

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 2004 calendar year, or tax year beginning 07/01, 2004, and ending 06/30/2005

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization GREATER KC LINC, INC.
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3100 BROADWAY 1100
City or town, state or country, and ZIP + 4
KANSAS CITY, MO 64111-2425

D Employer identification number 43-1676730
E Telephone number (816) 889-5050
F Accounting method: Cash, Accrual, Other (specify)

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

H and I are not applicable to section 527 organizations.

G Website: WWW.KCLINC.ORG
J Organization type (check only one) 501(c)(3) 4947(a)(1) or 527

H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? Yes No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 13,522,307.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, sales of assets, special events, gross sales of inventory, other revenue, program services, management and general, fundraising, payments to affiliates, and net assets at beginning and end of year.

For Privacy Act and 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 22 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, Compensation of officers, etc., and Total functional expenses.

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

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

Table with 2 columns: Description, Program Service Expenses. Row 'a' asks for primary exempt purpose. Row 'e' is Other program services. Row 'f' is Total of Program Service Expenses.

Part IV Balance Sheets (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	10,094,592.	46	4,411,035.
	47a Accounts receivable	47a 299,322.		
	b Less: allowance for doubtful accounts	47b 56,000.	543,852.	47c 243,322.
	48a Pledges receivable	48a NONE		
	b Less: allowance for doubtful accounts	48b	166,666.	48c NONE
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	STMT. 11.	123,931.	53 173,355.
	54 Investments - securities (attach schedule) STMT. 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		NONE	54 5,580,089.
	55a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 1,590,872.			
b Less: accumulated depreciation (attach schedule)	57b 1,296,482.	236,262.	57c 294,390.	
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)		11,165,303.	59 10,702,191.	
Liabilities	60 Accounts payable and accrued expenses	2,565,866.	60	2,757,484.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)		2,565,866.	66 2,757,484.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	5,723,091.	67	5,668,903.
	68 Temporarily restricted	2,876,346.	68	2,275,804.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		8,599,437.	73 7,944,707.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		11,165,303.	74 10,702,191.	

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 27 of the instructions.)	
a Total revenue, gains, and other support per audited financial statements . . . ▶	a 12,490,372.
b Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments . . . \$ 29,400.	
(2) Donated services and use of facilities \$ _____	
(3) Recoveries of prior year grants \$ _____	
(4) Other (specify): _____ \$ _____	
Add amounts on lines (1) through (4) ▶	b 29,400.
c Line a minus line b ▶	c 12,460,972.
d Amounts included on line 12, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____	
(2) Other (specify): _____ \$ _____	
Add amounts on lines (1) and (2) . . ▶	d
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 12,460,972.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total expenses and losses per audited financial statements ▶	a 13,145,102.
b Amounts included on line a but not on line 17, Form 990:	
(1) Donated services and use of facilities \$ _____	
(2) Prior year adjustments reported on line 20, Form 990 \$ _____	
(3) Losses reported on line 20, Form 990 \$ _____	
(4) Other (specify): _____ \$ _____	
Add amounts on lines (1) through (4) . . ▶	b
c Line a minus line b ▶	c 13,145,102.
d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____	
(2) Other (specify): _____ \$ _____	
Add amounts on lines (1) and (2) . . ▶	d
e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 13,145,102.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 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 13		481,677.	73,119.	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 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . 76 X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . . 77 X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . 78a X
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . 78b N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . 79 X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . 80a X
b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt.
81a Enter direct and indirect political expenditures. See line 81 instructions. 81a NONE
b Did the organization file Form 1120-POL for this year? . . . 81b X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . 82a X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . 82b
83a Did the organization comply with the public inspection requirements for returns and exemption applications? . . . 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . 83b X
84a Did the organization solicit any contributions or gifts that were not tax deductible? . . . 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members . . . 85c N/A
d Section 162(e) lobbying and political expenditures . . . 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . 86a N/A
b Gross receipts, included on line 12, for public use of club facilities . . . 86b N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . 87b N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . 88 X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE; section 4912 NONE; section 4955 NONE
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . NONE
d Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . NONE
90a List the states with which a copy of this return is filed NONE
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) . . . 90b 75
91 The books are in care of MARK GUNTER Telephone no. 816-889-5050
Located at 3100 BROADWAY STE 1100, KANSAS CITY, MO ZIP + 4 64111-2425
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . 92 NONE

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a STATE ASSISTANCE					183,530.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	80,795.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	20,040.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OTHER REVENUE					95,671.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				100,835.	279,201.
105 Total (add line 104, columns (B), (D), and (E))					380,036.

