

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

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

A For the 2002 calendar year, or tax year beginning 07/01, 2002, and ending 06/30/2003

Header section containing organization name (GREATER K. C. LINC, INC.), address (3100 BROADWAY, KANSAS CITY, MO 64111), and identification numbers (Employer ID: 43-1676730).

Section B (Check applicable), G (Web site: HTTP://WWW.KCLINC.ORG), J (Organization type: 501(c)(3)), K (Check here), L (Gross receipts: 14,351,928), and H (Affiliates) sections.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)

Main table with columns for Revenue, Expenses, and Net Assets. Rows include contributions (2,309,535), program service revenue (272,430), total revenue (14,351,928), total expenses (15,268,600), and net assets at end of year (8,082,058).

For Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Table with 5 columns: Description, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include Grants and allocations, Specific assistance, Benefits paid, Compensation of officers, etc., Other salaries and wages, Pension plan contributions, etc.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to Program services \$ ; (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 24 of the instructions.)

Table with 2 columns: Description, Program Service Expenses. Row a: STMT 6, (Grants and allocations \$ 2,141,007), 3,181,263. Row b: STMT 6, (Grants and allocations \$ 235,001), 395,247. Row c: STMT 6, (Grants and allocations \$ 4,310,235), 6,832,734. Row d: STMT 6, (Grants and allocations \$ 709,373), 830,997. Row e: Other program services (attach schedule) STMT 7, (Grants and allocations \$ 678,294), 2,968,078. Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services), 14,208,319.

**Part IV Balance Sheets** (See page 24 of the instructions.)

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

		(A) Beginning of year	(B) End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .		<b>45</b>
	<b>46</b> Savings and temporary cash investments . . . . .	<b>10,938,018.</b>	<b>46 9,713,703.</b>
	<b>47a</b> Accounts receivable . . . . .	<b>47a 1,278,154.</b>	
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b 555,747.</b>	<b>47c 722,407.</b>
	<b>48a</b> Pledges receivable . . . . .	<b>48a 333,333.</b>	
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>	<b>48c 333,333.</b>
	<b>49</b> Grants receivable . . . . .		<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b>
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>	
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>	<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges . . . . .	<b>STMT. 8 154,234.</b>	<b>53 159,185.</b>
	<b>54</b> Investments - securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54</b>
	<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b>	
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	<b>55c</b>	
<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>	
<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>STMT. 9 57a 1,446,516.</b>		
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b 1,115,113.</b>	<b>57c 331,403.</b>	
<b>58</b> Other assets (describe ► )		<b>58</b>	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	<b>11,791,784.</b>	<b>59 11,260,031.</b>	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	<b>2,793,054.</b>	<b>60 3,177,973.</b>
	<b>61</b> Grants payable . . . . .		<b>61</b>
	<b>62</b> Deferred revenue . . . . .		<b>62</b>
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>
	<b>65</b> Other liabilities (describe ► )		<b>65</b>
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .	<b>2,793,054.</b>	<b>66 3,177,973.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>		
	<b>67</b> Unrestricted . . . . .	<b>5,677,481.</b>	<b>67 5,691,901.</b>
	<b>68</b> Temporarily restricted . . . . .	<b>3,321,249.</b>	<b>68 2,390,157.</b>
	<b>69</b> Permanently restricted . . . . .		<b>69</b>
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>		
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) . . . . .	<b>8,998,730.</b>	<b>73 8,082,058.</b>
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	<b>11,791,784.</b>	<b>74 11,260,031.</b>

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

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions.)

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

<b>a</b> Total revenue, gains, and other support per audited financial statements . . ▶		<b>a</b> 14,351,928.	<b>a</b> Total expenses and losses per audited financial statements . . . ▶		<b>a</b> 15,268,600.
<b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990:			<b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1) Net unrealized gains on investments . . \$			(1) Donated services and use of facilities \$		
(2) Donated services and use of facilities \$			(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$		
(3) Recoveries of prior year grants . . . . \$			(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify):			(4) Other (specify):		
_____ \$			_____ \$		
Add amounts on lines (1) through (4) ▶	<b>b</b>		Add amounts on lines (1) through (4) . . ▶	<b>b</b>	
<b>c</b> Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	14,351,928.	<b>c</b> Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	15,268,600.
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> :			<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1) Investment expenses not included on line 6b, Form 990 . . . \$			(1) Investment expenses not included on line 6b, Form 990 . . . \$		
(2) Other (specify):			(2) Other (specify):		
_____ \$			_____ \$		
Add amounts on lines (1) and (2) . . ▶	<b>d</b>		Add amounts on lines (1) and (2) . . ▶	<b>d</b>	
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . . ▶	<b>e</b>	14,351,928.	<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . . ▶	<b>e</b>	15,268,600.

