

**IRS e-fileSignature Authorization  
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning 07/01, 2010, and ending 06/30, 20 11

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions on back.**

**2010**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

GREATER KC LINC INC

Employer identification number

43-1676730

Name and title of officer

GAYLE A HOBBS, PRESIDENT

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-E0 and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . .	1b <u>16217687.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	5b _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BKD, LLP

ERO firm name

to enter my PIN

8	6	2	3	5
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Enter five numbers, but do not enter all zeros

as my signature

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

**COPY**

Officer's signature ▶ \_\_\_\_\_

Date ▶ 05/15/2012

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

4	3	0	3	2	5	4	4	0	1	6
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do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

**MAY 10 2012**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

# Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2010** calendar year, or tax year beginning **07/01, 2010**, and ending **06/30, 2011**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization GREATER KC LINC INC Doing Business As			<b>D</b> Employer identification number 43-1676730		
	Number and street (or P.O. box if mail is not delivered to street address) 3100 BROADWAY		Room/suite STE 1100	<b>E</b> Telephone number (816) 889-5050		
	City or town, state or country, and ZIP + 4 KANSAS CITY, MO 64111-2425			<b>G</b> Gross receipts \$ 17,747,052.		
	<b>F</b> Name and address of principal officer: GAYLE A HOBBS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
<b>J</b> Website: WWW.KCLINC.ORG						
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						
<b>L</b> Year of formation: 1992				<b>M</b> State of legal domicile: MO		

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: TO LEAD/ENGAGE THE KCMO COMMUNITY TO CREATE THE BEST DELIVERY SYSTEM POSSIBLE FOR FAMILY SERVICES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,091.
	6	Total number of volunteers (estimate if necessary)	6	2,000.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	15,662,115.	14,637,313.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,565,593.	989,426.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97,977.	569,390.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	165,875.	21,558.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,491,560.	16,217,687.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	135,984.	305,439.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	11,037,342.	10,753,636.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 23,310.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,589,952.	6,825,772.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,763,278.	17,884,847.
19	Revenue less expenses. Subtract line 18 from line 12	728,282.	-1,667,160.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	9,552,213.	9,338,368.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,073,892.	2,593,273.
			7,478,321.	6,745,095.

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer:	Date
	COPY	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date <b>MAY 10 2012</b>	Check if self-employed <input type="checkbox"/>	PTIN P00482834
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260		Phone no. 816 221-6300	
	Firm's address ▶ 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** ( on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization GREATER KC LINC INC	Employer identification number 43-1676730
	Number, street, and room or suite no. If a P.O. box, see instructions. 3100 BROADWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, MO 64111-2425	

Enter the Return code for the return that this application is for (file a separate application for each return) .....

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of  MARK GUNTER  
Telephone No.  816 889-5050 FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15, 20 12 .

5 For calendar year \_\_\_\_\_, or other tax year beginning 07/01, 20 10, and ending 06/30, 20 11 .

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0.
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

**Signature and Verification**

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

Signature  Title  Date

# Application for Extension of Time To file an Exempt Organization Return

► **File a separate application for each return.**

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

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

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization GREATER KC LINC INC	Employer identification number 43-1676730
	Number, street, and room or suite no. If a P.O. box, see instructions. 3100 BROADWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, MO 64111-2425	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► MARK GUNTER

Telephone No. ► 816 889-5050 FAX No. ► \_\_\_\_\_

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 \_\_\_\_\_ or
- tax year beginning 07/01, 20 10, and ending 06/30, 20 11.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

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

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 10,381,671. including grants of \$ 9,314. ) (Revenue \$ 989,426. )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 1,318,307. including grants of \$ 49,095. ) (Revenue \$ 0. )

SEE SCHEDULE O

4c (Code: ) (Expenses \$ 2,801,403. including grants of \$ 237,531. ) (Revenue \$ 0. )

SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 1,977,462. including grants of \$ 9,499. ) (Revenue \$ 0. )

4e Total program service expenses 16,478,843.

Part IV Checklist of Required Schedules

Table with columns for question number, description, Yes, and No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25 a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. [ ]

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and various organizational requirements.



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MO,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ROBIN GIERER 3100 BROADWAY SUITE 1100 KANSAS CITY, MO 64111-2425 816-889-5050

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII.