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 34 of the instructions.)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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).

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.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature **BKD, LLP** Date _____ Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. W) **P00399966**

Firm's name (or yours if self-employed), address, and ZIP + 4 **120 WEST 12TH STREET, SUITE 1200 KANSAS CITY, MO 64105-1936** EIN **44-0160260** Phone no. **816 221-6300**

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

2004

Name of the organization

GREATER KC LINC, INC.

Employer identification number

43-1676730

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DAVID BUCK 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	COMMUNICATIONS 40 HOURS	63,003.	5,985.	NONE
JOHN SHIVELY 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	DATA EVALUATION MNGR 40 HOURS	60,653.	4,549.	NONE
MARK GUNTER 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	CONTROLLER 40 HOURS	59,987.	5,699.	NONE
TOM DANIELS 3100 BROADWAY, SUITE 1100 KANSAS CITY, MO 64111	CONTRACTS/INVESTMENT 40 HOURS	54,995.	5,225.	NONE
LEE BOHANNON 3100 BROADWAYS, SUITE 1100 KANSAS CITY, MO 64111	COMMUNITY ORGANIZING 40 HOURS	51,750.	4,916.	NONE
Total number of other employees paid over \$50,000 ▶	5			

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
DYNAMIC ENTERPRISES SOLUTIONS 106 ROUTE 32, NORTH FRANKLIN, CT 06254	SOFTWARE SUPPORT	180,750.
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) 2004

JSA

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

Table with 4 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3a. Do you make grants for scholarships, fellowships, student loans, etc.? 3b. Do you have a section 403(b) annuity plan for your employees? 4a. Did you maintain any separate account for participating donors... 4b. Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

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

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

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

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

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

14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 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.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	11,848,651.	13,932,220.	14,782,916.	15,622,305.	56,186,092.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	175,824.	272,430.	402,625.	370,479.	1,221,358.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	80,588.	118,488.	196,045.	331,956.	727,077.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 20 90,668.	28,790.	8,819.	24,728.	153,005.
23 Total of lines 15 through 22	12,195,731.	14,351,928.	15,390,405.	16,349,468.	58,287,532.
24 Line 23 minus line 17	12,019,907.	14,079,498.	14,987,780.	15,978,989.	57,066,174.
25 Enter 1% of line 23	121,957.	143,519.	153,904.	163,495.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24 ▶				26a 1,141,323.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 796,677.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 57066174.
d Add: Amounts from column (e) for lines: 18 727,077. 19 _____ 22 153,005. 26b 796,677. STMT 21. ▶					26d 1,676,759.
e Public support (line 26c minus line 26d total) ▶					26e 55389415.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 97.0617 %
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:				
(2003) _____ (2002) _____ (2001) NOT APPLICABLE (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c _____
d Add: Line 27a total _____ and line 27b total _____ ▶					27d _____
e Public support (line 27c total minus line 27d total) ▶					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.) **NOT APPLICABLE**
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

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

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 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	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public STMT 22	X		
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body . STMT 23	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i 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.

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

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAIN ON INVESTMENTS	29,400.

TOTAL	29,400.
	=====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
ADMINISTRATIVE FEES	160,193.	160,193.		
PURCHASED PROFESSIONAL SERVICE	229,532.	222,081.	7,451.	
TRAVEL AND MILEAGE	82,936.	55,772.	27,164.	
COMMUNICATION EQUIPMENT	59,809.	56,856.	2,953.	
EQUIPMENT	282,359.	212,117.	70,242.	
EVENTS & FACILITATION SERVICES	281,009.	173,294.	103,514.	4,201.
INSURANCE	149,117.	82,285.	66,832.	
MARKETING	105,365.	103,152.	2,213.	
BAD DEBT	-328,587.	-328,587.		
OTHER	28,392.	1,922.	26,470.	
GRANTS, STIPENDS & SCHOLARSHIP	48,452.	46,952.	1,500.	
	-----	-----	-----	-----
TOTALS	1,098,577.	786,037.	308,339.	4,201.
	=====	=====	=====	=====

