PUBLIC DISCLOSURE COPY GREATER KC LINC INC TAX YEAR 2006

Form **990**

Return of Organization Exempt From Income Tax

2000

OMB No. 1545-0047

			Under section 501(c), 527, c			Code (except bi	lack I	
•		the Treasury ue Service	/ ► The organization may	benefit trust or private for have to use a copy of this reti		state reporting reg	uirem	Open to Public ents. Inspection
-			ndar year, or tax year beginning					5/30/2007
_	ck if applica			07/01				imployer identification number
	Address change	use IRS label or	CDDAMED VO TING ING					3 – 1676730
	Name cha	nge print or		c if mail is not delivered to stre	et address)	Room/suite		elephone number
	Initial retur	type.	3100 BROADWAY, SUITE		or address,	1100111001110	L	16) 889-5050
	Final retun	Specific Instruc-	0.4 4				F A	ccounting
	Amended	tions.	KANSAS CITY, MO 6411				ľ	ethod: Cash X Accrual Other (specify) ▶
	return Application	. <u> </u>	ection 501(c)(3) organizations and 4		ble	H and I are not app	licable	to section 527 organizations.
	pending		usts must attach a completed Sche			H(a) Is this a group		
G V	/ebsite:	TATTATTAT	.KCLINC.ORG			H(b) If "Yes," enter		
			neck only one) ► X 501(c) (3) ◀	(insert no.) 4947(a)(1) or	527	H(c) Are all affiliate		
	heck he		if the organization is not a 509(a					. See instructions.)
			not more than \$25,000. A return is i		-	H(d) Is this a separat		
	•	•	to file a complete return.	iot required, but it the organiza	alon chooses	I Group Exemp		
) IIIE a IE	tum, be sure	to life a complete return.			M Check		if the organization is not required
	roon roo	ointe: Add lin	and the Oh Oh and 10h to line 12	10 74	E 200	1		-
Par			es 6b, 8b, 9b, and 10b to line 12 Expenses, and Changes in Net A		5,290.	·	Б(ГО	rm 990, 990-EZ, or 990-PF).
ıaı	1				(See the n	istructions.j	avál.	
			ons, gifts, grants, and similar amount		1		1,000	
	l a			<u>1a</u>	1	1 040 405		
	b		olic support (not included on line 1a)		1	1,048,485.	- 1225	
	C		ublic support (not included on line 1a)					
	d		ent contributions (grants) (not include		11 000 710			
	1 .		nes 1a through 1d) (cash \$11, 9		4) (II P = - 00)		1e	11,989,710.
	2		service revenue including governmen	2	29,246.			
	3		nip dues and assessments	3	151 010			
	4		n savings and temporary cash investr	5	154,019.			
	5		and interest from securities s					
				1	1		-	
	1		al expenses					
a)	1 _		income or (loss). Subtract line 6b fro	m iine ba	• • • • • •		6c	
Revenue	7		estment income (describe	40.0	(15)	}	7	•
ě	oa		ount from sales of assets other	(A) Securities	<u> </u>	Other		
-			itory	6,409,972. 8a	· · · · · · · · · · · · · · · · · · ·			
	1		or other basis and sales expenses.	6,409,931.8b				
	1	,	oss) (attach schedule)	41. 8c				
	1 .		or (loss). Combine line 8c, columns (A				8d	41.
	9		vents and activities (attach schedule).		ng, cneck he	re 🕨 🔛		
	a		enue (not including \$		1		-0152	
			ons reported on line 1b)					
			ct expenses other than fundraising ex				-	
			e or (loss) from special events. Subtr	1	1		9c	
	1		es of inventory, less returns and allow				-	
	1		of goods sold			40-		
	1	-	fit or (loss) from sales of inventory (at	•				
	11		enue (from Part VII, line 103)					162,343.
	12		renue. Add lines 1e, 2, 3, 4, 5, 6c, 7					12,335,359.
w	13		services (from line 44, column (B))					12,902,568.
Expenses	14		ent and general (from line 44, column				1 1	864,471.
cbei	15							27,011.
ត	16	Payments	to affiliates (attach schedule)				16	

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

Excess or (deficit) for the year. Subtract line 17 from line 12

Total expenses . Add lines 16 and 44, column (A) .

7,816,790. Form 990 (2006)

13,794,050.

-1,458,691.

8,259,122.

1,016,359.

19

18

19

Net assets or fund balances at beginning of year (from line 73, column (A))

Net assets or fund balances at end of year. Combine lines 18, 19, and 20

Other changes in net assets or fund balances (attach explanation) STMT .3. . .

Fa	Functional Expenses organi	ganiza zations	tions must complete columr and section 4947(a)(1) r	n (A). Columns (B), (C), nonexempt charitable true	and (D) are required for s sts but optional for others	ection 501(c)(3) and (4) . (See the instructions.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	100 000 000 000 000 000 000 000 000 000	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule)					
	(cash \$noncash \$))			Assembly to make the first	
	If this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule)					
	(cash \$ 4,696,176. noncash \$) If this amount includes foreign grants,)				
00	check here	22b	4,696,176.	4,696,176.	STMT 4	
23	Specific assistance to individuals	23				
24	(attach schedule)	23				
24	(attach schedule)	24				
25 a	Compensation of current officers,					
	directors, key employees, etc. listed in				***************************************	STMT 5
	Part V-A (attach schedule)	25a	539,564.	501,795.	37,769.	01111
ŀ	Compensation of former officers,			002,700		***************************************
	directors, key employees, etc. listed in					
	Part V-B (attach schedule)	25b				
C	Compensation and other distributions, not includ-					
	ed above, to disqualified persons (as defined under section 4958(f)(1)) and persons described					
	in section 4958(c)(3)(B) (attach schedule)	25c		· · · · · · · · · · · · · · · · · · ·		
26	Salaries and wages of employees not				•	
	included on lines 25a, b, and c	26	4,157,980.	3,879,840.	278,140.	
27	Pension plan contributions not					
~~	included on lines 25a, b, and c	27	273,300.	254,169.	19,131.	
28	Employee benefits not included on		450 000			
20	lines 25a - 27	28	470,898.	441,406.	29,492.	
29 30	Payroll taxes Professional fundraising fees	30	411,969.	383,131.	28,838.	
31	Accounting fees	31				
32	Legal fees	32		**************************************	111111111111111111111111111111111111111	
33	Supplies	33	150,870.	137,663.	13,075.	132
34	Telephone	34	130,070.	137,003.	13,013.	1J2
35	Postage and shipping	35	53,944.	52,090.	1,835.	19
36	Occupancy	36	162,063.	16,206.	145,857.	
37	Equipment rental and maintenance	37	90,295.	55,438.	34,613.	244
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings .	40	192,669.	186,432.	6,237.	<u>. </u>
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	102,219.	74,623.	27,320.	276
43	Other expenses not covered above (itemize):	l				
	STMT 6	43a	2,492,103.	2,223,599.	242,164.	26,340
k		43b				
0		43c				**************************************
6		43d		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
f		43e 43f				
9		43g				
_	Total functional expenses. Add lines 22a	109				
	through 43g. (Organizations completing columns (B)-(D), carry these totals to lines					
	13-15)	44	13,794,050.	12,902,568.	864,471.	27,011
Joi	nt Costs. Check ▶ if you are follow	ing S	OP 98-2.		V - 1 - 1 - 1	2,,011
	any joint costs from a combined educational ca	•		on reported in (B) Pro	ogram services?	► Yes X No
	es," enter (i) the aggregate amount of these join		·-		ted to Program services \$	
(iii)	the amount allocated to Management and gene	ral \$; and (iv) the amount all	ocated to Fundraising \$	
JSA	20 2.000					Form 990 (2006)
ot 103	20 2,000					

