

**PUBLIC DISCLOSURE COPY  
GREATER KC LINC INC  
TAX YEAR 2006**



**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
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ 4,696,176. noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	4,696,176.	4,696,176.	STMT 4	
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	539,564.	501,795.	37,769.	STMT 5
<b>25b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
<b>25c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	4,157,980.	3,879,840.	278,140.	
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	273,300.	254,169.	19,131.	
<b>28</b>	Employee benefits not included on lines 25a - 27	470,898.	441,406.	29,492.	
<b>29</b>	Payroll taxes	411,969.	383,131.	28,838.	
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees				
<b>32</b>	Legal fees				
<b>33</b>	Supplies	150,870.	137,663.	13,075.	132.
<b>34</b>	Telephone				
<b>35</b>	Postage and shipping	53,944.	52,090.	1,835.	19.
<b>36</b>	Occupancy	162,063.	16,206.	145,857.	
<b>37</b>	Equipment rental and maintenance	90,295.	55,438.	34,613.	244.
<b>38</b>	Printing and publications				
<b>39</b>	Travel				
<b>40</b>	Conferences, conventions, and meetings	192,669.	186,432.	6,237.	
<b>41</b>	Interest				
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	102,219.	74,623.	27,320.	276.
<b>43</b>	Other expenses not covered above (itemize):				
<b>43a</b>	STMT 6	2,492,103.	2,223,599.	242,164.	26,340.
<b>43b</b>					
<b>43c</b>					
<b>43d</b>					
<b>43e</b>					
<b>43f</b>					
<b>43g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	13,794,050.	12,902,568.	864,471.	27,011.

**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 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)		(B)
		Beginning of year		End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	2,715,590.	46	2,642,488.
	47 a Accounts receivable	47a 1,580,932.		
	b Less: allowance for doubtful accounts	47b 1,401,571.	955,597.	47c 179,361.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51 a 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		98,477.	53 125,512.
	54 a Investments - publicly-traded securities	STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	6,302,878.	54a 6,627,339.
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments - other (attach schedule)			56
	57 a Land, buildings, and equipment: basis	57a 1,521,465.		
	b Less: accumulated depreciation (attach schedule)	57b 1,384,075.	224,222.	57c 137,390.
58 Other assets, including program-related investments (describe _____)			58	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		10,296,764.	59 9,712,090.	
Liabilities	60 Accounts payable and accrued expenses		60	1,895,300.
	61 Grants payable	2,037,642.	61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe _____)		65	
	66 <b>Total liabilities.</b> Add lines 60 through 65		2,037,642.	66 1,895,300.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	5,508,128.
	68 Temporarily restricted		68	2,308,662.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		8,259,122.	73 7,816,790.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		10,296,764.	74 9,712,090.



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

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ... 29
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."
d Does the organization have a written conflict of interest policy?

Table with 3 columns: Question, Yes, No. Rows 75b, 75c, 75d with 'X' marks in Yes/No columns.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 shows -0- in columns B, C, D, and E.

Part VI Other Information (See the instructions.)

- 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b 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?
b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81a Enter direct and indirect political expenditures. (See line 81 instructions.)
b Did the organization file Form 1120-POL for this year?

Table with 3 columns: Question, Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 81a, 81b with 'X' marks in Yes/No columns.

Part VI Other Information (continued)

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?
82 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.)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b 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?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 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?
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12
86 b 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
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 b 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
88 b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI
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
89 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
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE
89 d Enter: Amount of tax on line 89c, above, reimbursed by the organization NONE
89 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
89 f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?
89 g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 561
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
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
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.



**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . 91c  Yes  No

If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . .   
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 92 | N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a STATE ASSISTANCE					29,246.
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	154,019.	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	41.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b OTHER REVENUE					162,343.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				154,060.	191,589.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					345,649.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	STATE PROVIDED SALARIES, SUPPLIES, AND RENTS WHICH HELP SERVE THE NEEDS OF GREATER K.C. LINC, INC.
103B	VENDOR REBATES AND OTHER EXEMPT FUNCTION INCOME.

