

Department of the Treasury Internal Revenue Service

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

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

A For the 2005 calendar year, or tax year beginning 07/01, 2005, and ending 06/30/2006

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: GREATER KC LINC, INC. D Employer identification number: 43-1676730. E Telephone number: (816) 889-5050. F Accounting method: Cash, Accrual (checked).

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

G Website: WWW.KCLINC.ORG

J Organization type (check only one): X 501(c)(3), 4947(a)(1) or 527

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes No (checked). H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No (checked).

I Group Exemption Number. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 16,942,584.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box. **X**
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization GREATER KC LINC, INC.	Employer identification number 43-1676730
	Number, street, and room or suite no. If a P.O. box, see instructions. 3100 BROADWAY	For IRS use only
	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(sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **MARK GUNTER**
Telephone No. **816 889-5050** FAX No. _____
- 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 is for.

4 I request an additional 3-month extension of time until **MAY 15, 2007**

5 For calendar year _____, or other tax year beginning **07/01/2005** and ending **06/30/2006**

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

7 State in detail why you need the extension _____

Additional time is required to accumulate the information necessary to file a complete and accurate return.

8a 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 \$ None

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ None

c **Balance Due.** Subtract line 8b from line 8a. 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 \$ None

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 Alan D Barnes Title CPA Date 2-15-07

Notice to Applicant - To Be Completed by the IRS

We have approved this application. Please attach this form to the organization's return.

We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.

Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Attn ATTN: TAX DEPT.
	Organization BKD, LLP
	City 120 W. 12th ST., SUITE 1200 KANSAS CITY, MO 64105-1936

Application for Extension of Time To File an Exempt Organization Return

▶ 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).

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization GREATER KC LINC, INC.	Employer identification number 43-1676730
	Number, street, and room or suite no. If a P.O. box, see instructions. 3100 BROADWAY 1100	
	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 |

• The books are in the care of ▶ **MARK GUNTER**

Telephone No. ▶ **816 889-5050** FAX No. ▶ _____

- 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-months for a **Form 990-T corporation**) extension of time until 02/15, 2007 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 07/01, 2005, and ending 06/30, 2006

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 \$ **NONE**
 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 \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part II Statement of Functional Expenses

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

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 \$ <u>5,175,850.</u> noncash \$ <u> </u>) If this amount includes foreign grants, check here <input type="checkbox"/>	5,175,850.	5,175,850.	STMT 2	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	436,051.	406,739.	29,312.	
26	Other salaries and wages	4,665,826.	4,352,178.	313,648.	
27	Pension plan contributions	273,300.	250,802.	22,498.	
28	Other employee benefits	387,854.	355,926.	31,928.	
29	Payroll taxes	431,764.	396,220.	35,544.	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	116,460.	114,107.	2,329.	24.
34	Telephone				
35	Postage and shipping	47,143.	46,822.	289.	32.
36	Occupancy	136,483.	13,648.	122,835.	
37	Equipment rental and maintenance	51,759.	32,943.	18,681.	135.
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings	179,097.	171,514.	7,583.	
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	113,391.	85,919.	27,197.	275.
43	Other expenses not covered above (itemize):				
a	STMT 3	1,229,913.	935,543.	293,240.	1,130.
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	13,244,891.	12,338,211.	905,084.	1,596.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? ▶SEE STATEMENT 4 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
b ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
c ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
d ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) SEE STATEMENT 5 (Grants and allocations \$ 5,175,850.) If this amount includes foreign grants, check here <input type="checkbox"/>	12,338,211.
f Total of Program Service Expenses (should equal line 44, column (B), Program services), ▶	12,338,211.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	4,411,035.	46	2,715,590.
	47a Accounts receivable	47a 1,014,457.		
	b Less: allowance for doubtful accounts	47b 58,860.	243,322.	47c 955,597.
	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	STMT. 8	173,355.	53 98,477.
	54 Investments - securities (attach schedule) STMT. 9. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		5,580,089.	54 6,302,878.
	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 1,594,252.			
b Less: accumulated depreciation (attach schedule)	57b 1,370,030.	294,390.	57c 224,222.	
58 Other assets (describe <input type="checkbox"/>)			58	
59 Total assets (must equal line 74). Add lines 45 through 58.		10,702,191.	59 10,296,764.	
Liabilities	60 Accounts payable and accrued expenses	2,757,484.	60	2,037,642.
	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		2,757,484.	66 2,037,642.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		5,668,903.	67 5,709,618.
	68 Temporarily restricted		2,275,804.	68 2,549,504.
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		7,944,707.	73 8,259,122.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		10,702,191.	74 10,296,764.