	10 10/0/30									
P	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	on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's									
pro	grams and accomplishments.									
W	nat is the organization's primary exempt purpose? ►SEE STATEMENT 7	Program Service								
	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	Expenses (Required for 501(c)(3) and								
	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(4) orgs., and 4947(a)(1)								
org	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	trusts; but optional for others.)								
а										
	(Grants and allocations \$) If this amount includes foreign grants, check here									
b										
D										
	(Grants and allocations \$) If this amount includes foreign grants, check here									
_	(Grants and allocations \$) If this amount includes foreign grants, check here									
С										
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									
	The state of the s									
	(Grants and allocations \$ ) If this amount includes foreign grants, check here									
d										
	(Grants and allocations \$ ) If this amount includes foreign grants, check here									
е	Other program services (attach schedule) SEE STATEMENT 8	,								
	(Grants and allocations \$ 4,696,176. ) If this amount includes foreign grants, check here ▶	12,902,568.								
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	12,902,568.								
		Form <b>990</b> (2006)								

3.5	artiv	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
	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments	2,715,590.	46	2,642,488.
				2011/2014	
	47 a	Accounts receivable 1,580,932.			
		Less: allowance for doubtful accounts	955,597.	47c	179,361.
			•	34.194A	
	48 a	Pledges receivable			
		Less: allowance for doubtful accounts		48c	
	49	Grants receivable	····	49	
	50 a	Receivables from current and former officers, directors, trustees, and		1	
		key employees (attach schedule)	•	50a	
	h	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	etrometro e e e e e e e e e e e e e e e e e e e	305	
8	0, 4	schedule)		22.000	
Assets	h	Less: allowance for doubtful accounts 51b		51c	
Ä	52	Inventories for sale or use	***	52	
	53	Prepaid expenses and deferred charges	00 477	<del>                                     </del>	105 510
	ŧ		98,477.		125,512.
	94 a		6,302,878.		<u>6,627,339.</u>
	ŧ			54b	
	oo a	Investments - land, buildings, and		700 C No. 700 C	
	١.	equipment: basis			
	b	Less: accumulated depreciation (attach		Chillian)	
		schedule) 55b	•	55c	
	56	Investments - other (attach schedule)		56	
	l	Land, buildings, and equipment: basis 57a 1,521,465.			
	b	Less: accumulated depreciation (attach		Real S	
		schedule)	224,222.	57c	137,390.
	58	Other assets, including program-related investments			
		(describe ▶)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	10,296,764.		9,712,090.
	60	Accounts payable and accrued expenses	2,037,642.	60	1,895,300.
	61	Grants payable		61	
	62	Deferred revenue	4444	62	
8	63	Loans from officers, directors, trustees, and key employees (attach			
∄		schedule)		63	
Liabilitie	64 a	Tax-exempt bond liabilities (attach schedule)		64a	
コ	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe >)		65	
	66	Total liabilities. Add lines 60 through 65	2,037,642.	66	1,895,300.
	Orga	nizations that follow SFAS 117, check here 🕨 🗓 and complete lines			
		67 through 69 and lines 73 and 74.			
es	67	Unrestricted	5,709,618.	67	5,508,128.
ü	68	Temporarily restricted	2,549,504.	68	2,308,662.
ala	69	Permanently restricted		69	
<u>0</u>	Orga	nizations that do not follow SFAS 117, check here 🕨 🔲 and		11.01.00.000	
Ë	* • • • •	complete lines 70 through 74.			
or Fund Balances	70	Capital stock, trust principal, or current funds		70	
Ŋ.	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Net Assets	72	Retained earnings, endowment, accumulated income, or other funds		72	
As	73	Total net assets or fund balances (add lines 67 through 69 or lines			
let		70 through 72. (Column (A) must equal line 19 and column (B) must			
~		equal line 21)	0 250 122	73	7 016 700
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	8,259,122.		7,816,790.
	_ , →	Total nationes and net assets/fund baidifies. Add inles to and 13	10,296,764.	/4	9,712,090.