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

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

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

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

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

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

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

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

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

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

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

**Please Sign Here**

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

▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

▶ Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed

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

Preparer's SSN or PTIN (See Gen. Inst. X) P00482834  
EIN ▶ 44-0160260  
Phone no. ▶ 816 221-6300

Form **990** (2006)

**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

**2006**

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 2 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 19				
Total number of other employees paid over \$50,000 . . . ▶	5			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 20		
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	

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

Schedule A (Form 990 or 990-EZ) 2006

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

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4g regarding lobbying activities, grants, and donor advised funds. Includes a total expense amount of \$2,000.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state**
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  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.)
- 11 b  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 by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III - Functionally Integrated       Type III - Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

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

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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 6 columns: (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts; c Total support for section 509(a)(1) test: Enter line 24, column (e); d Add: Amounts from column (e) for lines: 18 382,716, 19, 22 542,950, 26b 734,122; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 96.7578 %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

NOT APPLICABLE
(2005) (2004) (2003) (2002)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2005) (2004) (2003) (2002)

c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21

d Add: Line 27a total and line 27b total

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

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

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

**Limits on Lobbying Expenditures**

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

		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>		
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>			
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	<b>41</b>		
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			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>		

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
Grassroots nontaxable					
<b>48</b> amount . . . . .					
Grassroots ceiling amount					
<b>49</b> (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
<b>a</b> Volunteers . . . . .		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		X	
<b>c</b> Media advertisements . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public . . . . .	X		1,000.
<b>e</b> Publications, or published or broadcast statements . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .	X		1,000.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			2,000.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. STMT 23





FORM 990 - GENERAL EXPLANATION ATTACHMENT  
 =====

COMPENSATION FOR GAYLE HOBBS  
 FORM 990, PART V-A

COMPENSATION EARNED IN CURRENT YEAR BUT NOT PAID	48,000
CURRENT YEAR CONTRIBUTIONS TO EMPLOYEE BENEFIT PLAN	11,228
	-----
TOTAL BENEFIT CONTRIBUTIONS AND DEFERRED COMPENSATION	59,228
	=====

CURRENT YEAR BASE COMPENSATION	118,186
COMPENSATION EARNED IN PRIOR YEARS BUT PAID IN CURRENT YEAR	80,000
	-----
TOTAL COMPENSATION PAYMENTS	198,186
	=====
	=====

FORM 990 - GENERAL EXPLANATION ATTACHMENT  
=====

## DEPRECIABLE ASSETS

FORM 990 - PART II, LINE 42 &amp; PART IV, LINE 57

ASSET	COST	A/D	DEPRECIATION
-----	-----	-----	-----
EQUIPMENT	279,618	263,373	19,568
FURNITURE & FIXTURES	210,459	207,439	15,657
SOFTWARE	202,883	199,844	32,117
COMPUTERS	665,963	648,457	22,930
VEHICLES	47,170	29,080	4,719
BUILDING IMPROVEMENT	115,372	35,882	7,228
TOTALS	1,521,465	1,384,075	102,219
	=====	=====	=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAIN ON INVESTMENTS	1,016,359.
TOTAL	----- 1,016,359. -----