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 26 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 15		257,538.	57,225.	NONE

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
If "Yes," attach schedule - see page 26 of the instructions.

Part VI Other Information (See page 27 of the instructions.)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 76 through 92 regarding organizational activities, expenditures, and tax information.

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes. Rows include 93A STATE PROVIDED SALARIES, SUPPLIES, AND RENTS WHICH HELP SERVE THE NEEDS OF GREATER K.C. LINC, INC. and 103B VENDOR REBATES AND OTHER EXEMPT FUNCTION INCOME.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

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

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

Please Sign Here section with signature and date lines for the preparer.

Paid Preparer's Use Only section with fields for Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address, EIN, and Phone no.

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information - (See separate instructions.)**

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

OMB No. 1545-0047

**2002**

Name of the organization

**GREATER K. C. LINC, INC.**

Employer identification number

**43-1676730**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>JOHN SHIVELY</b> 3100 BROADWAY, STE 1100 KANSAS CITY, MO 64111	DATA EVALUATION MNGR 40 HOURS	57,762.	4,332.	NONE
<b>MARK GUNTER</b> 3100 BROADWAY, STE 1100 KANSAS CITY, MO 64111	CONTROLLER 40 HOURS	55,078.	5,232.	NONE
<b>DAVID BUCK</b> 3100 BROADWAY, STE 1100 KANSAS CITY, MO 64111	COMMUNICATIONS 40 HOURS	60,000.	5,700.	NONE
Total number of other employees paid over \$50,000	NONE			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>DYNAMIC ENTERPRISE SOLUTIONS</b> 7266 W. WILLIAMS DR, GLENDALE, AZ	IT CONSULTING	66,966.
Total number of others receiving over \$50,000 for professional services	NONE	

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

Schedule A (Form 990 or 990-EZ) 2002

JSA  
2E1210 1.000

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i or Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? . . . . .	2a	X
b	Lending of money or other extension of credit? . . . . .	2b	X
c	Furnishing of goods, services, or facilities? . . . . .	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X
e	Transfer of any part of its income or assets? . . . . .	2e	X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) . . . . .	3	X
4	Do you have a section 403(b) annuity plan for your employees? . . . . .	4	X
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.			

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions.)

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

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

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

(a) Name(s) of supported organization(s)	(b) Line number from above

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



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

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

Table with columns for calendar year (or fiscal year beginning in) (a) 2001, (b) 2000, (c) 1999, (d) 1998, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check <input type="checkbox"/>	<b>a</b>	if the organization belongs to an affiliated group.		
Check <input type="checkbox"/>	<b>b</b>	if you checked "a" and "limited control" provisions apply.		
<b>Limits on Lobbying Expenditures</b>			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)				
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>		
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>		
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>		
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>		
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>		
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table -			
	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000 . . . . .	20% of the amount on line 40 . . . . .	} <b>41</b>	
	Over \$500,000 but not over \$1,000,000 . . . . .	\$100,000 plus 15% of the excess over \$500,000 . . . . .		
	Over \$1,000,000 but not over \$1,500,000 . . . . .	\$175,000 plus 10% of the excess over \$1,000,000 . . . . .		
	Over \$1,500,000 but not over \$17,000,000 . . . . .	\$225,000 plus 5% of the excess over \$1,500,000 . . . . .		
	Over \$17,000,000 . . . . .	\$1,000,000 . . . . .		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>		
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>		
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.				

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

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

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

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Volunteers . . . . .		<b>X</b>	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		<b>X</b>	
<b>c</b> Media advertisements . . . . .		<b>X</b>	
<b>d</b> Mailings to members, legislators, or the public . . . . . <b>STMT 17.</b>	<b>X</b>		
<b>e</b> Publications, or published or broadcast statements . . . . .		<b>X</b>	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		<b>X</b>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . . <b>STMT 18.</b>	<b>X</b>		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		<b>X</b>	
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			

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

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

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

Table with 3 columns: Description, Yes, No. Rows include: Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization, (ii) Purchases of assets from a noncharitable exempt organization, (iii) Rental of facilities, equipment, or other assets, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations; Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/A'.