Pa	irt IV-A	Reconciliation of Revenue per Audited instructions.)	d Fin	ancial Statemen	ts Wi	th Revenu	e per Retur	n (Se	ee the
а	Total rev	enue, gains, and other support per audited fina	ncial	statements				a	13,351,718.
b	Amounts	included on line a but not on Part I, line 12:						(1007m) 100m) 100m)	
1	Net unre	alized gains on investments					016,359.		
2		services and use of facilities				b2			
3		es of prior year grants				b3			
4		oecify):						100000 100000 100000	
		b1 through b4						b	1 016 250
С		line b from line a							1,016,359. 12,335,359.
d		included on Part I, line 12, but not on line a:					· · · · · · ·		12,000,000.
1		ent expenses not included on Part I, line 6b .				d1		7.3863. I	
2		pecify):							
						d2			
	Add lines	s d1 and d2						d	
е	Total rev	renue (Part I, line 12). Add lines c and d					<b>.</b> ▶	e	12,335,359.
Pa	rt IV-B	Reconciliation of Expenses per Audite						urn	
а	Total exp	penses and losses per audited financial stateme	ents			<i>.</i> .		a	13,794,050.
b		included on line a but not on Part I, line 17:				ادا			
1	Donated	services and use of facilities		• • • • • • • • •		b1			
2	Prior yea	ar adjustments reported on Part I, line 20			• • • •	b3			
3		eported on Part I, line 20							
•						b4		10000	
		<b>b1</b> through <b>b4</b>						b	
C		line <b>b</b> from line <b>a</b>						С	13,794,050.
d	Amounts	included on Part I, line 17, but not on line a:				ŧ I		2000	
1	Investme	ent expenses not included on Part I, line 6b .		* * * * * * * * * * * *		d1	W-W	110111	
2	Other (sp	oecify):				1		10.700	
		o at and at				d2		d	
e	Total exp	e d1 and d2	:::			· · · · · · · ·		e	13,794,050.
Pa	rt V-A	Current Officers, Directors, Trustees, a							
		or key employee at any time during the year e	ven if	they were not com	pensa	ted.) (See	the instruction	ns.)	
		(A) Name and address		(B) Title and average hours per		Compensation of paid, enter	(D) Contributions to e benefit plans & de		(E) Expense account and other allowances
				week devoted to position	( X.	-0)	compensation p		
				-					
SE	E STATE	EMENT 13				455,857.	83,	707	. NON
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_									
				-					
-,				1					
						<del></del>			
				1					

	90 (2006)		43-167673	0			Page 6
Par	V-A Current Officers, Directors, Trustees, and Key	Employees(con	tinued)			Yes	No
75a	Enter the total number of officers, directors, and trustees meetings						
b	Are any officers, directors, trustees, or key employees list employees listed in Schedule A, Part I, or highest contractors listed in Schedule A, Part II-A or II-B, re relationships? If "Yes," attach a statement that identifies the in	compensated profested to each of	essional and o her through fa	ther independent milv or business	75b	Control of the contro	Х
С	Do any officers, directors, trustees, or key employed compensated employees listed in Schedule A, Part I, independent contractors listed in Schedule A, Part II-organizations, whether tax exempt or taxable, that are not the definition of "related organization."	A or II-B, receive elated to the orga	e compensation nization? See the compensation?	from any other ne instructions for	75c		Х
a	If "Yes," attach a statement that includes the information desc Does the organization have a written conflict of interest policy	ribed in the instructi	ons.		75d	37	
	V-B Former Officers, Directors, Trustees, and Key (If any former officer, director, trustee, or key employ the year, list that person below and enter the amoun instructions.)	y Employees The	at Received Coensation or other	ompensation or ( er benefits (describe	Other ed belo	Ben	uring
	(A) Name and address	B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expen nt and owance	other
		0-	-0-	-0-	-0-		
*******	··· ··· ··· ··· ··· ··· ··· ··· ··· ··						
			***************************************				
Par	VI Other Information (See the instructions.)				<u> </u>	Yes	No
	······································					100	110
76	Did the organization make a change in its activities or n detailed statement of each change				76	Nije z dzerbed dez	Х
77	Were any changes made in the organizing or governing docur				77		Χ
	If "Yes," attach a conformed copy of the changes.						
	Did the organization have unrelated business gross incorthis return?				78a	7747777744	Х
b	If "Yes," has it filed a tax return on $\mbox{ Form 990-T }$ for this year? .				78b	N/	A
79	Was there a liquidation, dissolution, termination, or substa statement				79	And A S S S S S S S S S S S S S S S S S S	X
80a	Is the organization related (other than by association wit common membership, governing bodies, trustees, offi organization?	cers, etc., to an	ly other exemp	ot or nonexempt	80a		Х
b	If "Yes," enter the name of the organization						
	Enter direct and indirect political expenditures. (See line 81 in: Did the organization file Form 1120-POL for this year?	structions.)	<u>81a</u>	NONE	rugeren in		Х

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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?	82a	Χ	
<b>b</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.)	No.		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Χ	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or			
gifts were not tax deductible?	84b	N/	Α
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/	Α
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	A
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.			
c Dues, assessments, and similar amounts from members 85c N/A	-		
d Section 162(e) lobbying and political expenditures N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f		1,111,121,111	Angeren
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b Gross receipts, included on line 12, for public use of club facilities N/A	-		E1337110.35
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A		12-1-1	
b Gross income from other sources. (Do not net amounts due or paid to other			
sources against amounts due or received from them.)  87b N/A	-		
88 b At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or		13,717,711,711	
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	00-		
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	88a		X
	oo b		.,
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:	88b	(44)/A = 3/1 1-12/2/2-11/1	X
section 4911 NONE; section 4912 NONE; section 4955 NONE		71, 1231	
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	100000000000000000000000000000000000000		2000
during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach		- Carolan	
a statement explaining each transaction	89b		Х
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	000		
sections 4912, 4955, and 4958  d Enter: Amount of tax on line 89c, above, reimbursed by the organization  NONE  NONE			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
transaction?	89e		Х
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
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	2-4-11-11-11-11-11-11-11-11-11-11-11-11-1		
at any time during the year?	89g	N/	Α
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, 2006 (See instructions.)	90b	561	
91 a The books are in care of ▶ MARK GUNTER Telephone no. ▶ 816-81		50	
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		Yes	No
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		Х
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.			
		000	(0000