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
EARLY CHILDHOOD	PROGRAM SERVICE	TO INCREASE THE QUALITY & AVAILABILITY OF	324,604.
C/O GREATER KC LINC	NONE	CHILD CARE WITHIN THE URBAN CORE	
3100 BROADWAY, SUITE 1100			
KANSAS CITY, MO 64111			
CARING COMMUNITIES	PROGRAM SERVICE	SUPPORT SCHOOLS, NEIGHBORHOOD SERVICES AND	3,664,528.
C/O GREATER KC LINC	NONE	AFTER-SCHOOL ACTIVITIES	
3100 BROADWAY, SUITE 1100			
KANSAS CITY, MO 64111			
EDUCARE	PROGRAM SERVICE	PROVIDE TRAINING, EDUCATIONAL RESOURCES AND	167,516.
C/O GREATER KC LINC	NONE	HOME VISITS TO FAMILY CARE PROVIDERS	
3100 BROADWAY, SUITE 1100			
KANSAS CITY, MO 64111			
CHILD WELFARE	PROGRAM SERVICE	TO ADDRESS AND IMPROVE COMMUNITY CHILD	420,944.
C/O GREATER KC LINC	NONE	WELFARE	
3100 BROADWAY, SUITE 1100			
KANSAS CITY, MO 64111			
OTHER INITIATIVES	PROGRAM SERVICE	SUPPORT VARIOUS INITIATIVES TO FOR THE	118,584.
C/O GREATER KC LINC	NONE	AT-RISK AND UNDERSERVED POPULATION	
3100 BROADWAY, SUITE 1100			
KANSAS CITY, MO 64111			
TOTAL CONTRIBUTIONS PAID			4,696,176.

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE

CURRENT OFFICER NAME	PROGRAM SERVICES	MANAGEMENT AND GENERAL
GAYLE HOBBS		
COMPENSATION:	184,313.	13,873.
CONTRIBUTIONS TO BENEFIT PLANS:	55,082.	4,146.
ROBIN GIERER		
COMPENSATION:	76,892.	5,788.
CONTRIBUTIONS TO BENEFIT PLANS:	7,305.	550.
CANDACE CHEATEM		
COMPENSATION:	83,799.	6,307.
CONTRIBUTIONS TO BENEFIT PLANS:	7,961.	599.
BRENT SCHONDELMAYER		
COMPENSATION:	78,943.	5,942.
CONTRIBUTIONS TO BENEFIT PLANS:	7,500.	564.
TOTALS	501,795.	37,769.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADMINISTRATIVE FEES	82,121.	82,121.		
PURCHASED PROFESSIONAL SERVICE	253,029.	221,279.	31,750.	
TRAVEL AND MILEAGE	95,543.	70,328.	25,215.	
COMMUNICATION EQUIPMENT	66,395.	41,972.	24,423.	
EQUIPMENT	112,038.	84,166.	27,872.	
EVENTS & FACILITATION SERVICES	165,988.	112,421.	27,227.	
INSURANCE	193,519.	106,787.	86,732.	
MARKETING	107,075.	105,689.	1,386.	
BAD DEBT	1,342,711.	1,342,711.		
OTHER	56,662.	39,303.	17,359.	
GRANTS, STIPENDS & SCHOLARSHIP	17,022.	16,822.	200.	
TOTALS	2,492,103.	2,223,599.	242,164.	26,340.

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
-----	-----	-----
CARING COMMUNITIES --	3,664,528.	10,411,786.

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 2007, THIS PROGRAM SERVED APPROXIMATELY 22,256 PEOPLE.

CHILD WELFARE --	420,944.	701,519.
------------------	----------	----------

THIS PROGRAM EFFORT IMPROVES OUTCOMES FOR (AND EXTENDS SERVICES TO) AT-RISK FAMILIES, PARTICULARLY THOSE AT RISK FOR CHILD ABUSE AND NEGLECT. LINC IS ACTIVELY INVOLVED IN ADDRESSING COMMUNITY CHILD WELFARE ISSUES. THESE EFFORTS INCLUDE COORDINATING A REGIONAL EFFORT TO WORK WITH TEENAGE FOSTER CHILDREN WHO ARE LEAVING THE SYSTEM AND ENHANCING COMMUNITY AWARENESS AND TRAINING. FOR FY 2007, THIS PROGRAM SERVED APPROXIMATELY 930 PEOPLE.