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

a Total revenue, gains, and other support per audited financial statements		a	13,559,306.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1	521,949.	
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify): _____	b4		
Add lines b1 through b4	b		521,949.
c Subtract line b from line a	c		13,037,357.
d Amounts included on Part I, line 12, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify): _____	d2		
Add lines d1 and d2	d		
e Total revenue (Part I, line 12). Add lines c and d	e		13,037,357.

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

a Total expenses and losses per audited financial statements		a	13,244,891.
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify): _____	b4		
Add lines b1 through b4	b		
c Subtract line b from line a	c		13,244,891.
d Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify): _____	d2		
Add lines d1 and d2	d		
e Total expenses (Part I, line 17). Add lines c and d	e		13,244,891.

Part V Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 10		436,051.	101,332.	NONE

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

Table with 3 columns: Question, Yes, No. Rows include 75a (30 meetings), 75b (Yes/No), 75c (Yes/No), and 75d (Yes/No).

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

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b, 79, 80a, 80b, 81a, 81b.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83 b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b		N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85 a		N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85 b		N/A	
c	Dues, assessments, and similar amounts from members		N/A
85 c			N/A
d	Section 162(e) lobbying and political expenditures		N/A
85 d			N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85 e			N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85 f			N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85 g			N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
85 h			N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		N/A
86 a			N/A
b	Gross receipts, included on line 12, for public use of club facilities		N/A
86 b			N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		N/A
87 a			N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
87 b			N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88			X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE ; section 4912 NONE ; section 4955 NONE		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89 b			X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		NONE
90 a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	105	
90 b			105
91 a	The books are in care of MARK GUNTER Telephone no. 816-889-5050		
	Located at 3100 BROADWAY STE 1100 KANSAS CITY, MO ZIP + 4 64111-2425		
b	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)? If "Yes," enter the name of the foreign country		X
91 b			X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country		X
91 c			X
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		NONE
		92	NONE

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

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:
a STATE ASSISTANCE
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
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
c
d
e
104 Subtotal (add columns (B), (D), and (E))
105 Total (add line 104, columns (B), (D), and (E))

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include various income categories and subtotals.

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 the instructions.)

Table with 2 columns: 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.

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

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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

Please Sign Here
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Signature of officer
Date
Type or print name and title.

Paid Preparer's Use Only
Preparer's signature
Date
Check if self-employed
Preparer's SSN or PTIN (See Gen. Inst. W)
Firm's name (or yours if self-employed), address, and ZIP + 4
EIN
Phone no.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2005

Name of the organization

GREATER KC LINC, INC.

Employer identification number

43-1676730

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 16				
Total number of other employees paid over \$50,000 . . . ▶		5		

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

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

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

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

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

Table with 4 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, grants, and donor accounts.

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

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

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

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

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

Limits on Lobbying Expenditures

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

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include lines 36-44 for various lobbying expenditure categories and nontaxable amounts.

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

4-Year Averaging Period Under Section 501(h)

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

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for Calendar year (or fiscal year beginning in) and sub-columns (a) 2005, (b) 2004, (c) 2003, (d) 2002, and (e) Total. Rows include lines 45-50 for nontaxable amounts, ceilings, and total 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 11 of the instructions.)