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LONDON ROWLAND CHAIRMAN	1.00	X		X			0.	0	0.	
(2) BERT BERKLEY FOUNDER/COMMISSIONER	1.00	X		X			0.	0	0.	
(3) SHARON M. CHEERS COMMISSIONER	1.00	X					0.	0	0.	
(4) JOHN (JACK) C. CRAFT COMMISSIONER	1.00	X					0.	0	0.	
(5) STEVE DUNN COMMISSIONER	1.00	X					0.	0	0.	
(6) RANDALL C. FERGUSON JR. COMMISSIONER	1.00	X					0.	0	0.	
(7) HERB FREEMAN COMMISSIONER	1.00	X					0.	0	0.	
(8) SUELLEN FRIED COMMISSIONER	1.00	X					0.	0	0.	
(9) KIVA C. GATES COMMISSIONER	1.00	X					0.	0	0.	
(10) TOM GERKE COMMISSIONER	1.00	X					0.	0	0.	
(11) ROB GIVENS COMMISSIONER	1.00	X					0.	0	0.	
(12) ANITA GORMAN COMMISSIONER	1.00	X					0.	0	0.	
(13) BART HAKAN COMMISSIONER	1.00	X					0.	0	0.	
(14) ADELE HALL VICE CHAIRMAN	1.00	X		X			0.	0	0.	
(15) RICHARD HIBSCHMAN COMMISSIONER	1.00	X					0.	0	0.	
(16) JUDY HUNT COMMISSIONER	1.00	X					0.	0	0.	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) DENISE JORDON COMMISSIONER	1.00	X						0.	0.	0.
(18) ROSEMARY SMITH LOWE VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(19) MARY KAY MCPHEE COMMISSIONER	1.00	X						0.	0.	0.
(20) RICHARD MORRIS COMMISSIONER	1.00	X						0.	0.	0.
(21) MARGIE E. PELTIER COMMISSIONER	1.00	X						0.	0.	0.
(22) DAVID ROCK COMMISSIONER	1.00	X						0.	0.	0.
(23) DAVID ROSS TREASURER	1.00	X		X				0.	0.	0.
(24) GENE STANDIFER COMMISSIONER	1.00	X						0.	0.	0.
(25) BAILUS TATE COMMISSIONER	1.00	X						0.	0.	0.
(26) SLY JAMES EX-OFFICIO	1.00	X						0.	0.	0.
(27) MIKE SANDERS EX-OFFICIO	1.00	X						0.	0.	0.
(28) ROBIN GIERER CHIEF OPERATING OFFICER	40.00			X				100,468.	0.	13,669.
<b>1b Sub-total</b>								100,468.	0.	13,669.
<b>c Total from continuation sheets to Part VII, Section A ATTACHMENT 1</b>								323,135.	0.	34,145.
<b>d Total (add lines 1b and 1c)</b>								423,603.	0.	47,814.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
AUTOMATIC DATA PROCESSING LENEXA, KS 66219	PAYROLL	134,546.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	1a	Federated campaigns . . . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions) . . . . .	1e	13,744,029.				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	893,284.				
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .						
	h	<b>Total.</b> Add lines 1a-1f . . . . .		14,637,313.				
<b>Program Service Revenue</b>				<b>Business Code</b>				
	2a	PARENT FEES . . . . .		900099	600,589.	600,589.		
	b	ADMINISTRATIVE FEES . . . . .		900099	388,837.	388,837.		
	c	. . . . .						
	d	. . . . .						
	e	. . . . .						
	f	All other program service revenue . . . . .						
g	<b>Total.</b> Add lines 2a-2f . . . . .			989,426.				
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .			98,755.		98,755.	
	4	Income from investment of tax-exempt bond proceeds . . . . .			0.			
	5	Royalties . . . . .			0.			
	6a	Gross Rents . . . . .	(i) Real	(ii) Personal				
	b	Less: rental expenses . . . . .						
	c	Rental income or (loss) . . . . .						
	d	Net rental income or (loss) . . . . .				0.		
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses . . . . .				1,529,365.		
	c	Gain or (loss) . . . . .				470,635.		
	d	Net gain or (loss) . . . . .				470,635.	470,635.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	a						
b	Less: direct expenses . . . . .	b						
c	Net income or (loss) from fundraising events . . . . .				0.			
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a						