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

**b** If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'N/A'.

## FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----
ADMINISTRATIVE FEES	239,466.	235,389.	4,077.
CONSULTANTS	540,055.	442,522.	97,533.
PERFORMANCE INCENTIVES	241,630.	231,530.	10,100.
BUS AND TAXI SERVICE	22,931.	22,931.	
EQUIPMENT	118,014.	78,130.	39,884.
FACILITIES USAGE	78,313.	78,313.	
CHILD CARE	195,351.	195,351.	
INSURANCE	156,443.	50,387.	106,056.
ADVERTISING	17,352.	16,231.	1,121.
OTHER	128,892.	41,370.	87,522.
AUTO MILEAGE	51,735.	43,183.	8,552.
BAD DEBT	183,598.	183,598.	
	-----	-----	-----
TOTALS	1,973,780.	1,618,935.	354,845.
	=====	=====	=====

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

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

LINC ALSO IS THE COMMUNITY PARTNERSHIP SELECTED BY THE STATE OF MISSOURI TO ADMINISTER THE "CARING COMMUNITIES" FUND CREATED BY EIGHT STATE DEPARTMENTS--SOCIAL SERVICES, MENTAL HEALTH, HEALTH, LABOR, PUBLIC SAFETY, EDUCATION, CORRECTIONS, AND ECONOMIC DEVELOPMENT--TO SUPPORT AND DEVELOP SCHOOL LINKED, NEIGHBORHOOD-BASED SERVICES. THE FUND WILL BE USED TO SUPPORT SERVICES AT SELECTED SCHOOLS WHERE INTEREST IS SHOWN BY PARENTS, NEIGHBORS, AND THE SCHOOL PRINCIPAL. THE EFFORT INVOLVES 67 SCHOOLS IN FIVE SCHOOL DISTRICTS. THE SCHOOL-LINKED SERVICES ARE PART OF A LARGER EFFORT TO DEVELOP COMPREHENSIVE INTEGRATED NEIGHBORHOOD SERVICES THROUGH NEIGHBORHOOD INVOLVEMENT, PROFESSIONAL DEVELOPMENT AND CHANGE MANAGEMENT. SEE WWW.KCLINC.ORG FOR MORE INFORMATION.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
CARING COMMUNITIES - FACILITATES PLANNING AND DEVELOPMENT PROCESS, IN COOPERATION WITH LOCAL SCHOOL DISTRICTS AND THE COMMUNITY, TO DELIVER MULTI-DISCIPLINARY SERVICES THROUGH NEIGHBORHOOD LINKAGES WITH LOCAL SCHOOLS. IN EXCESS OF 5,300 PEOPLE ARE SERVED.	2,141,007.	3,181,263.
EDUCARE IS DESIGNED TO ENHANCE THE EARLY CHILDHOOD DEVELOPMENT OF CHILDREN BETWEEN THE AGES OF ZERO TO THREE YEARS OLD. THE PROGRAM OFFERS TRAINING, EDUCATIONAL RESOURCES AND HOME VISITS TO FAMILY CARE PROVIDERS LOCATED IN JACKSON, CLAY AND PLATTE COUNTY. IN EXCESS OF 8,600 PEOPLE ARE SERVED.	235,001.	395,247.
BEFORE AND AFTER SCHOOL CARE PROGRAM - THIS PROGRAM IS DESIGNED TO IMPROVE EDUCATIONAL OUTCOMES AND SOCIETAL BENEFITS. SIXTY-FIVE SCHOOLS, INCLUDING CARING COMMUNITIES SITES, LOCATED IN FIVE AREA KANSAS CITY, MISSOURI SCHOOL DISTRICTS WERE PARTICIPATING IN THIS PROGRAM. IN EXCESS OF 5,900 CHILDREN ARE ENROLLED IN THE PROGRAM.	4,310,235.	6,832,734.
CHILD WELFARE - THIS PROGRAM IS FOR THE PURPOSE OF IMPROVING OUTCOMES (OR EXTENDING SERVICES TO) AT-RISK FAMILIES, PARTICULARLY THOSE AT RISK FOR CHILD ABUSE AND NEGLECT. THE CHILD WELFARE PROGRAM ALSO FACILITATES COMMUNITY TRAINING AND EDUCATION FOR PREVENTION OF CHILD ABUSE AND NEGLECT.	709,373.	830,997.
TOTAL	----- 7,395,616. =====	----- 11,240,241. =====