Table with 3 columns: Description of activity, Yes, No, Amount. Rows include items a-i such as volunteers, paid staff, media advertisements, mailings, publications, grants, direct contact, and rallies.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. STMT 19

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

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

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

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

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

FEDERAL FOOTNOTES

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FORM 990, PART II, QUESTION 42 & PART IV, QUESTION 57

=====

	<u>COST</u>	<u>A/D</u>
EQUIPMENT	270,845	243,805
FURNITURE & FIXTURES	209,127	191,782
SOFTWARE	294,869	249,493
COMPUTERS	656,869	631,936
VEHICLES	47,170	24,360
BUILDING IMPROVEMENT	115,372	28,654
TOTALS	<u>1,594,252</u>	<u>1,370,030</u>

GREATER KANSAS CITY LINC, INC.
EIN # 43-1676730
FORM 990 ATTACHMENT

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

Compensation earned in current year but not paid	65,625
Current year contributions to employee benefit plan	<u>11,228</u>
Total benefit contributions and deferred compensation	<u><u>76,853</u></u>

Current year base compensation	114,908
Compensation earned in prior years but paid in current year	<u>85,000</u>
Total compensation payments	<u><u>199,908</u></u>

explanatory attachment

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

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAIN ON INVESTMENTS	521,949.
TOTAL	----- 521,949. =====

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

=====

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID		
=====		
EARLY CHILDHOOD		324,638.
CARING COMMUNITIES		4,399,581.
EDUCARE		195,582.
CHILD WELFARE		162,299.
OTHER INITIATIVES		93,751.

TOTAL CONTRIBUTIONS PAID

5,175,850.
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADMINISTRATIVE FEES	105,575.	105,575.		
PURCHASED PROFESSIONAL SERVICE	193,705.	171,816.	21,889.	
TRAVEL AND MILEAGE	69,765.	43,286.	26,479.	
COMMUNICATION EQUIPMENT	68,715.	55,257.	13,458.	
EQUIPMENT	177,296.	133,190.	44,106.	
EVENTS & FACILITATION SERVICES	209,515.	129,448.	78,937.	1,130.
INSURANCE	170,031.	93,826.	76,205.	
MARKETING	117,081.	114,426.	2,655.	
BAD DEBT	2,860.	2,860.		
OTHER	29,100.	1,089.	28,011.	
GRANTS, STIPENDS & SCHOLARSHIP	86,270.	84,770.	1,500.	
TOTALS	1,229,913.	935,543.	293,240.	1,130.

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

GREATER KC LINC (LOCAL INVESTMENT COMMISSION) IS A CITIZEN-DRIVEN COMMUNITY COLLABORATIVE INVOLVING EFFORTS BY THE STATE OF MISSOURI TO WORK WITH NEIGHBORHOOD LEADERS, AS WELL AS OTHER CITIZENS, BUSINESS, CIVIC AND LABOR LEADERS TO IMPROVE THE LIVES OF CHILDREN AND FAMILIES IN JACKSON, CLAY AND PLATTE COUNTIES IN MISSOURI, INCLUDING KANSAS CITY, MISSOURI.

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

LINC IS INVOLVED IN A VARIETY OF COMMUNITY EFFORTS AND PARTNERSHIPS. ITS AREAS OF CONCENTRATION INCLUDE: CHILDREN AND FAMILIES, AGING, HEALTH CARE, SCHOOL-LINKED SERVICES, WELFARE REFORM AND BUSINESS DEVELOPMENT. LINC IS ALSO INVOLVED IN INITIATIVES TO PROVIDE EMPLOYMENT TO THOSE ON WELFARE, CREATE NEW BUSINESS IN THE CENTRAL CITY, IMPROVE THE DELIVERY OF HUMAN SERVICES AND HELP IMPROVE THE LIVES OF FAMILIES AND CHILDREN.