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

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

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

LINC IS INVOLVED IN A VARIETY OF COMMUNITY EFFORTS AND PARTNERSHIPS. ITS AREAS OF CONCENTRATION INCLUDE: CHILDREN AND FAMILIES, AGING, HEALTH CARE, 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 AREA'S "CARING COMMUNITIES" FUND, AN INITIATIVE CREATED BY EIGHT STATE DEPARTMENTS -- SOCIAL SERVICES, MENTAL HEALTH, HEALTH, LABOR, PUBLIC SAFETY, EDUCATION, CORRECTIONS, AND ECONOMIC DEVELOPMENT -- TO SUPPORT AND DEVELOP SCHOOL-LINKED, NEIGHBORHOOD-BASED SERVICES. THE FUND IS USED TO SUPPORT SERVICES AT SELECTED SCHOOLS WHERE INTEREST IS SHOWN BY PARENTS, NEIGHBORS AND THE SCHOOL PRINCIPAL. THE EFFORT INVOLVES 73 SCHOOLS IN FIVE SCHOOL DISTRICTS. THE SCHOOL-LINKED SERVICES ARE PART OF A LARGER EFFORT TO DEVELOP COMPREHENSIVE INTEGRATED NEIGHBORHOOD SERVICES THROUGH NEIGHBORHOOD INVOLVEMENT, PROFESSIONAL DEVELOPMENT AND CHANGE MANAGEMENT. SEE WWW.KCLINC.ORG FOR MORE INFORMATION.

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

=====

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
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. ONE ELEMENT OF THIS INITIATIVE REWARDS EARLY EDUCATION TEACHERS FOR PROFESSIONAL DEVELOPMENT THROUGH WAGE INCREASES AND OTHER INCENTIVES TO ATTRACT AND RETAIN QUALIFIED STAFF AS WELL.	324,624.	334,543.
WELFARE-TO-WORK INITIATIVES -- UNDER THE WELFARE-TO-WORK PROGRAM, LINC IS RESPONSIBLE FOR SERVING THE UNEMPLOYED AND UNDER-EMPLOYED ADULTS IN KANSAS CITY AND JACKSON COUNTY, MISSOURI BY DEVELOPING, PLANNING, CONTRACTING AND MONITORING COMMUNITY-BASED WELFARE-TO-WORK SYSTEMS. THEIR SYSTEM FOCUSES ON JOB RETENTION ISSUES INCLUDING: CHILD CARE, JOB READINESS, PERSONAL SKILLS, EMPLOYER TRAINING AND PUBLIC TRANSPORTATION.	5,521.	81,262.
DATA -- LINC DATA AND RESEARCH INITIATIVES SUPPORT PLANNING AND SERVICE DELIVERY, PROMOTE ACCOUNTABILITY, AND ASSIST VOLUNTEERS IN MONITORING OUTCOMES. LINC MAINTAINS A CURRENT	12,812.	859,751.

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

=====

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
<p>DATABASE OF ASSISTED FAMILIES AND INDIVIDUALS, AND PROVIDES OTHER DATA SUPPORT. THE RESULT IS A SYSTEM WHICH PROVIDES INCREASINGLY ACCURATE AND USEFUL APPLICATIONS USED INTERNALLY AS WELL AS OUTSIDE OF LINC. OTHER FUNDING IN THIS CATEGORY SUPPORTS PART OF LINC'S ACCOUNTING AND TECHNOLOGY INFRASTRUCTURE.</p>		
<p>CARING COMMUNITIES -- LINC PROVIDES SUPPORT FOR SCHOOL AND NEIGHBORHOOD SERVICES IN MULTIPLE SCHOOL DISTRICTS. MAJOR EFFORTS INCLUDE (A) OPERATING AN OUT-OF-SCHOOL PROGRAM IN KANSAS CITY, MO SCHOOL DISTRICT, (B) IMPLEMENTING THE FEDERAL 21ST CENTURY COMMUNITY LEARNING CENTER GRANT, AND (C) OPERATING THE AREA'S COMMUNITY PARTNERSHIP INITIATIVE. OTHER SMALLER, SIMILAR PROGRAMS ARE ALSO INCLUDED IN THE CATEGORY.</p>	5,926,329.	9,804,347.
<p>EDUCARE -- THIS PROGRAM IS DESIGNED TO ENHANCE THE EARLY CHILDHOOD DEVELOPMENT OF CHILDREN BETWEEN THE AGES OF ZERO TO THREE YEARS OLD. THE PROGRAM OFFERS TRAINING, EDUCATIONAL RESOURCES AND HOME VISITS TO FAMILY CARE PROVIDERS LOCATED IN JACKSON, CLAY AND PLATTE COUNTY, MISSOURI, AND ADDRESS CORE COMPETENCIES FOR EARLY CARE AND EDUCATION PROFESSIONALS.</p>	191,313.	360,823.
<p>CHILD WELFARE -- THIS PROGRAM EFFORT IMPROVES OUTCOMES FOR (AND EXTENDS SERVICES TO) AT-RISK FAMILIES,</p>	101,574.	399,546.

