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	
2	Total cost of section 179 property placed in service. See page 2 of the instructions	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1999. See page 3 of the instructions	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property.)

Section A - General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions

Section B - General Depreciation System (GDS) (See page 3 of the instructions.)

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

Section C - Alternative Depreciation System (ADS) (See page 5 of the instructions.)

16a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part III Other Depreciation (Do not include listed property.) (See page 5 of the instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

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

20	Listed property. Enter amount from line 26	20	4,607.
21	Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	4,607.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See page 7 of the instructions for limits for passenger automobiles.)

Table with columns for evidence of business use, depreciation basis, recovery period, and depreciation deduction. Includes rows for 23a, 24, 25, and 26.

Section B - Information on Use of Vehicles

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

Table with columns for miles driven (Vehicle 1-6) and questions 32-34 regarding personal use and availability.

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

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

Table with questions 35-39 regarding policy statements and requirements for employee vehicle use.

Part VI Amortization

Table with columns for description of costs, date amortization begins, amortizable amount, code section, amortization period, and amortization for this year. Includes rows for 40, 41, and 42.

GREATER K. C. LINC., INC.

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	ITC reduction in basis	Basis for depreciation	Salvage value %	Accumulated depreciation	Me-thod (Conv.)	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
Less: Retired Assets														
Subtotals														
Listed Property														
PLYMOUTH VAN VOYAGE	03/24/1998	23,037.	100.000			23,037.		10,366.	SL	5.000				4,607.
Less: Retired Assets														
Subtotals		23,037.				23,037.		10,366.						4,607.
TOTALS		23,037.				23,037.		10,366.						4,607.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Code	Life	Current-year amortization
Less: Retired Assets						
Subtotals						
TOTALS						

*Assets Retired

JSA

0X9024 1.000

FEDERAL FOOTNOTESFORM 990, PART IV, QUESTION 57

	COST	A/D
	-----	-----
EQUIPMENT	276,633	(151,123)
FURNITURE & FIXTURES	208,221	(75,102)
SOFTWARE	118,886	(46,464)
COMPUTERS	638,578	(391,030)
VEHICLES	23,574	(15,296)
BUILDING IMPROVEMENTS	53,024	(810)
	-----	-----
TOTALS	1,318,915	(679,825)