Form 990 (2006)	ther Information (continue	24)		4	3-1676730	Page o
	<del>, , , , , , , , , , , , , , , , , , , </del>				64 41 4 104 4 0	Yes No
	ne during the calendar year, di			n an office outside c	of the United States?	91c X
	enter the name of the foreign o		<u> </u>			
	947(a)(1) nonexempt charitable					
	the amount of tax-exempt inte				▶ 92	N/A
	nalysis of Income-Produc	<del></del>				
Note: Enter gros. indicated.	s amounts unless otherwise	Unre	lated business inc	come Excluded	by section 512, 513, or 514	(E) Related or
		(A) Business code	(B) Amoun	t (C) Exclusion cod	( <b>D)</b> e Amount	exempt function
93 Program s		Dustriess code	74110411	CACIDSTOTI COU	7 1110011	income
a STATE	ASSISTANCE					29,246
b						
d						
f Medicare/Me	edicaid payments					
g Fees and co	intracts from government agencies .					
94 Membersh	ip dues and assessments					
	vings and temporary cash investments •	:		14	154,019	•
96 Dividends	and interest from securities					an a suntation of the second
	income or (loss) from real estate:					
a debt-financ	ced property				_	
<b>b</b> not debt-fir	nanced property					
	me or (loss) from personal property					
99 Other inve	stment income					
	from sales of assets other than inventory			18	41	
	e or (loss) from special events .					
102 Gross profit	or (loss) from sales of inventory					
103 Other reve				1		
b OTHER	REVENUE					162,343
		<del></del>			<u> </u>	_
d						
е		agasata a watani				
104 Subtotal (a	idd columns (B), (D), and (E))	ri granit, n. mail. Triringstylkanik		rice action is the control of Manufacture North and Manufacture is a control of the Manufacture is a control of the	154,060	. 191,589
-	line 104, columns (B), (D), and (E					345,649
	lus line 1e, Part I, should equal the			of Essenant Deem	(Coo the instrue	tions 1
	elationship of Activities to					
	olain how each activity for which in he organization's exempt purpose					ıplishment
· · · · · · · · · · · · · · · · · · ·		· ·				
* ***	TATE PROVIDED SALARI	······			HELP	
	ERVE THE NEEDS OF GF					
103B VI	ENDOR REBATES AND OT	HER EXE	SMPT FUNCT.	TON INCOME.	·	VIII
Part IX Inf	ormation Regarding Taxa	bla Subs	idiaries and [	Nergarded Enti	tioe/See the instruction	one l
raitiA iiii	(A)	DIE SUDS	(B)			
	, address, and EIN of corporation,		Percentage of	(C) Nature of activitie	s Total income	<b>(E)</b> End-of-year
pa	rtnership, or disregarded entity		ownership interest			assets
	* · · · · · · · · · · · · · · · · · · ·		% %			
		······				
			%			
Part X Inf	ormation Regarding Tran	efore Aec	%	Personal Repefi	t Contracts/See the	instructions )
	nization, during the year, receive any fo organization, during the year,		- ,	•		· · ·
= =	to <b>(b),</b> file Form 8870 and Fo		•	•	personial penetit contro	act? YesX No
-1010111 100	to (wy, mo r orm our o unor o	,, ,, ,, ,, (0		•		
						Form <b>990</b> (2006)

64105-1936

Part XI		ng Transfers To and From zation as defined in section		Complete onl	y if the organization		
106		ion make any transfers to a c		ed in section 5	12(b)(13) of	Yes	No
	the Code? If "Yes," comple (A) Name, address, of each controlled entity	te the schedule below for each (B) Employer Identification Number	controlled entity. (C)  Description of transfer	of	(D) Amount of tran	N/	<u>[A</u>
a							
b							
c						-	
	Totals						·
107		ion receive any transfers from			ion	Yes N/	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description o transfer	of	(D) Amount of tran	sfer	
a				na na managaman			
b				антентиканом поставления поставания постава			
c				-			
	Totals				- 114		
108	-	a binding written contract in effe ies described in question 107 a	<del>-</del>	covering the ir	nterest,	Yes N/	No A
Please Sign	and belief, it is true, correct,	I declare that I have examined this n , and complete. Declaration of preparer		all information of	·	-	wledge
Here	Signature of officer  Type or print name and	i title		Date		· 	
Paid Prepare			Date Chec self- empl	ck if Floyed Figure   Figure	Preparer's SSN or PTIN (See	34	X)
Use On	if self-employed), address, and ZIP + 4	BKD, LLP 120 WEST 12TH STRE	ET, SUITE 1200		ne no. ► 816 221	-6300	
		KANSAS CITY. MO	641	05-1936	For	m <b>990</b>	(2006)

KANSAS CITY, MO

# **SCHEDULE A**

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GREATER KC LINC 43-1676730 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours employee benefit plans & account and other (c) Compensation than \$50,000 per week devoted to position deferred compensation allowances SEE STATEMENT 19 Total number of other employees paid over \$50,000 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 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

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

Total number of other contractors receiving over

\$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2006

Pa	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$\simegar{2,000}\$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.). 1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	Х	
e	Transfer of any part of its income or assets?		<u>x</u>
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		<u>X</u>
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	N/	_X_ A
С	Did the organization make a distribution to a donor, donor advisor, or related person?	N/	A
d	Enter the total number or donor advised funds owned at the end of the tax year		NONE
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		NONE
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts		None
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		NONE

Partiv	Reason for Non-Private Po	undation Statt	is (See pages 4 thro	ougn / or the	instructions.	)			
I certify that	at the organization is not a private foundation	because it is: (Please	check only ONE appl	icable box.)					
5	A church, convention of churches, or assoc	iation of churches. Se	ection 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 <b>Support Schedule</b> in Part IV-A.)								
11 a 🔀	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 the requirements of section 509(a)(3). Check				managérs) and	otherwise meets			
	Type I Type II	Type III - Fund	ctionally Integrated	Type III -	Other				
,	Provide the following information a	bout the supported o	rganizations. (See page	e 7 of the instru	ctions.)				
(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)	ls the si organizati the sup organi	d) upported on listed in uporting zation's documents?	(e) Amount of support			
				Yes	No				
<u> </u>			***************************************						
Total · ·									
14	An organization organized and operated to to	est for public safety. S	Section 509(a)(4). (See pa	ige 7 of the inst	ructions.)				
					Sabadula A /E	000 000 000 EZ1 2006			