b	Less: direct expenses . . . . .	b						
c	Net income or (loss) from gaming activities . . . . .				0.			
10a	Gross sales of inventory, less returns and allowances . . . . .	a						
b	Less: cost of goods sold . . . . .	b						
c	Net income or (loss) from sales of inventory . . . . .				0.			
Miscellaneous Revenue			<b>Business Code</b>					
11a	OTHER INCOME . . . . .		900099	21,558.			21,558.	
b	. . . . .							
c	. . . . .							
d	All other revenue . . . . .							
e	<b>Total.</b> Add lines 11a-11d . . . . .			21,558.				
12	<b>Total revenue.</b> See instructions . . . . .			16,217,687.	989,426.	0.	590,948.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	305,439.	305,439.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	429,046.	396,009.	33,037.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	8,056,301.	7,514,920.	541,381.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	475,000.	438,425.	36,575.	
9 Other employee benefits . . . . .	940,846.	890,074.	50,772.	
10 Payroll taxes . . . . .	852,443.	786,805.	65,638.	
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	58,450.	45,840.	12,610.	
c Accounting . . . . .	3,165.		3,165.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	499,864.	429,698.	70,166.	
12 Advertising and promotion . . . . .	103,620.	93,355.	10,265.	
13 Office expenses . . . . .	310,341.	254,233.	56,108.	
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	285,274.	41,191.	244,083.	
17 Travel . . . . .	118,106.	109,573.	8,533.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	180,179.	172,642.	7,537.	
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	107,694.	89,679.	18,015.	
23 Insurance . . . . .	252,171.	137,678.	114,493.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>CONTRACT PROGRAM</u> . . . . .	4,320,444.	4,320,444.		
b <u>COMMUNICATION EQUIPMENT</u> . . . . .	124,161.	117,595.	6,566.	
c <u>EQUIPMENT</u> . . . . .	261,175.	175,275.	85,900.	
d <u>EVENTS &amp; FACILITY SERVICES</u> . . . . .	76,122.	52,302.	510.	23,310.
e <u>BAD DEBT</u> . . . . .	102,193.	102,193.		
f All other expenses . . . . .	22,813.	5,473.	17,340.	
25 Total functional expenses. Add lines 1 through 24f	17,884,847.	16,478,843.	1,382,694.	23,310.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	1,814,398.	1	1,063,141.	
	2	Savings and temporary cash investments	685,515.	2	689,985.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	117,592.	4	1,265,610.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	94,570.	9	52,249.	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,813,088.		
	b	Less: accumulated depreciation	10b	1,615,160.	10c	197,928.
	11	Investments - publicly traded securities	6,571,224.	11	6,069,455.	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	9,552,213.	16	9,338,368.		
Liabilities	17	Accounts payable and accrued expenses	2,073,892.	17	2,593,273.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities. Complete Part X of Schedule D		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25	2,073,892.	26	2,593,273.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	4,951,672.	27	6,268,534.	
	28	Temporarily restricted net assets	2,526,649.	28	476,561.	
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	<b>Total net assets or fund balances</b>	7,478,321.	33	6,745,095.		
34	<b>Total liabilities and net assets/fund balances</b>	9,552,213.	34	9,338,368.		