LINC ALSO IS THE COMMUNITY PARTNERSHIP SELECTED BY THE STATE OF MISSOURI TO SUPPORT "CARING COMMUNITIES," AN INITIATIVE CREATED BY EIGHT STATE DEPARTMENTS -- SOCIAL SERVICES, MENTAL HEALTH, HEALTH, LABOR, PUBLIC SAFETY, EDUCATION, CORRECTIONS, AND ECONOMIC DEVELOPMENT -- TO SUPPORT AND DEVELOP SCHOOL-LINKED, NEIGHBORHOOD-BASED SERVICES. CARING COMMUNITIES SUPPORTS SERVICES AT SELECTED SCHOOLS WHERE INTEREST IS SHOWN BY PARENTS, NEIGHBORS AND THE SCHOOL PRINCIPAL. THE EFFORT INVOLVES 73 SCHOOLS IN FIVE SCHOOL DISTRICTS. THE SCHOOL-LINKED SERVICES ARE PART OF A LARGER EFFORT TO DEVELOP NEIGHBORHOOD SERVICES THROUGH NEIGHBORHOOD INVOLVEMENT, PROFESSIONAL DEVELOPMENT AND CHANGE MANAGEMENT. SEE WWW.KCLINC.ORG FOR MORE INFORMATION.

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

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
<p>EARLY CHILDHOOD -- COLLABORATING WITH MANY COMMUNITY PARTNERS, THIS INITIATIVE IS DESIGNED TO INCREASE THE QUALITY AND AVAILABILITY OF CHILD CARE BY PROVIDING (A) TECHNICAL ASSISTANCE TO AREA EARLY EDUCATION PROFESSIONALS, (B) EXTENSIVE RESOURCES AND SUPPORT TO AREA CHILD CARE PROGRAMS THAT ARE WORKING TO ACHIEVE NATIONAL ACCREDITATION, AND (C) OTHER BENEFITS TO CHILD CARE CENTERS WORKING TO IMPROVE QUALITY CHILD CARE AS THEY STAY AFFORDABLE. FOR FY 2006, THIS PROGRAM SERVED APPROXIMATELY 1,200 PEOPLE.</p>	324,638.	334,175.
<p>WELFARE-TO-WORK INITIATIVES -- UNDER THE WELFARE-TO-WORK PROGRAM, LINC IS RESPONSIBLE FOR SERVING UNEMPLOYED AND UNDER-EMPLOYED ADULTS IN KANSAS CITY AND JACKSON COUNTY, MISSOURI BY DEVELOPING, PLANNING, CONTRACTING AND MONITORING COMMUNITY-BASED WELFARE-TO-WORK SYSTEMS. THE SYSTEM FOCUSES ON JOB RETENTION ISSUES INCLUDING: CHILD CARE, JOB READINESS, PERSONAL SKILLS, EMPLOYER TRAINING AND PUBLIC TRANSPORTATION.</p>	NONE	71,865.
<p>DATA -- LINC DATA AND RESEARCH INITIATIVES SUPPORT PLANNING AND SERVICE DELIVERY, PROMOTE ACCOUNTABILITY, AND ASSIST VOLUNTEERS IN MONITORING OUTCOMES. LINC MAINTAINS A CURRENT DATABASE OF ASSISTED FAMILIES AND INDIVIDUALS, AND PROVIDES OTHER DATA SUPPORT. THE RESULT IS A SYSTEM WHICH PROVIDES INCREASINGLY ACCURATE AND</p>	NONE	704,760.

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

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
-----	-----	-----

USEFUL APPLICATIONS USED INTERNALLY AS WELL AS OUTSIDE OF LINC. OTHER FUNDING IN THIS CATEGORY SUPPORTS PART OF LINC'S ACCOUNTING AND TECHNOLOGY INFRASTRUCTURE.