FORM 990, PART III - OTHER PROGRAM SERVICES  
 =====

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
EARLY CHILDHOOD - THIS PROGRAM PROVIDES TECHNICAL ASSISTANCE TO AREA EARLY CHILDHOOD EDUCATION PROFESSIONALS, PROVIDES EXTENSIVE RESOURCES AND SUPPORT TO AREA CHILD CARE PROGRAMS, AND PROVIDES OTHER BENEFITS TO OTHER CHILD CARE CENTERS AND DAY CARE HOMES THAT ARE WORKING TO IMPROVE QUALITY CHILD CARE AND SEEK ACCREDITATION AS THEY KEEP THEIR FEES AFFORDABLE.	60,000.	363,071.
WELFARE-TO-WORK - LINC IS RESPONSIBLE FOR SERVING UNEMPLOYED AND UNDEREMPLOYED ADULTS BY DEVELOPING, PLANNING, CONTRACTING AND MONITORING THE COMMUNITY BASED WELFARE-TO-WORK SYSTEM. THE SYSTEM FOCUSES ON JOB RETENTION ISSUES AFFECTING EMPLOYMENT INCLUDING: CHILD CARE, JOB READINESS, PERSONAL SKILLS, EMPLOYER TRAINING AND PUBLIC TRANSPORTATION. IN EXCESS OF 6,600 PEOPLE HAVE BEEN SERVED.	591,075.	1,034,991.
DATA AND EVALUATION AND OTHER PROGRAMS - LINC IS A MAJOR HUMAN SERVICES INTERMEDIARY THAT CARRIES OUT FOUR CRITICAL FUNCTIONS; 1) ENGAGING, CONVENING AND SUPPORTING DIVERSE GROUPS AND COMMUNITIES; 2) ESTABLISHING QUALITY STANDARDS AND PROMOTING ACCOUNTABILITY; 3) BROKERING AND LEVERAGING RESOURCES; AND 4) PROMOTING EFFECTIVE POLICY MEASURES.	27,219.	1,570,016.
TOTALS	----- 678,294. =====	----- 2,968,078. =====



FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
EMPLOYEE ADVANCES	NONE
VENDOR DEPOSITS	149,661.
PREPAID RENT	9,524.
	-----
TOTALS	159,185.
	=====

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

=====

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL				
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
PLYMOTH VAN VOYAGEP	SL	23,037.			23,037.	19,580.	1,152.		20,732.
TOTALS		23,037.			23,037.	19,580.			20,732.

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

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
LANDON ROWLAND 920 MAIN, 21ST FLOOR KANSAS CITY, MO 64105	CHAIRMAN AS NEEDED	NONE	NONE	NONE
JOHN (JACK) C. CRAFT CRAFT FRIDKIN & RHYME 4435 MAIN STREET KANSAS CITY, MO 64111	COMMISSIONER AS NEEDED	NONE	NONE	NONE
SUELLEN FRIED 4003 HOMESTEAD DRIVE SHAWNEE MISSION, KS 66208	COMMISSIONER AS NEEDED	NONE	NONE	NONE
BERT BERKLEY TENSION ENVELOPE CORP 819 EAST 19TH ST KANSAS CITY, MO 64108	VICE CHAIRMAN AS NEEDED	NONE	NONE	NONE
ROBERT GLASER 5300 NE NORTHGATE CROSSING LEE'S SUMMIT, MO 64064	COMMISSIONER AS NEEDED	NONE	NONE	NONE
ANITA GORMAN 917 NE VIVION ROAD KANSAS CITY, MO 64118	COMMISSIONER 40 HOURS	NONE	NONE	NONE
BART HAKAN 221 WEST 53RD TERRACE KANSAS CITY, MO 64112	COMMISSIONER AS NEEDED	NONE	NONE	NONE
ADELE HALL	COMMISSIONER AS NEEDED	NONE	NONE	NONE