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,217,687.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,884,847.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,667,160.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,478,321.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	933,934.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,745,095.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2010)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

<b>Name of the organization</b> GREATER KC LINC INC	<b>Employer identification number</b> 43-1676730
--	---

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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 exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	11,989,710.	15,036,370.	11,782,284.	15,802,566.	14,637,313.	69,248,243.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	11,989,710.	15,036,370.	11,782,284.	15,802,566.	14,637,313.	69,248,243.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						69,248,243.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .	11,989,710.	15,036,370.	11,782,284.	15,802,566.	14,637,313.	69,248,243.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	154,019.	441,585.	89,909.	97,977.	98,755.	882,245.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	162,343.	62,680.	28,294.	59,405.	21,558.	334,280.
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						70,464,768.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	2,751,776.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	98.27 %
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	97.77 %
16a <b>33 1/3 % support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
b <b>33 1/3 % support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b . . . . .						
8 Public support (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 . . . . .						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	18	%

19 a 33 1/3 % support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
OTHER INCOME	162,343.	62,680.	28,294.	59,405.	21,558.	334,280.
TOTALS	<u>162,343</u>	<u>62,680</u>	<u>28,294</u>	<u>59,405</u>	<u>21,558</u>	<u>334,280</u>

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

**2010**

Name of the organization

GREATER KC LINC INC

Employer identification number

43-1676730

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization **GREATER KC LINC INC**

Employer identification number  
43-1676730

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	H&R BLOCK FOUNDATION ONE H&R BLOCK WAY KANSAS CITY, MO 64105	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	KANSAS CITY MISSOURI SCHOOL DISTRICT 1211 MCGEE ST - 11TH FLOOR KANSAS CITY, MO 64106	\$ 1,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MISSOURI DESE 21 CCLC PO BOX 480 JEFFERSON CITY, MO 65102	\$ 402,008.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	UNIVERSITY OF MISSOURI - COLUMBIA 310 JESSE HALL COLUMBIA, MO 65211	\$ 84,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	NORTHWEST COMMUNITIES DEVELOPMENT CORPOR 217 SOUTH CEDAR INDEPENDENCE, MO 64053	\$ 23,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	VANGUARD CHARITABLE ENDOWMENT PROGRAM PO BOX 55766 BOSTON, MA 02205-5766	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GREATER KC LINC INC

Employer identification number  
43-1676730

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	KANSAS CITY COMMUNITY FOUNDATION 1055 BROADWAY - STE 130 KANSAS CITY, MO 64105	\$ 12,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MISSOURI 3418 KNIPP DR, STE A-2 JEFFERSON CITY, MO 65109	\$ 11,657,712.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	HEALTH CARE FOUNDATION OF KANSAS CITY 2700 E 18TH ST - STE 220 KANSAS CITY, MO 64127	\$ 289,898.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	CITY OF KANSAS CITY, MO 414 E 12TH ST KANSAS CITY, MO 64106	\$ 68,935.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	GRANDVIEW SCHOOL DISTRICT 13015 10TH STREET GRANDVIEW, MO 64030	\$ 64,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	HICKMAN MILLS SCHOOL DISTRICT 9000 OLD SANTA FE ROAD KANSAS CITY, MO 64138	\$ 181,715.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization GREATER KC LINC INC

Employer identification number  
43-1676730

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	CENTER SCHOOL DISTRICT 8701 HOLMES ROAD KANSAS CITY, MO 64131	\$ 27,673.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	ST JOSEPH SCHOOL DISTRICT 1211 N. 18TH STREET ST JOSEPH, MO 64501	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	INDEPENDENCE SCHOOL DISTRICT 3225 SOUTH NOLAND ROAD INDEPENDENCE, MO 64055	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	JOHNSON, ROBERT WOODS FOUNDATION RT 1 AND COLLEGE RD EAST; STE 2316 PRINCETON, NJ 08543-2316	\$ 84,246.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	NORTH KANSAS CITY SCHOOL DISTRICT 2000 NE 46TH STREET NORTH KANSAS CITY, MO 64116	\$ 86,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

GREATER KC LINC INC

Employer Identification number

43-1676730

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for held at end of tax year (2a-2d), and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for revenues and assets.



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XI V.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		124,553.	64,811	59,742.
d Equipment . . . . .		1,428,853.	1,330,719	98,134.
e Other . . . . .		259,682.	219,630	40,052.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				197,928.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,217,687.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,884,847.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,667,160.
4	Net unrealized gains (losses) on investments	4	933,934.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	933,934.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-733,226.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	17,151,621.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	933,934.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	933,934.
3	Subtract line 2e from line 1	3	16,217,687.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	16,217,687.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	17,884,847.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	17,884,847.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	17,884,847.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

FIN 48 DISCLOSURE

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE

INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED

ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE

FINANCIAL STATEMENTS.

**Part XIV** Supplemental Information *(continued)*

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

**GREATER KC LINC INC**

Employer identification number

43-1676730

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- Enter total number of section 501(c)(3) and government organizations
- Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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

1	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	1. SEE SCH I, PART IV	1,529.	9,314.			
2	2. SEE SCH I, PART IV	427.	49,095.			
3	3. SEE SCH I, PART IV	7,441.	237,531.			
4	4. SEE SCH I, PART IV	861.	7,099.			
5	5. SEE SCH I, PART IV	67.	2,400.			
6						
7						

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANTS  
 SCHEDULE I, PART I, QUESTION 2  
 THE POINT PERSON RESPONSIBLE FOR ADMINISTERING THE GRANT PROGRAM  
 DOCUMENTS THE RECIPIENT CRITERIA AND THE DISTRIBUTION METHOD TO BE USED,  
 THEN THE RECIPIENTS ARE DOCUMENTED. FINALLY, THE POINT PERSONS DECISIONS  
 ARE MONITORED BY MANAGEMENT.