	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.								
Calen	dar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total			
	ifts, grants, and contributions received. (Do		,,,	, , , , , , , , , , , , , , , , , , , ,	, ,	(-,			
n	ot include unusual grants. See line 28.)	12,406,435.	12,080,936.	11.848.651.	13,932,220.	50.268.242			
	lembership fees received		22,000,000			00,200,212			
	iross receipts from admissions, merchandise								
	old or services performed, or furnishing of								
	acilities in any activity that is related to the								
	rganization's charitable, etc., purpose	200,200.	183,530.	175,824.	272,430.	831,984			
	cross income from interest, dividends,	200,200.	100,000.	175,024.	272,430.	001,904			
	mounts received from payments on securities								
	pans (section 512(a)(5)), rents, royalties, and								
	nrelated business taxable income (less								
	ection 511 taxes) from businesses acquired			}					
	y the organization after June 30, 1975	102,845.	80,795.	80,588.	118,488.	202 717			
	et income from unrelated business	102,045.	00,790.	80,366.	110,400.	382,716			
	ctivities not included in line 18								
	ax revenues levied for the organization's								
	enefit and either paid to it or expended on								
				-					
	s behalf								
	ne organization by a governmental unit								
	ithout charge. Do not include the value of								
	ervices or facilities generally furnished to the								
	ublic without charge								
		STMT 22							
	clude gain or (loss) from sale of capital assets	327,821.	95,671.	90,668.	28,790.	542,950			
	otal of lines 15 through 22		12,440,932.			52,025,892			
	ine 23 minus line 17		12,257,402.			51,193,908			
	nter 1% of line 23	130,373.	124,409.	121,957.	143,519.				
	•	Enter 2% of amount i			11.11.00	1,023,878			
	repare a list for your records to show the		-		111111111111111111111111111111111111111				
	overnmental unit or publicly supported organi		=	<del>-</del>	. 1				
	mount shown in line 26a. Do not file this li	-	n. Enter the total	of all these excess		734,122			
	otal support for section 509(a)(1) test: Enter line 24,	.,			▶ 26c	51,193,908			
d A	dd: Amounts from column (e) for lines: 18				anning.				
_				<u>122.</u>	3	1,659,788			
						49,534,120			
77 O	ublic support percentage (line 26e (numerator) div rganizations described on line 12: a For	ided by line 26c (den	ominator))	16 and 17 that	were received fro	96.7578 %			
рі <b>D</b> 1	erson," prepare a list for your records to sho o not file this list with your return. Enter the sum NOT APPLICABLE 2005) (2004)	ow the name of, a of such amounts for e	and total amounts each year:	received in each	year from, each "c	lisqualified person.			
b F	or any amount included in line 17 that was re	eceived from each	person (other than	"disqualified persor	ns"), prepare a list	for your records to			
(I th ai	now the name of, and amount received for each notice in the list organizations described in line to difference between the amount received an amounts) for each year:  (2004)	s 5 through 11b, and the larger amou	as well as individual nt described in (1)	s.) Do not file this or (2), enter the	list with your return sum of these diffe	n. After computing rences (the excess			
c A	dd: Amounts from column (e) for lines: 15 20	16	S						
	17 20	21			▶ 27c				
d A	dd: Line 27a total	and line 27b total .	*		▶ 27d				
e P	ublic support (line 27c total minus line 27d total) .			, ,	▶ 27e				
f T	otal support for section 509(a)(2) test: Enter amount	from line 23, column	(e)	▶ 27f	15, 15, 175 (15)				
	ublic support percentage (line 27e (numerator) div					9/			
h In	vestment income percentage (line 18, column (e) (	numerator) divided I	y line 27f (denomina	ator))		9/			
28 U	nusual Grants: For an organization describer repare a list for your records to show, for	d in line 10, 11, each vear, the na	, or 12 that receinne of the contrib	eived any unusual utor, the date and	grants during 200 d amount of the	)2 through 2005, grant, and a brie			
de	escription of the nature of the grant. Do not file this	list with your return	. Do not include the	se grants in line 15.	Sabadula A (Ears	-			

Fal		CABLE	Ξ	
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			760
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	haning.	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	<u> </u>		
·	with a trade of a division of the control of the co	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	, , , , , , , , , , , , , , , , , , ,	0£0	t-Massall.	ni, bilibriro
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	200000000000000000000000000000000000000		
		15000000000000000000000000000000000000		(2000)
		1211127		
	Does the constraint of the site of the constraint of the constrain	121 AUG 1914		
33	Does the organization discriminate by race in any way with respect to:			11000
		1555156250		
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
	***************************************			
f	Use of facilities?	33f		
	***************************************			
q	Athletic programs?	33g		
·	, , , , , , , , , , , , , , , , , , , ,			
h	Other extracurricular activities?	33h		
	Other extraculticular activities?		twill:	2000
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	25.0 S.		
				1415W 141
			Polesti.	
		Nonvive a	reassi.	nerviid
24	Does the organization receive any financial aid or equiptones from a new contract organization	١		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	Advantage of the Control of Advance of the Control			
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35		I