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

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
5801 OAKWOOD ROAD SHAWNEE MISSION, KS 66208				
JUDY HUNT 6526 RAINBOW SHAWNEE MISSION, KS 66208	COMMISSIONER AS NEEDED	NONE	NONE	NONE
JAN KREAMER GREATER KANSAS CITY COMM FOUNDATION 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	COMMISSIONER AS NEEDED	NONE	NONE	NONE
RICHARD MORRIS 14061 RILEY ST., #2408 OVERLAND PARK, KS 66223	COMMISSIONER AS NEEDED	NONE	NONE	NONE
MARGIE PELTIER 2914 EAST 55TH STREET KANSAS CITY, MO 64130	COMMISSIONER AS NEEDED	NONE	NONE	NONE
OSCAR PINSKER 75 LEMANS PRAIRIE VILLAGE, KS 66208	COMMISSIONER AS NEEDED	NONE	NONE	NONE
SUSAN RAMIREZ 911 EAST 79TH TERRACE KANSAS CITY, MO 64131	COMMISSIONER AS NEEDED	NONE	NONE	NONE
DAVID ROCK 2521 S. MOHICAN AVENUE INDEPENDENCE, MO 64057	COMMISSIONER AS NEEDED	NONE	NONE	NONE

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

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
GENE STANDIFER 1317 EAST 28TH STREET KANSAS CITY, MO 64109-1213	COMMISSIONER AS NEEDED	NONE	NONE	NONE
BARRY WILKINSON 2408 SW WINTERGREEN COURT LEE'S SUMMIT, MO 64081	COMMISSIONER AS NEEDED	NONE	NONE	NONE
HERMAN JOHNSON HERMAN JOHNSON COMPANY 912 BALTIMORE, #510 KANSAS CITY, MO 64105	VICE CHAIRMAN AS NEEDED	NONE	NONE	NONE
DENISE JORDON THE KANSAS CITY GLOBE 615 EAST 29TH STREET KANSAS CITY, MO 64109	COMMISSIONER AS NEEDED	NONE	NONE	NONE
ROSEMARY SMITH LOWE SANTA FE NEIGHBORHOOD ASSN 3232 E. 29TH STREET KANSAS CITY, MO 64128	VICE CHAIRMAN AS NEEDED	NONE	NONE	NONE
KAY BARNES MAYOR 414 E. 12TH STREET, 29TH FLOOR KANSAS CITY, MO 64106	COMMISSIONER EX OFFICIO	NONE	NONE	NONE
FRANK SALIZZONI 5720 OAKWOOD SHAWNEE MISSION, KS 66208	COMMISSIONER AS NEEDED	NONE	NONE	NONE

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

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
KATHERYN SHIELDS JACKSON COUNTY EXECUTIVE 415 E. 12TH STREET STE 200 KANSAS CITY, MO 64106	COMMISSIONER EX OFFICIO	NONE	NONE	NONE
CANDACE CHEATEM 3100 BROADWAY, STE 1100 KANSAS CITY, MO 64111	DEPUTY DIRECTOR 40 HOURS	71,406.	6,784.	NONE
BRENT SCHONDELMEYER 3100 BROADWAY, STE 1100 KANSAS CITY, MO 64111	DIR OF COMMUNICATION 40 HOURS	68,141.	6,473.	NONE
JOHN RICH 3100 BROADWAY, STE 1100 KANSAS CITY, MO 64111	DIR OF OPERATIONS 40 HOURS	68,245.	6,483.	NONE
GAYLE HOBBS SEE ATTACHED STATEMENT 3100 BROADWAY, STE 1100 KANSAS CITY, MO 64111	PRESIDENT 40 HOURS	49,746.	37,485.	NONE
DAVID ROSS BANK OF AMERICA P.O. BOX 419119 KANSAS CITY, MO 64105	TREASURER AS NEEDED	NONE	NONE	NONE
BILL BROWN FANNIE MAE PARTNERSHIP OFFICE 4435 MAIN, SUITE 910 KANSAS CITY, MO 64111	COMMISSIONER AS NEEDED	NONE	NONE	NONE