4,399,581.	10,165,801.
------------	-------------

CARING COMMUNITIES -- LINC PROVIDES SUPPORT FOR SCHOOL AND NEIGHBORHOOD SERVICES IN MULTIPLE SCHOOL DISTRICTS. MAJOR EFFORTS INCLUDE (A) OPERATING AN OUT-OF-SCHOOL PROGRAM IN THE KANSAS CITY, MO SCHOOL DISTRICT, (B) IMPLEMENTING THE FEDERAL 21ST CENTURY COMMUNITY LEARNING CENTER GRANT, AND (C) OPERATING THE AREA'S COMMUNITY PARTNERSHIP INITIATIVE. OTHER SMALLER, SIMILAR PROGRAMS ARE ALSO INCLUDED IN THE CATEGORY. FOR FY 2006, THIS PROGRAM SERVED APPROXIMATELY 4,600 PEOPLE.

195,582.	351,161.
----------	----------

EDUCARE -- THIS PROGRAM IS DESIGNED TO ENHANCE THE EARLY CHILDHOOD DEVELOPMENT OF CHILDREN BETWEEN THE AGES OF ZERO TO THREE YEARS OLD. THE PROGRAM OFFERS TRAINING, EDUCATIONAL RESOURCES AND HOME VISITS TO FAMILY CARE PROVIDERS LOCATED IN JACKSON, CLAY AND PLATTE COUNTY, MISSOURI, AND ADDRESS CORE COMPETENCIES FOR EARLY CARE AND EDUCATION PROFESSIONALS. FOR FY 2006, THIS PROGRAM SERVED APPROXIMATELY 8,900 PEOPLE.

162,298.	457,468.
----------	----------

CHILD WELFARE -- THIS PROGRAM EFFORT IMPROVES OUTCOMES FOR (AND EXTENDS SERVICES TO) AT-RISK FAMILIES, PARTICULARLY THOSE AT RISK FOR CHILD ABUSE AND

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

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
-----	-----	-----

NEGLECT. LINC IS ACTIVELY INVOLVED IN ADDRESSING COMMUNITY CHILD WELFARE ISSUES. THESE EFFORTS INCLUDE COORDINATING A REGIONAL EFFORT TO WORK WITH TEENAGE FOSTER CHILDREN WHO ARE LEAVING THE SYSTEM AND ENHANCING COMMUNITY AWARENESS AND TRAINING. FOR FY 2006, THIS PROGRAM SERVED APPROXIMATELY 600 PEOPLE.

	93,751.	252,981.
--	---------	----------

OTHER INITIATIVES -- THIS CATEGORY IS COMPOSED OF MULTIPLE SMALLER INITIATIVES THAT REPRESENT LINC TAKING ADVANTAGE OF UNIQUE REGIONAL OPPORTUNITIES FOR THE UNDER-SERVED POPULATION. THESE INITIATIVES SUPPORT HEALTH, EDUCATION AND FAMILY STABILITY.

	5,175,850.	12,338,211.
TOTALS		

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
VENDOR DEPOSITS	26,997.	5,000.
PREPAID SOFTWARE UPDATES	146,358.	93,477.
	-----	-----
TOTALS	173,355.	98,477.
	=====	=====

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
MUTUAL FUNDS	4,262,682.	4,824,037.
MONEY MARKET	20,425.	200,464.
U.S. TREASURIES	1,296,982.	1,052,612.
CORPORATE BONDS	NONE	225,765.
	-----	-----
TOTALS	5,580,089.	6,302,878.
	=====	=====

GREATER KC LINC, INC.

43-1676730

FORM 990, PART V-A - CURRENT 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 3100 BROADWAY 1100 KANSAS CITY, MO 64111	CHAIRMAN 1	NONE	NONE	NONE
DAVID ROCK 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
JOHN (JACK) C. CRAFT 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
SUELLEN FRIED 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
BERT BERKLEY 3100 BROADWAY 1100 KANSAS CITY, MO 64111	VICE CHAIRMAN 1	NONE	NONE	NONE
ROBERT GLASER 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
ANITA GORMAN	COMMISSIONER 1	NONE	NONE	NONE

GREATER KC LINC, INC.