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANTS ASSISTANCE

SCHEDULE I, PART III

1. CARING COMMUNITIES: ASSIST LOCAL LOW INCOME FAMILIES IN AREAS WE

SERVE WITH UTILITY ASSISTANCE AND OTHER SUPPORT.

2. HEALTH & CHILD WELFARE INITIATIVES: ASSIST LOW INCOME FOSTER

CHILDREN AS THEY TRANSITION TO ADULTHOOD AND INDEPENDENT LIVING.

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

MAINTAINING EMPLOYMENT FOR LOW INCOME INDIVIDUALS.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

4. EDUCARE: SUPPORT EARLY CHILDHOOD FACILITIES THAT SERVE CHILDREN OF LOW INCOME FAMILIES.

5. OTHER: OTHER TEMPORARY EMERGENCY ASSISTANCE FOR LOW INCOME INDIVIDUALS.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

GREATER KC LINC INC

Employer identification number

43-1676730

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** X
- b** Any related organization? **5b** X
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** X
- b** Any related organization? **6b** X
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** X

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** X

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GAYLE HOBBS	(i) 134,927. (ii) 0.	67,645. 0.	6,938. 0.	14,488. 0.	7,190. 0.	231,188. 0.	0. 0.
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

**Part III Supplemental Information**

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

SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

GREATER KC LINC INC

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MISSION STATEMENT

FORM 990, PART III, LINE 1

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

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4A

CARING COMMUNITIES (HELPING STUDENTS, PARENTS AND NEIGHBORS): LINC  
PROVIDES SUPPORT FOR SCHOOL & NEIGHBORHOOD SERVICES IN MULTIPLE SCHOOL  
DISTRICTS. MAJOR EFFORTS INCLUDE (A) OPERATING OUT-OF-SCHOOL PROGRAMS IN  
KC-AREA SCHOOL DISTRICTS & CHARTER SCHOOLS, (B) IMPLEMENTING FEDERAL 21ST  
CENTURY COMMUNITY LEARNING CENTER (21CCLC) GRANTS, AND (C) OPERATING THE  
AREA'S COMMUNITY PARTNERSHIP INITIATIVE. OTHER SMALLER, SIMILAR PROGRAMS  
ARE ALSO INCLUDED IN THIS CATEGORY. FOR FY2011, THIS PROGRAM SERVED  
APPROXIMATELY 23,626 PEOPLE. 21CCLC: FUNDS FROM A GRANT FROM THE  
MISSOURI DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION ARE BEING USED TO  
PROVIDE AFTER-SCHOOL ACADEMIC ENRICHMENT, YOUTH INVOLVEMENT, AND EXPANDED  
PARENT AND COMMUNITY INVOLVEMENT AT SEVERAL SCHOOLS. IN TOTAL, AT JUNE  
30, 2011 THERE WERE 66 LINC CARING COMMUNITY SITES.

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## PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4B

HEALTH & CHILD WELFARE INITIATIVES (TO ADDRESS & IMPROVE COMMUNITY HEALTH ISSUES & CHILD WELFARE ISSUES): LINC IS ACTIVELY INVOLVED IN ADDRESSING COMMUNITY CHILD WELFARE ISSUES LIKE ACCESS TO FOOD OVER THE SUMMER. THESE PROGRAMS IMPROVE OUTCOMES FOR (AND EXTEND SERVICES TO) AT-RISK FAMILIES, PARTICULARLY THOSE AT RISK FOR CHILD ABUSE AND NEGLECT. FOR FY11, THIS PROGRAM SERVED APPROXIMATELY 3,083 PEOPLE. LINC'S HEALTH INITIATIVES IMPROVE OUTCOMES FOR (AND EXTEND SERVICES TO) AT-RISK, UNDER SERVED YOUTH AND THEIR FAMILIES, PARTICULARLY THOSE WITHOUT READY ACCESS TO HEALTH SERVICES &/OR INSURANCE. CLOSE RELATIONSHIPS WITH ENTITIES SUCH AS KANSAS CITY QUALITY IMPROVEMENT CONSORTIUM (KCQIC) AND THE AREA HEALTH EDUCATION CENTER (AHEC) LEVERAGE RESOURCES TO CREATE BROADER OPPORTUNITIES FOR SERVICE.

## PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4C

WELFARE TO WORK (TO MONITOR & IMPROVE COMMUNITY-BASED WELFARE-TO-WORK SYSTEMS): UNDER THE WELFARE-TO-WORK AND COMMUNITY WORKER SUPPORT PROGRAM, LINC IS RESPONSIBLE FOR SERVING UNEMPLOYED AND UNDER-EMPLOYED ADULTS IN KANSAS CITY AND JACKSON COUNTY, MISSOURI BY DEVELOPING, PLANNING AND MONITORING COMMUNITY-BASED WELFARE-TO-WORK AND WORKER SUPPORT SYSTEMS, AND WORKING WITH LIKE-MINDED LOCAL CONTRACTORS AND PARTNERS. THE SYSTEM FOCUSES ON JOB PREPARATION, PLACEMENT & RETENTION ISSUES INCLUDING: CHILD CARE, JOB READINESS, PERSONAL SKILLS, EMPLOYER TRAINING AND PUBLIC TRANSPORTATION. FOR FY11, THIS PROGRAM SERVED

Name of the organization GREATER KC LINC INC	Employer identification number 43-1676730
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APPROXIMATELY 7,441 PEOPLE.

OTHER PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4D

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 COUNTIES IN MISSOURI, AND ADDRESSES CORE COMPETENCIES FOR EARLY CARE AND EDUCATION PROFESSIONALS. FOR FY 2011, THIS PROGRAM SERVED APPROXIMATELY 1,213 PEOPLE.

EARLY CHILDHOOD---

COLLABORATING WITH MANY COMMUNITY PARTNERS, THIS INITIATIVE IS DESIGNED TO INCREASE THE QUALITY AND AVAILABILITY OF CHILD CARE WITHIN THE URBAN CORE 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 2011, THIS PROGRAM SERVED APPROXIMATELY 4,562 PEOPLE.

DATA--

LINC DATA AND RESEARCH INITIATIVES SUPPORT PLANNING AND SERVICE DELIVERY, PROMOTE ACCOUNTABILITY, AND ASSIST VOLUNTEERS IN MONITORING OUTCOMES. LINC MAINTAINS A CURRENT DATABASE OF ASSISTED FAMILIES AND INDIVIDUALS,

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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.

## OTHER INITIATIVES--

THIS CATEGORY IS COMPOSED OF MULTIPLE SMALLER INITIATIVES THAT REPRESENT LINC TAKING ADVANTAGE OF UNIQUE REGIONAL OPPORTUNITIES FOR THE UNDERSERVED POPULATION. THESE INITIATIVES SUPPORT HEALTH, EDUCATION, FAMILY STABILITY AND SENIORS IN THE COMMUNITY IN VARIOUS WAYS. THESE PROGRAMS SERVED MORE THAN 758 INDIVIDUALS IN FY11.

## FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11B  
AN INDEPENDENT CPA FIRM PREPARES AND REVIEWS THE 990. THE 990 IS THEN REVIEWED BY THE AGENCY FINANCE TEAM AND SENIOR EXECUTIVES. QUESTIONS OR CONCERNS RAISED BY THESE INDIVIDUALS ARE ADDRESSED AND CORRECTIONS OR CLARIFICATIONS ARE MADE AT THIS TIME. THE 990 IS THEN PRESENTED TO THE FINANCE AND AUDIT COMMITTEE OF THE BOARD FOR THEIR REVIEW. ALL QUESTIONS, CONCERNS, CHANGES OR CLARIFICATIONS RAISED BY THE COMMITTEE ARE ADDRESSED. THE FINAL 990 IS PRESENTED TO THE COMMISSION FOR COMMENT PRIOR TO FILING OF THE 990.