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

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
STEVE DUNN JE DUNN CONSTRUCTION CO 929 HOLMES KANSAS CITY, MO 64106	COMMISSIONER AS NEEDED	NONE	NONE	NONE
BRIDGETTE WILLIAMS LABOR MGMT COUNCIL OF KC 6301 ROCKHILL ROAD, #106 KANSAS CITY, MO 64131	COMMISSIONER AS NEEDED	NONE	NONE	NONE
SHARON CHEERS P.O. BOX 32076 KANSAS CITY, MO 64171	COMMISSIONER AS NEEDED	NONE	NONE	NONE
RANDALL FERGUSON 5433 NORTHGATE CROSSING LEE'S SUMMIT, MO 64064	COMMISSIONER AS NEEDED	NONE	NONE	NONE
HERB FREEMAN 14493 WEST 139TH STREET OLATHE, KS 66062	COMMISSIONER AS NEEDED	NONE	NONE	NONE
RICHARD HIBSCHMAN 400 WEST 151ST STREET KANSAS CITY, MO 64112	COMMISSIONER AS NEEDED	NONE	NONE	NONE
MARY KAY MCPHEE 4740 ROANOKE PKWY, APT 1005 KANSAS CITY, MO 64112	COMMISSIONER AS NEEDED	NONE	NONE	NONE
CARSON ROSS	COMMISSIONER AS NEEDED	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
----- 3305 PARK LANE BLUE SPRINGS, MO 64015				
BAILUS TATE 5410 OSAGE AVENUE KANSAS CITY, MO 64133	COMMISSIONER AS NEEDED	NONE	NONE	NONE
	GRAND TOTALS	----- 257,538. =====	----- 57,225. =====	----- NONE =====



SCHEDULE A, PART IV-A - OTHER INCOME

=====

DESCRIPTION -----	2001 ----	2000 ----	1999 ----	1998 ----	TOTAL -----
OTHER INCOME	8,819.				8,819.
TOTALS	8,819.				8,819.

SCHEDULE A, PART VI-B - MAILINGS TO MEMBERS

=====

DE MINIMIS COSTS OF INFREQUENT COMMUNICATIONS WITH PUBLIC OFFICIALS.

SCHEDULE A, PART VI-B - DIRECT CONTACT WITH LEGISLATORS

=====

DE MINIMIS COSTS OF INFREQUENT COMMUNICATIONS WITH PUBLIC OFFICIALS.

**Depreciation and Amortization  
(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment  
Sequence No. **67**

Name(s) shown on return

Identifying number

**GREATER K. C. LINC, INC.**

**43-1676730**

Business or activity to which this form relates

**GENERAL DEPRECIATION**

**Part I Election To Expense Certain Tangible Property Under Section 179**

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

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses . . . . .	1	
2	Total cost of section 179 property placed in service (see page 2 of the instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2003. Add lines 9 and 10, less line 12 . . . . . ▶	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions) . . . . .	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2002 . . . . .	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (see page 6 of the instructions)**

21	Listed property. Enter amount from line 28 . . . . .	21	1,152.
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. . . . .	22	1,152.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See page 8 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 7 of the instructions) 25
26 Property used more than 50% in a qualified business use (see page 7 of the instructions): SEE LISTED PROPERTY DETAIL
27 Property used 50% or less in a qualified business use (see page 7 of the instructions):
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 1,152.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (do not include commuting miles - see page 2 of the instructions)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2002 tax year (see page 9 of the instructions):
43 Amortization of costs that began before your 2002 tax year 43
44 Total. Add amounts in column (f). See page 9 of the instructions for where to report 44



FEDERAL FOOTNOTES

=====

FORM 990, PART IV, QUESTION 57

=====

	COST	A/D
	-----	-----
EQUIPMENT	283,424	198,239
FURNITURE & FIXTURES	208,222	126,179
SOFTWARE	186,829	136,665
COMPUTERS	691,445	618,779
VEHICLES	23,574	23,574
BUILDING IMPROVEMENT	53,022	11,677
	-----	-----
TOTALS	1,446,516	1,115,113
	=====	=====

FEDERAL FOOTNOTES

=====

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

=====

COMPENSATION EARNED IN CURRENT YEAR BUT NOT PAID	\$34,500
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLAN	2,985
	-----
TOTAL BENEFIT CONTRIBUTIONS AND DEFERRED COMP	\$37,485
	=====
CURRENT YEAR BASE COMPENSATION	\$49,746
COMPENSATION EARNED IN PRIOR YEARS BUT PAID IN CURRENT YEAR	NONE
	-----
TOTAL COMPENSATION	\$49,746
	=====