43-1676730

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
BART HAKAN 3100 BROADWAY 1100 KANSAS CITY, MO 64111	VICE CHAIRMAN 1	NONE	NONE	NONE
ADELE HALL 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
JUDY HUNT 3100 BROADWAY 1100 KANSAS CITY, MO 64111	PRESIDENT 40	199,908.	76,853.	NONE
GAYLE HOBBS - See explanatory attachment 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
JAN KREAMER 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
STEVE DUNN 3100 BROADWAY 1100	COMMISSIONER 1	NONE	NONE	NONE

GREATER KC LINC, INC.

43-1676730

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KANSAS CITY, MO 64111				
BRIDGETTE WILLIAMS 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
RICHARD MORRIS 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
SHARON CHEERS 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
MARGIE PELTIER 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
RANDALL FERGUSON 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
HERB FREEMAN 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE

GREATER KC LINC, INC.

43-1676730

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DAVID ROSS 3100 BROADWAY 1100 KANSAS CITY, MO 64111	TREASURER/SECRETARY 1	NONE	NONE	NONE
BARRY WILKINSON 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NC
RICHARD HIBSCHMAN 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
DENISE JORDON 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
ROSEMARY SMITH LOWE 3100 BROADWAY 1100 KANSAS CITY, MO 64111	VICE CHAIRMAN 1	NONE	NONE	NONE
MARY KAY MCPHEE 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
CARSON ROSS	COMMISSIONER 1	NONE	NONE	NONE

GREATER KC LINC, INC.

43-1676730

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMM/EX-OFFICIO 1	NONE	NONE	NONE
KAY BARNES 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
BAILUS TATE 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
FRANK SALIZZONI 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE
KATHERYN SHIELDS 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMM/EX-OFFICIO 1	NONE	NONE	NONE
ROBIN GIERER 3100 BROADWAY 1100 KANSAS CITY, MO 64111	CHIEF FIN. OFFICER 40	66,155.	7,855.	NONE
CANDACE CHEATEM 3100 BROADWAY 1100	DEPUTY DIRECTOR 40	88,369.	8,560.	NONE

GREATER KC LINC, INC.

43-1676730

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KANSAS CITY, MO 64111				
BRENT SCHONDELMAYER 3100 BROADWAY 1100 KANSAS CITY, MO 64111	DIR OF COMMUNICATION 40	81,619.	8,064.	NONE
TOM GERKE 3100 BROADWAY 1100 KANSAS CITY, MO 64111	COMMISSIONER 1	NONE	NONE	NONE

GRAND TOTALS

436,051.

101,332.

NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
TOM DANIELS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	CONTRACTS/INVESTMENT 40 HOURS	57,751.	5,594.	NONE
AARON WAYMAN 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	IT NETWORK MANAGER 40 HOURS	53,061.	5,140.	NONE
MARK GUNTER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	CONTROLLER 40 HOURS	62,868.	6,090.	NONE
BRENDA MITCHELSON 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	SERVICES COORDINATOR 40 HOURS	53,799.	4,936.	NONE
LEE BOHANNON 3100 BROADWAYS, SUITE 1100 KANSAS CITY, MO 64111	COMMUNITY ORGANIZING 40 HOURS	54,444.	5,274.	NONE
TOTAL COMPENSATION		281,923.	27,034.	NONE

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

SEE FORM 990 PART V

SCHEDULE A, PART IV-A - OTHER INCOME

=====

DESCRIPTION	2004	2003	2002	2001	TOTAL
OTHER INCOME	95,671.	90,668.	28,790.	8,819.	223,948.
TOTALS	95,671.	90,668.	28,790.	8,819.	223,948.

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

=====

DE MINIMUS COSTS OF INFREQUENT COMMUNICATIONS WITH PUBLIC OFFICIALS.