Pa			Expenditures by Electric pleted ONLY by an e								RT.FC
Che	eck ▶ a	I	zation belongs to an affiliate	·							rol" provisions apply.
			imits on Lobbying	•				( Affiliate	a)		(b) To be completed for all electing
			"expenditures" means a								organizations
36	-	•	ures to influence public		, ,,		36	***			
37			ures to influence a legis				37				
38			ures (add lines 36 and 3	³⁷⁾			38				
39							39				
40			expenditures (add lines 3				40				marta forcer or policy or a constant of a const
41			mount. Enter the amoun	v							
	If the amou	ınt on line 4		bying nontaxable an		$\neg$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Not over \$500					·					
		) but not over \$		plus 15% of the excess ov		U					
		00 but not over		plus 10% of the excess over			41			internalisat <b>k</b>	
		00 but not over		plus 5% of the excess ove							
	Over \$17,000		\$1,000,00			・ノ」					
42			amount (enter 25% of li		<i></i>	• • •	42				
43			ne 36. Enter -0- if line 42			• • •	43				· · · · · · · · · · · · · · · · · · ·
44	Subtract in	e 41 from lif	ne 38. Enter -0- if line 41	is more than line 38		• • •	44			SALESSEE,	EXECUTE Descriptions are in a let acceptant
	Cautiani If	thoro io on	amount on either line 42	or line 44 year must	filo Corm 17						
	Caution: //	triere is ari a	amount on either line 43	Averaging Period			E04/			1300 (310 <u>0)</u> 2	
	(Som	e organizatio	ons that made a section		ot have to co	mplet	e all c	of the five o		s belo	<b>w</b> .
				Lobbying Expend	litures Dur	ring 4	-Yea	r Averag	ing P	eriod	
	Calendar ye		(a)	(b)	1	c)			(d)		(e)
	year beginn		2006	2005	200	04		20	003		Total
	Lobbying no										
45	amount					,	et romaçãos				
	Lobbying cei	· -									
46	(150% of line	e 45(e))					,	7,000,000,000,000,000,000			
		***									
47	Total lobbying										
	Grassroots r										
<u>48</u>	amount					Nick Williams					
40	Grassroots cei										
49	(150% of line 4						4,5009				****
EΛ	Grassroots lo									1	
50	expenditures		LActivity by Nonelecti	na Bublio Choritia							
FE			ng only by organization			rt \/I_A	11/94	ae nane 1	3 of t	ha ine	tructions )
	,	•	ation attempt to influence r				·	c page i	T		
		_	ion on a legislative matter o		•	uumg a	iriy		Yes	No	Amount
	•	· ·	<del>-</del>	<del>-</del>						.,	Santilidade des la cilient del ser la catacita de cilient la con-
a h	Poid stoff o	rmanagam	ent (Include compensation	on in expenses repor	· · · · · · · ·			 L \		X	
•		rtisements							ļ	X	
c d			egislators, or the public					• • • • •	Х	_^_	1 000
			ed or broadcast stateme	4						v	1,000.
e f		•							<b>—</b>	X	
f		_	ations for lobbying purpo slators, their staffs, gove						**	X	1 000
g		_	siators, trieir starts, gove s, seminars, conventions		_	•			X	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1,000
h			ures (Add lines <b>c</b> throu						100000000	Х	0.000
ı	-	-	ures (Add lines <b>c</b> inrou love, also attach a state						iee	OF	2,000.
JSA	40 2.000	arry or use au	oro, aloo allaon a siale	nont giving a detailet	a acourption	i or une	. 1000	Juig activit			MT 23 om 990 or 990-EZ) 2006

Pa	rt VII	Information Regarding Exempt Organizations (	Transfers To and Transactions an See page 13 of the instructions.)	nd Relationships With Noncharital	ble	<u>=</u>	<u> </u>
51		eporting organization directly	or indirectly engage in any of the following 501(c)(3) organizations) or in section 52	•	d in secti	on	
а			ion to a noncharitable exempt organizati		[	Yes	No
		, , ,	• • • • • • • • • • • • • • • • • • • •		51a(i)		Х
					a(ii)		X
b	Other trai						
			th a noncharitable exempt organization		b(i)		Х
	(ii) Pur	chases of assets from a nonc	charitable exempt organization		b(ii)		X
	(iii) Rer	ntal of facilities, equipment, or	other assets		b(iii)		X
	(iv) Rei	mbursement arrangements			b(iv)		X
	(v) Loa	ins or loan quarantees	· · · · · · · · · · · · · · · · · · ·		b(v)		X
	(vi) Per	formance of services or mem	bership or fundraising solicitations		b(vi)		
c			g lists, other assets, or paid employees	• • • • • • • • • • • • • • • • • • • •	C		X
	-		complete the following schedule. Column (b)	about district a special programme and a special progr			Λ
u	goods, oth	er assets, or services given by the	ne reporting organization. If the organization r	received less than fair market value in any	uie		
		1	n column (d) the value of the goods, other as				
	(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d)  Description of transfers, transactions, and sha	aring arrang	gement	ts
	N/A						
			Withman				
			W/W-1-1				
			L.,		100 0 0		
	describe	=	y affiliated with, or related to, one or mo de (other than section 501(c)(3)) or in se lule:	· · ·	Yes	X	No
	Na Na	(a) ame of organization	(b) Type of organization	(c) Description of relationshi	р		
1	N/A						

# FORM 990 - GENERAL EXPLANATION ATTACHMENT

COMPENSATION FOR GAYLE HOBBS FORM 990, PART V-A

48,000 11,228
59,228 =====
118,186 80,000
198,186 ======

## FORM 990 - GENERAL EXPLANATION ATTACHMENT ______

DEPRECIABLE ASSETS FORM 990 - PART II, LINE 42 & 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 <b>,</b> 963	648,457	22,930
VEHICLES	47,170	29 <b>,</b> 080	4,719
BUILDING IMPROVEMENT	115,372	35,882	7,228
•			<b></b>
TOTALS	1,521,465	1,384,075	102,219
•		========	

FORM	990,	PART	I	-	OTHER	INCREASES	IN	FUND	BALANCES

DESCRIPTION TRUOMA

UNREALIZED GAIN ON INVESTMENTS 1,016,359.

> TOTAL 1,016,359.

PURPOSE OF GRANT OR CONTRIBUTION	TO INCREASE THE QUALITY & AVAILABILITY OF CHILD CARE WITHIN THE URBAN CORE	SUPPORT SCHOOLS, NEIGHBORHOOD SERVICES AND AFTER-SCHOOL ACTIVITIES	PROVIDE TRAINING, EDUCATIONAL RESOURCES AND HOME VISITS TO FAMILY CARE PROVIDERS	TO ADDRESS AND IMPROVE COMMUNITY CHILD WELFARE	SUPPORT VARIOUS INITIATIVES TO FOR THE AT-RISK AND UNDERSERVED POPULATION
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PROGRAM SERVICE NONE	PROGRAM SERVICE NONE	PROGRAM SERVICE NONE	PROGRAM SERVICE NONE	PROGRAM SERVICE NONE
RECIPIENT NAME AND ADDRESS	GRANTS PAID ============  EARLY CHILDHOOD  C/O GREATER KC LINC 3100 BROADWAY, SUITE 1100  KANSAS CITY, MO 64111	CARING COMMUNITIES C/O GREATER KC LINC 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	EDUCARE C/O GREATER KC LINC 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	CHILD WELFARE C/O GREATER KC LINC 3100 BROADWAY, SUITE 1100 KANSAS CITY, WO 64111	OTHER INITIATIVES C/O GREATER KC LINC 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111

324,604.

AMOUNT

3,664,528.

167,516.

118,584.

420,944.