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

=====

DESCRIPTION

PARTICULARLY THOSE AT RISK FOR CHILD ABUSE AND NEGLECT. LINC IS ACTIVELY INVOLVED IN ADDRESSING COMMUNITY CHILD WELFARE ISSUES. THESE EFFORTS INCLUDE COORDINATING A REGIONAL EFFORT TO WORK WITH TEENAGE FOSTER CHILDREN WHO ARE LEAVING THE SYSTEM, ENHANCING COMMUNITY AWARENESS & TRAINING, AND DEVELOPING DATA SYSTEMS TO SUPPORT BETTER SERVICE DELIVERY BY THE STATE CHILD WELFARE AGENCY.

OTHER INITIATIVES --

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

GRANTS AND ALLOCATIONS

EXPENSES

139,697.

398,994.

TOTALS

6,701,870.

12,239,266.

=====

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FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
VENDOR DEPOSITS	-443.	26,997.
PREPAID RENT	124,374.	146,358.
	-----	-----
TOTALS	123,931.	173,355.
	=====	=====

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
MUTUAL FUNDS	NONE	4,262,682.
MONEY MARKET	NONE	20,425.
U.S. TREASURIES	NONE	1,296,982.
	-----	-----
TOTALS	NONE	5,580,089.
	=====	=====