EDUCARE --	167,516.	353,283.
------------	----------	----------

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

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

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PROFESSIONALS. FOR FY 2007, THIS PROGRAM SERVED APPROXIMATELY 2,400 PEOPLE.		
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 2007, THIS PROGRAM SERVED APPROXIMATELY 2,145 PEOPLE.	324,604.	334,342.
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.	NONE	13,252.
DATA -- LINC DATA AND RESEARCH INITIATIVES SUPPORT PLANNING AND SERVICE DELIVERY, PROMOTE ACCOUNTABILITY, AND ASSIST VOLUNTEERS IN MONITORING OUTCOMES. LINC MAINTAINS A CURRENT	NONE	529,454.

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

	EXPENSES
GRANTS AND ALLOCATIONS	-----

-----

DESCRIPTION -----

-----

DATABASE OF ASSISTED FAMILIES AND INDIVIDUALS, AND PROVIDES OTHER DATA SUPPORT. THE RESULT IS A SYSTEM WHICH PROVIDES INCREASINGLY ACCURATE AND USEFUL APPLICATIONS USED INTERNALLY AS WELL AS OUTSIDE OF LINC. OTHER FUNDING IN THIS CATEGORY SUPPORTS PART OF LINC'S ACCOUNTING AND TECHNOLOGY INFRASTRUCTURE.

	558,932.
118,584.	-----

-----

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.

	12,902,568.
4,696,176.	-----
TOTALS	=====

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
VENDOR DEPOSITS	5,000.	5,537.
PREPAID SOFTWARE UPDATES	93,477.	119,975.
TOTALS	----- 98,477. =====	----- 125,512. =====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
MUTUAL FUNDS	4,824,037.	6,030,960.
MONEY MARKET	200,464.	NONE
U.S. TREASURIES	1,052,612.	NONE
CORPORATE BONDS	225,765.	NONE
CERTIFICATE OF DEPOSITS	NONE	596,379.
TOTALS	----- 6,302,878. =====	----- 6,627,339. =====

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, SUITE 1100 KANSAS CITY, MO 64111	CHAIRMAN 1.00	NONE	NONE	NONE
DAVID ROCK 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
JOHN C CRAFT 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
SUELLEN FRIED 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
BERT BERKLEY 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	VICE CHAIRMAN 1.00	NONE	NONE	NONE
ROBERT GLASER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
ANITA GORMAN	COMMISSIONER 1.00	NONE	NONE	NONE

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, SUITE 1100 KANSAS CITY, MO 64111				
BART HAKAN 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
ADELE HALL 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	VICE CHAIRMAN 1.00	NONE	NONE	NONE
JUDY HUNT 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
GAYLE HOBBS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	PRESIDENT 40.00	198,186.	59,228.	NONE
SEE STATEMENT 1 FOR MORE DETAIL				
STEVE DUNN 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BRIDGETTE WILLIAMS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
RICHARD MORRIS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
SHARON CHEERS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
MARGIE PELTIER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
RANDALL FERGUSON 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
HERB FREEMAN 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
DAVID ROSS	TREASURER/SECRETARY 1.00	NONE	NONE	NONE



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, SUITE 1100 KANSAS CITY, MO 64111				
RICHARD HIBSCHMAN 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
DENISE JORDON 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
ROSEMARY SMITH LOWE 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	VICE CHAIRMAN 1.00	NONE	NONE	NONE
MARY KAY MCPHEE 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
CARSON ROSS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
BAILUS TATE 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE

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
FRANK SALIZZONI 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
ROBIN GLERER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	CFO 40.00	82,680.	7,855.	NONE
CANDACE CHEATEM 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	DEPUTY DIRECTOR 40.00	90,106.	8,560.	NONE
BRENT SCHONDELMAYER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	DIR OF COMMUNICATION 40.00	84,885.	8,064.	NONE
TOM GERKE 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
GENE STANDIFER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MIKE SANDERS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMM/EX-OFFICIO 1.00	NONE	NONE	NONE
MARK FUNKHOUSER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMM/EX-OFFICIO 1.00	NONE	NONE	NONE
GRAND TOTALS		455,857.	83,707.	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	CONTRACT MANAGER 40.00	58,885.	4,711.	NONE
STEVE WINBURN 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMM SUPP LIAISON 40.00	61,048.	5,800.	NONE
MARK GUNTER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	CONTROLLER 40.00	67,049.	6,369.	NONE
BRENDA MITCHELSON 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	LINCWORKS 40.00	54,870.	4,389.	NONE
LEE BOHANNON 3100 BROADWAYS, SUITE 1100 KANSAS CITY, MO 64111	COMMUNITY ORGANIZING 40.00	55,515.	4,441.	NONE
TOTAL COMPENSATION		297,367.	25,710.	NONE

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

DYNAMIC ENTERPRISE SOLUTIONS 106 ROUTE 32, #201 NORTH FRANKLIN, CT 06254	DATA DEVELOPMENT	80,000.
--	------------------	---------

LATHROP AND GAGE 2345 GRAND, #2800 KANSAS CITY, MO 64108	LEGAL	73,749.
--	-------	---------

TOTAL COMPENSATION		----- 153,749. =====
--------------------	--	----------------------------

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE FORM 990 PART V

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2005	2004	2003	2002	TOTAL
OTHER INCOME	327,821.	95,671.	90,668.	28,790.	542,950.
TOTALS	327,821.	95,671.	90,668.	28,790.	542,950.

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

=====

COSTS OF INFREQUENT COMMUNICATIONS WITH PUBLIC OFFICIALS.



# Capital Gains and Losses

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

Name of estate or trust

Employer identification number

GREATER KC LINC INC

43-1676730

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

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

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
1					
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				2
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				3
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2005 Capital Loss Carryover Worksheet				4 ( )
5	Net short-term gain or (loss). Combine lines 1 through 4 in column (f). Enter here and on line 13, column (3) below				5

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

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
6					
SEE STATEMENT 1			6,409,972.	6,409,931.	41.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				7
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts				8
9	Capital gain distributions				9
10	Gain from Form 4797, Part I				10
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet				11 ( )
12	Net long-term gain or (loss). Combine lines 6 through 11 in column (f). Enter here and on line 14a, column (3) below				12 41.

## Part III Summary of Parts I and II

Caution: Read the instructions before completing this part.

	(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13		
14 Net long-term gain or (loss):			
a Total for year	14a		41.
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36)	14b		
c 28% rate gain	14c		
15 Total net gain or (loss). Combine lines 13 and 14a	15		41.

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

**Part IV Capital Loss Limitation**

16 Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of:  
 a The loss on line 15, column (3) **or**  
 b \$3,000

16 ( )

If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 39 of the instructions to determine your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates** (Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero.)

**Note:** If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V. Otherwise, go to line 17.

17	Enter taxable income from Form 1041, line 22	17	
18	Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero	18	
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)	19	
20	Add lines 18 and 19	20	
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	21	
22	Subtract line 21 from line 20. If zero or less, enter -0-	22	
23	Subtract line 22 from line 17. If zero or less, enter -0-	23	
24	Enter the <b>smaller</b> of the amount on line 17 or \$2,050	24	
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> <b>No.</b> Enter the amount from line 23	25	
26	Subtract line 25 from line 24	26	
27	Multiply line 26 by 5% (.05)	27	
28	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 28 through 31; go to line 32. <input type="checkbox"/> <b>No.</b> Enter the <b>smaller</b> of line 17 or line 22	28	
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)	29	
30	Subtract line 29 from line 28	30	
31	Multiply line 30 by 15% (.15)	31	
32	Figure the tax on the amount on line 23. Use the 2006 Tax Rate Schedule on page 23 of the instructions	32	
33	Add lines 27, 31, and 32	33	
34	Figure the tax on the amount on line 17. Use the 2006 Tax Rate Schedule on page 23 of the instructions	34	
35	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 33 or line 34 here and on line 1a of Schedule G, Form 1041	35	