4,696,176

TOTAL CONTRIBUTIONS PAID

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

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

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADMINISTRATIVE FEES PURCHASED PROFESSIONAL SERVICE TRAVEL AND MILEAGE COMMUNICATION EQUIPMENT EQUIPMENT EVENTS & FACILITATION SERVICES INSURANCE MARKETING	82,121. 253,029. 95,543. 66,395. 112,038. 165,988. 193,519. 107,075.	82,121. 221,279. 70,328. 41,972. 84,166. 112,421. 106,787. 1,342,711.	31,750. 25,215. 24,423. 27,872. 27,227. 86,732.	26,340.
OTHER GRANTS, STIPENDS & SCHOLARSHIP	56,662. 17,022.	30	17,359.	
TOTALS	2,492,103.	2,223,599.	242,164.	26,340.

STATEMENT

## 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

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 2007, THIS PROGRAM SERVED APPROXIMATELY 22,256 PEOPLE.

CHILD WELFARE --

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 --

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

GRANTS AND
ALLOCATIONS EX:

EXPENSES

3,664,528. 10,411,786.

420,944. 701,519

7,516. 353,283.

STATEMENT

<u>의</u>	II II
(LINE	
SERVICES	
. PROGRAM	
OTHER	
<b>-</b>	
PART I	
066	
FORM	

DESCRIPTION

THIS PROGRAM SERVED PROFESSIONALS. FOR FY 2007, APPROXIMATELY 2,400 PEOPLE.

EARLY CHILDHOOD --

INITIATIVE IS DESIGNED TO INCREASE THE QUALITY AND PROFESSIONALS, (B) EXTENSIVE RESOURCES AND SUPPORT THIS TO AREA CHILD CARE PROGRAMS THAT ARE WORKING TO AFFORDABLE. FOR FY 2007, THIS PROGRAM SERVED APPROXIMATELY 2,145 PEOPLE. ACHIEVE NATIONAL ACCREDITATION, AND (C) OTHER TECHNICAL ASSISTANCE TO AREA EARLY EDUCATION COLLABORATING WITH MANY COMMUNITY PARTNERS, BENEFITS TO CHILD CARE CENTERS WORKING TO AVAILABILITY OF CHILD CARE BY PROVIDING IMPROVE QUALITY CHILD CARE AS THEY STAY

WELFARE-TO-WORK INITIATIVES --

IN KANSAS CITY AND JACKSON COUNTY, MISSOURI BY DEVELOPING, PLANNING, CONTRACTING AND RESPONSIBLE FOR SERVING UNEMPLOYED AND UNDER-EMPLOYER TRAINING AND PUBLIC SYSTEMS. THE SYSTEM FOCUSES ON JOB RETENTION ISSUES INCLUDING: CHILD CARE, JOB READINESS, MONITORING COMMUNITY-BASED WELFARE-TO-WORK LINC IS UNDER THE WELFARE-TO-WORK PROGRAM, PERSONAL SKILLS, EMPLOYED ADULTS TRANSPORTATION.

CURRENT LINC DATA AND RESEARCH INITIATIVES SUPPORT PLANNING AND SEVICE DELIVERY, PROMOTE ACCOUNTABILITY, AND ASSIST VOLUNTEERS MONITORING OUTCOMES. LINC MAINTAINS A

ALLOCATIONS GRANTS AND

EXPENSES

334,342. 324,604 13,252.

NONE

NONE

529,454.

43-1676730

(LINE - OTHER PROGRAM SERVICES PART III FORM 990,

DESCRIPTION

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

OTHER INITIATIVES

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

TOTALS

EXPENSES

ALLOCATIONS GRANTS AND

558,932.

118,584

12,902,568. 4,696,176.

# FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

		BEGINNING	ENDING
DESCRIPTION	•	BOOK VALUE	BOOK VALUE
VENDOR DEPOSITS		5,000.	5,537.
PREPAID SOFTWARE UPDATES		93,477.	119,975.
ľ	OTALS	98,477.	125,512.

# FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

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

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

CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	NONE	NONE	NONE .	NONE	NONE	NONE	HNON
COMPENSATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TITLE AND TIME DEVOTED TO POSITION	CHAIRMAN 1.00	COMMISSIONER 1.00	COMMISSIONER 1.00	COMMISSIONER 1.00	VICE CHAIRMAN 1.00	COMMISSIONER 1.00	COMMISSIONER
NAME AND ADDRESS	LANDON ROWLAND 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	DAVID ROCK 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	JOHN C CRAFT 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	SUELLEN FRIED 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	BERT BERKLEY 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	ROBERT GLASER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	ANITA GORMAN

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
S CITY, MO 64111 HAKAN BROADWAY, SUITE 1100 S CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NONE
SUITE 1100 64111	VICE CHAIRMAN 1.00	NONE	NONE	NONE
JUDY HUNT 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NON	NON NON
GAYLE HOBBS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	PRESIDENT 40.00	198,186.	59,228.	NONE
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	NO NO .	E NO NO N
SHARON CHEERS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NON
MARGIE PELTIER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMISSIONER 1.00	NONE	NONE	NON
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	NO NO	NON	NONE
DAVID ROSS	TREASURER/SECRETARY 1.00	NONE	NONE	NONE

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

NAME AND ADDRESS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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 IRUSTEES

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 GIERER 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 SCHONDELMEYER 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

43-1676730

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

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	N N N N	83,707.
COMPENSATION	NONE	HZ OZ	455,857.
TITLE AND TIME DEVOTED TO POSITION	COMM/EX-OFFICIO 1.00	COMM/EX-OFFICIO 1.00	GRAND TOTALS
NAME AND ADDRESS	MIKE SANDERS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	MARK FUNKHOUSER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	

43-1676730

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

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,	4,441	NONE
	TOTAL COMPENSATION	297,367.	25,710.	

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

DYNAMIC ENTERPRISE SOLUTIONS 106 ROUTE 32, #201

DATA DEVELOPMENT

80,000.

NORTH FRANKLIN, CT 06254

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 

TOTAL	542,950.	542,950.	
2002		28,790.	
2003	.899,06	90,668.	
2004	95,671.	95,671.	
2005		327,821.	
DESCRIPTION	OTHER INCOME	TOTALS	

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

COSTS OF INFREQUENT COMMUNICATIONS WITH PUBLIC OFFICIALS.

# SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

# **Capital Gains and Losses**

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

OMB No. 1545-0092

2006

Name of estate or trust				Employer identificat	ion number
GREATER KC LINC INC  Note: Form 5227 filers need to complete onlyF	Porto Lond II			43-1676730	
Part I Short-Term Capital Gains and Lo		e Hold One V	oar or Lose		
(a) Description of property	(b) Date	T	ear Or Less	<u>"                                     </u>	(f) Gain or (Loss)
(Example: 100 shares 7% preferred of "Z" Co.)	acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	for the entire year (col. (d) less col. (e))
				***	
Made to make a second					
A A A A A A A A A A A A A A A A A A A					
2 Short-term capital gain or (loss) from Forms	4684 6252 67	81 and 8824		2	
3 Net short-term gain or (loss) from partnershi		-	estates or trusts	3	
4 Short-term capital loss carryover. Enter the				· · · · · · · · · · · · · · · ·	
Carryover Worksheet				4	( )
5 Net short-term gain or (loss). Combine line	es 1 through 4 in	column (f). Er	ter here and on line 1	3,	
column (3) below	-	• •			****
Part II Long-Term Capital Gains and Lo				•	
	•	1	1	<u> </u>	
(a) Description of property (Example: 100 shares 7%	(b) Date acquired	(c) Date sold	(d) Sales price	(e) Cost or other basis	(f) Gain or (Loss) for the entire year
preferred of "Z" Co.)	(mo., day, yr.)	(mo., day, yr.)	(u) Sales price	(see page 35)	(col. (d) less col. (e))
SEE STATEMENT 1			6,409,972.	6,409,931.	41.
·		-			
7 Long-term capital gain or (loss) from Forms	2430 4684 626	1 52 6781 and 8	924	7	
8 Net long-term gain or (loss) from partnership					
9 Capital gain distributions	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · —	
10 Gain from Form 4797, Part I				10	****
11 Long-term capital loss carryover. Enter the a	amount, if anv. fr	rom line 14 of ti	ne 2005 Capital Loss		
Carryover Worksheet	• .		•		( )
12 Net long-term gain or (loss). Combine lines	s 6 through 11 ir	n column (f). Er	iter here and on line 1	4a,	,
column (3) below				▶ 12	41.
Part III Summary of Parts I and II			(1) Beneficiaries'	(2) Estate's	(3) Total
Caution: Read the instructions be	e <b>fore</b> completii	ng this part.	(see page 36)	or trust's	(o) Total
			· ·		
13 Net short-term gain or (loss)			B		
14 Net long-term gain or (loss):					
a Total for year		<u>14</u>	a		41.
<b>b</b> Unrecaptured section 1250 gain (see line 18					
worksheet on page 36)	• • • • • • • •	,   <u>14</u>	D		
0001	-	44	_		
c 28% rate gain	• • • • • • •	14	C		
45 Total not gain or (loss) Combine lines 42	and 140	▶ 15			41.
15 Total net gain or (loss). Combine lines 13 a					
<b>Note:</b> If line 15, column (3), is a net gain, ent Part V, and <b>do not</b> complete Part IV. If line 1: as necessary.	er tne gain on 5, column (3),	rorm 1041, i is a net loss,	ine 4. If lines 14a a complete Part IV and	na 15, column (2), I the <b>Capital Loss (</b>	are net gains, go to CarryoverWorksheet,
For Paperwork Reduction Act Notice see the Instruct	ione for Form 404	14		Schodu	le D (Form 1041) 2006

Capital Loss Limitation

16	Enter here and enter as a (loss) on Form 1041, line 4, the smaller of:		
	The loss on line 15, column (3) or		
	\$3,000	[16]	()
If the Car.	ne loss on line 15, column (3), is more than \$3,000, <b>or</b> if Form 1041, page 1, line 22, is a la ryover Workshee¢n page 39 of the instructions to determine your capital loss carryover.	oss, comp	lete the Capital Loss
Pa	Tax Computation Using Maximum Capital Gains Rates (Complete this part of 15 in column (2) are gains, or an amount is entered in Part I or Part II and there 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	To the second	
18	Enter the smaller of line 14a or 15 in column (2)		
10	17.50	75(175) 1111	•
40	70.000.000	100 HEALTS	
19	Enter the estate's or trust's qualified dividends		
	from Form 1041, line 2b(2)	1	
	The state of the s	**************************************	
20	Add lines 18 and 19	107, 2024	
21	If the estate or trust is filing Form 4952, enter the	The second	
	amount from line 4g; otherwise, enter -0 ▶ 21		
22	Subtract line 21 from line 20. If zero or less, enter -0		
	, and the second	10.000.000	
23	Subtract line 22 from line 17. If zero or less, enter -0		
	Outdoor mo El Tom mo 11. Il Esto di Todo, Ontoi d		
24	Enter the smaller of the amount on line 17 or \$2,050		
25	Is the amount on line 23 equal to or more than the amount on line 24?	- 1,72,000	
25			
	Yes. Skip lines 25 through 27; go to line 28 and check the "No" box.		
	No. Enter the amount from line 23		
		1201120120	
26	Subtract line 25 from line 24		
27	Multiply line 26 by 5% (.05)	27	
28	Are the amounts on lines 22 and 26 the same?		
	Yes. Skip lines 28 through 31; go to line 32.		
	No. Enter the smaller of line 17 or line 22	**************************************	
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)		
	Estas the amount from the 20 to bland, officer o		
30	Subtract line 29 from line 28		
30	Subtract line 29 from line 28	in the first of th	
	NEW LEGACION		
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 t	F 1	
	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 t	he	
	instructions	34	
35	Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a		
	Schedule G, Form 1041	·	
			le D (Form 1041) 2006
		-011040	(1 01111 1071) A000

GREATER KC LINC INC Schedule D Detail of Long-term Capital Gains and Losses

Description	Date	Date	Gross Sales Price	Cost or Other	Long-term Gain/loss
1000					
CAPITAL GAINS (LOSSES) FROM SECURITIES					
INVESTMENTS	VAR	VAR	6,409,972.	6,409,931.	41.
HOTAL CAPITAL GAINS (LOSSES) FROM SECTIBITI	V.		6 409 972	409 931	4
110000000000000000000000000000000000000			710100	1 / O O F	+ +
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Totals			6,409,972.	6,409,931.	41.