## CONFLICT OF INTEREST POLICY

FORM 990. PART VI, SECTION B, LINE 12C  
CONFLICT OF INTEREST ARISES WHENEVER THE PERSONAL OR PROFESSIONAL

Name of the organization GREATER KC LINC INC	Employer identification number 43-1676730
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INTEREST OF A BOARD MEMBER, OFFICER OR KEY EMPLOYEE IS POTENTIALLY AT ODDS WITH THE BEST INTEREST OF GREATER KC LINC INC. ALTHOUGH THE LEGAL STANDARDS FOR AVOIDING CONFLICT OF INTEREST FOR NONPROFIT ORGANIZATIONS ARE FAIRLY LIMITED, GREATER KC LINC INC. WILL AVOID WHERE POSSIBLE EVEN THE APPEARANCE OF THE POTENTIAL FOR IMPROPRIETY.

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

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

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

1. IDENTIFY THE POTENTIAL CONFLICT OF INTEREST
2. NOT PARTICIPATE IN THE DISCUSSION OF THE PROGRAM OR MOTION BEING CONSIDERED.
3. NOT VOTE ON THE ISSUE.

IT IS THE RESPONSIBILITY OF THE BOARD TO:

RECORD IN THE MINUTES OF THE BOARD MEETING THE POTENTIAL CONFLICT OF INTEREST, AND THE USE OF THE PROCEDURES AND CRITERIA OF THIS POLICY.



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ALTHOUGH IT IS NOT A CONFLICT OF INTEREST TO REIMBURSE BOARD MEMBERS FOR EXPENSES INCURRED (SUCH AS THE PURCHASE OF SUPPLIES), BOARD MEMBERS ARE NOT BEING PAID FOR SERVING ON THE BOARD.

CONFLICT OF INTEREST FORMS ARE PROVIDED TO THE BOARD MEMBERS FOR COMPLETION EACH YEAR. THE FORM COLLECTS INFORMATION ON THE CONFLICTS OR POTENTIAL CONFLICTS OF THE BOARD MEMBERS.

A REPORT FROM THIS EXERCISE IS PROVIDED TO THE AUDIT COMMITTEE.

#### COMPENSATION REVIEW

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

EXECUTIVE SALARY: IS BASED UPON PERFORMANCE TARGETS SET FOR THE PRESIDENT THE PREVIOUS YEAR. PERFORMANCE TARGETS FOR THE PRESIDENT ARE ESTABLISHED BY THE PERSONNEL COMMITTEE. THE PERSONNEL COMMITTEE REVIEWS THE PERFORMANCE TARGETS AT THE END OF THE YEAR AND DETERMINES WHAT IF ANY SALARY ADJUSTMENT SHOULD BE MADE FOR THE PRESIDENT. PEER REVIEW OCCURS ROUTINELY FOR THE PERSONNEL COMMITTEE TO ARM THEM WITH ADDITIONAL INFORMATION IN MAKING THEIR DECISION.

#### OTHER OFFICERS COMPENSATION REVIEW

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

LINC USES THE FOLLOWING PROCEDURE FOR COMPENSATION OF EMPLOYEES AS REFLECTED IN THE BOARD GOVERNANCE MANUAL ADOPTED BY THE BOARD ON FEBRUARY OF 2009. GENERAL FULL TIME SALARIES: LINC STAFF MAKES A RECOMMENDATION

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TO THE PERSONAL COMMITTEE. STAFF RECOMMENDATION IS BASED UPON THE LOCAL CONSUMER PRICE INDEX - URBAN WAGE EARNERS AND CLERICAL WORKERS. THIS RECOMMENDATION IS MADE TO THE PERSONNEL COMMITTEE AND THEY MAKE A DECISION BASED UPON THEIR ASSESSMENT OF THE RECOMMENDATION.

AVAILABILITY OF GOVERNING DOCUMENTS

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

AVERAGE HOURS PER WEEK FOR OFFICERS & DIRECTORS

FORM 990, PART VII AVERAGE HOURS OF SERVICE PER WEEK ARE BASELINE/APPROXIMATE.

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 5 UNREALIZED GAINS \$ 933,934

ATTACHMENT 1

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

	(A) NAME AND TITLE	(B) HOURS	(C) POSITION					COMPENSATION FROM		
			(1)(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29	GAYLE HOBBS PRESIDENT	40.00		X				209,510.	0.	21,678.
30	CANDACE CHEATAM DEPUTY DIRECTOR	40.00		X				113,625.	0.	12,467.