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 -----
LONDON ROWLAND EVER GLADES FINANCIAL 920 MAIN, SUITE 204 KANSAS CITY, MO 64105	CHAIRMAN AS NEEDED	NONE	NONE	NONE
DAVID ROCK 2521 S. MOHICAN AVENUE INDEPENDENCE, MO 64057	COMMISSIONER AS NEEDED	NONE	NONE	NONE
JOHN (JACK) C. CRAFT CRAFT FRIDKIN & RHYME 2345 GRAND BLVD #2800 KANSAS CITY, MO 64108	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 CURRY ASSOCIATION 4950 CENTRAL KANSAS CITY, MO 64112	COMMISSIONER AS NEEDED	NONE	NONE	NONE
ANITA GORMAN 917 NE VIVION ROAD KANSAS CITY, MO 64118	COMMISSIONER 40 HOURS	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
BART HAKAN 221 WEST 53RD TERRACE KANSAS CITY, MO 64112	COMMISSIONER AS NEEDED	NONE	NONE	NONE
ADELE HALL 5801 OAKWOOD ROAD SHAWNEE MISSION, KS 66208	VICE CHAIRMAN AS NEEDED	NONE	NONE	NONE
JUDY HUNT 6526 RAINBOW SHAWNEE MISSION, KS 66208	COMMISSIONER AS NEEDED	NONE	NONE	NONE
GAYLE HOBBS SEE ATTACHED STATEMENT 3100 BROADWAY, STE 1100 KANSAS CITY, MO 64111	PRESIDENT 40 HOURS	197,008.	46,075.	NONE
JAN KREAMER GREATER KANSAS CITY COMMUNITY FNDTN 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	COMMISSIONER AS NEEDED	NONE	NONE	NONE
STEVE DUNN JE DUNN CONTRUCTION CO 929 HOLMES KANSAS CITY, MO 64106	COMMISSIONER AS NEEDED	NONE	NONE	NONE
BRIDGETTE WILLIAMS KANSAS CITY LABOR COUNCIL 1021 PENNSYLVANIA KANSAS CITY, MO 64105	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
RICHARD MORRIS 14644 BROADMOOR #18202 OVERLAND PARK, KS 66223	COMMISSIONER AS NEEDED	NONE	NONE	NONE
SHARON CHEERS P.O. BOX 32076 KANSAS CITY, MO 64171	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
RANDALL FERGUSON GREATER KC CHAMBER OF COMMERCE 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
DAVID ROSS DAVID P ROSS, LLC P.O. BOX 18296 KANSAS CITY, MO 64133	TREASURER/SECRETARY AS NEEDED	NONE	NONE	NONE
BARRY WILKINSON	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
2408 SW WINTERGREEN COURT LEE'S SUMMIT, MO 64081				
RICHARD HIBSCHMAN PEMBROKE HILL SCHOOL 400 WEST 51ST STREET KANSAS CITY, MO 64112	COMMISSIONER 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 ASSOCIATION 3232 E. 29TH STREET KANSAS CITY, MO 64128	VICE CHAIRMAN 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 3305 PARK LANE BLUE SPRINGS, MO 64015	COMMISSIONER AS NEEDED	NONE	NONE	NONE
KAY BARNES MAYOR 414 E. 12TH STREET, 29TH FLOOR KANSAS CITY, MO 64106	COMMISSIONER EX OFFICIO	NONE	NONE	NONE
BAILUS TATE		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
GKC BLACK ECONOMIC UNION 1601 EAST 18TH ST. #300 KANSAS CITY, MO 64108	COMMISSIONER AS NEEDED			
FRANK SALIZZONI 433 WARD PARKWAY #2W KANSAS CITY, MO 64112	COMMISSIONER AS NEEDED	NONE	NONE	NONE
KATHERYN SHIELDS JACKSON COUNTY EXECUTIVE 415 E. 12TH STREET, STE 200 KANSAS CITY, MO 64106	COMMISSIONER EX OFFICIO	NONE	NONE	NONE
ROBIN GIERER 3100 BROADWAY, STE 1100 KANSAS CITY, MO 64111	CHIEF FIN. OFFICER 40 HOURS	48,006.	4,561.	NONE
CANDACE CHEATEM 3100 BROADWAY, STE 1100 KANSAS CITY, MO 64111	DEPUTY DIRECTOR 40 HOURS	85,010.	8,076.	NONE
BRENT SCHONDELMEYER 3100 BROADWAY, STE 1100 KANSAS CITY, MO 64111	DIR OF COMMUNICATION 40 HOURS	79,997.	7,600.	NONE
JOHN RICH 3100 BROADWAY, STE 1100 KANSAS CITY, MO 64111	DIR OF OPERATIONS 40 HOURS	71,656.	6,807.	NONE
TOM GERKE SPRINT 5454 W. 110TH ST.	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
OVERLAND PARK, KS 66211				
	GRAND TOTALS	481,677.	73,119.	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

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SEE FORM 990 PART V

SCHEDULE A, PART IV-A - OTHER INCOME

=====

DESCRIPTION -----	2003 -----	2002 -----	2001 -----	2000 -----	TOTAL -----
OTHER INCOME	90,668.	28,790.	8,819.		128,277.
TOTALS	90,668.	28,790.	8,819.		128,277.

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.

FEDERAL FOOTNOTES

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FORM 990, PART IV, QUESTION 57

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	<u>COST</u>	<u>A/D</u>
EQUIPMENT	281,991	242,823
FURNITURE & FIXTURES	210,137	172,526
SOFTWARE	115,373	212,370
COMPUTERS	290,869	623,762
VEHICLES	668,928	23,574
BUILDING IMPROVEMENT	23,574	21,427
TOTALS	<u>1,590,872</u>	<u>1,296,482</u>

FEDERAL FOOTNOTES

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

COMPENSATION EARNED IN CURRENT YEAR BUT NOT PAID	35,000
CURRENT YEAR CONTRIBUTIONS TO EMPLOYEE BENEFIT PLAN	<u>11,075</u>
TOTAL BENEFIT CONTRIBUTIONS AND DEFERRED COMP	<u>46,075</u>
CURRENT YEAR BASE COMPENSATION	112,008
COMPENSATION EARNED IN PRIOR YEARS BUT PAID IN CURRENT YEAR	<u>85,000</u>
TOTAL COMPENSATION PAYMENTS	<u>197,008</u>