#### METROCARE 08/31/2009 10:57 AM

Department of the Treasury Internal Revenue Service

## 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)

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

OMB No. 1545-0047 2008 Open to Public Inspection

Form **990** (2008)

<u>A</u>	For the 20	008 calendar y	ear, or tax year be	eginning	, and en	dīng					
B 	Check if application Address characteristics	uea IDC	C Name of organizat		RE OF GREA	מות מישות א	AS CIT	1	D Empl	oyer identif	fication number
H		label or	Doing Business A		NE OF GREE	TIPL IMIL	WO CIT		26-	-04342	71
브	Name change	e print or type.	· ·	t (or P.O. box if mail is not de	livered to street address)		Room/s	euito .		hone number	
닏	Initial return	See	315 NI	CHOLS RD	wered to sucet address)		250		E Telepi	ione numbe.	1
Ц	Termination	Specific Instruc-		ate or country, and ZIP	+ 4		1 ==		G Gross rec	eints \$	216,765
	Amended retu		KANSAS			64112-156	61	F	0.000100	NDES W	
$\overline{\Box}$	Application pe	ending F Nam	e and address of pr	incipal officer:				1	H(a) Is this	a group return	for
ш	rippirocatori pe	Zirosing							affiliat	es?	Yes X No
									H(b) Are al includ		Yes No
									If "No,	attach a list. (	(see instructions)
<u> </u>	Tax-exemp		501(c) ( <b>3</b>	) ◀ (insert no.)	4947(а)(1) ог	527					
J		▶ N/A					·		H(c) Group	exemption nur	nber 🕨
		nization: X Cor		Association C	ther 🕨		L Year of for	mation:		M State of le	egal domicile:
	art I	Summa									
				mission or most sig							
Ge				PROGRAM MIS							
nan				PROVE THE HE							
ver	1	<i>.</i>		S OF CLAY ,							
ô	1	eck this box I		anization discontinue	•	disposed of more	than 25% of	f its assets	1 1	_	
oğ va				governing body (Pa				· · · <i>·</i> · · · · · · ·	3	5	
itie	4 Nur	nber of indep	endent voting me	embers of the govern							
Activities & Governance	1		employees (Part	-t- 'f							
4				venue from Part VIII	line 12 column (C				- 1		···
	b Net	unrelated hu	siness tavable in	come from Form 990	11110 12, COMMIT (C 1-T line 31	<i>'</i>			7b		0
			onrood taxaasta m	<u>gomo nom r om ooc</u>	1, 1110 04			Prior Year		Cur	rrent Year
ø	8 Cor	ntributions and	d grants (Part VII	I, line 1h)				105	,610		216,765
eun	9 Pro	gram service	revenue (Part VI	II, line 2g)							
Revenue	10 Inve	estment incon	ne (Part VIII, colւ	ımn (A), lines 3, 4, a	nd 7d)						
_	11 Oth	er revenue (P	Part VIII, column (	(A), lines 5, 6d, 8c, 9	c, 10c, and 11e)						
	12 Tota	al revenue—a	idd lines 8 throug	h 11 (must equal Pa	rt VIII, column (A),	line 12)			,610		216,765
	13 Gra	ints and simila	ar amounts paid (	(Part IX, column (A),	lines 1-3)			57	,656		216,039
				Part IX, column (A), I					-		
penses	15 Sala	anes, omer co fossional fund	ompensation, em traising foon (Per	ployee benefits (Pari	. IX, column (A), line	es 5–10)					
)en	h Tota	e fundraisina	avnonces (Part I	t IX, column (A), line X, column (D), line 2	i i e) , , , , , , , , , , , , , , , , , ,						
쮰	17 Oth	er expenses /	Part IX column	(A), lines 11a-11d, 1	(f_24f)					<u></u>	13,445
	18 Tota	al expenses	Add lines 13-17 (	must equal Part IX, o	column (A) line 25)		.:	57	, 656	-	229,484
				line 18 from line 12			• •		,954		-12,719
o ces					A CONTRACTOR OF THE PARTY OF TH		В	eginning of Y		End	d of Year
et Assets or nd Balances	<b>20</b> Tota	al assets (Par				• • • • • • • • • • • • • • • • • • • •		48	,054		50,539
nd B	<b>21</b> Tota	-	art X, line 26)						100		15,304
Z.2				ract line 21 from line	20		.,.	47	, 954		<u>35,235</u>
	art II	Signatur							<del></del>		
		Under penalt and belief, it	ies of perjury, I decl is true, correct, and	are that I have examine complete. Declaration of	this return, including foreparer (other than	accompanying sche officer) is based on a	dules and stat	ements, and of which are	I to the bes	it of my knov any knowlec	wledge tae
Sig	ın			•	, , , , , , , , , , , , , , , , , , , ,	,			[	,	.9
dei		Signatur	e of officer						D-1-		
101		Signatui	e or outcer						Date		
		Type or	print name and title					1.82			
			<u> </u>			Date		Check if		Preparer's	identifying number
ai		Preparer's signature					/31/09	self-		(see instru	ictions) 359277
	parer's		<u>.</u> . ਸਾਂ	ser Group,	PA		, 51, 03	employed		1 2003	JJJE ! !
Js	e Only	Firm's name if self-employ	(Or yours	60 Monrovi					EIN		
		address, and	,,,	enexa, KS	66215				Phone	913-4	138-2226
/lay	the IRS d	iscuss this re		parer shown above?					110.		Yes No

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

	n 990 (2008) METROCARE OF GREATER KANSAS CITY 26-0434271 Page 2
	art III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:
7	THE ORGANIZATION'S PROGRAM MISSION IS TO ENHANCE ACCESS TO
	HEALTH CARE AND IMPROVE THE HEALTH STATUS OF LOW INCOME,
	JNINSURED RESIDENTS OF CLAY , PLATTE AND JACKSON COUNTIES
	· · · · · · · · · · · · · · · · · · ·
2	Did the organization undertake any significant program services during the year which were not listed on
-	
	the prior Form 990 or 990-EZ?  Yes X No
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 229,484 including grants of \$ 216,039 ) (Revenue \$
	THE NOT FOR PROFIT CORPORATION HAS BEEN ESTABLISHED , A
	OTAL OF 221 PARTICIPATING PHYSICIANS HAVE BEEN RECRUITED
	A TOTAL OF 80 PATIENTS HAVE BEEN SEEN AND THE VALUE OF
M	EDICAL SERVICES PERFORMED WAS \$ 411,166
	· · · · · · · · · · · · · · · · · · ·
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40	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
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	/Code: )/Evances \$ including groups of \$ )/Payonus \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
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	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 Schedule C, Part II X 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable X 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 12 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 Did the organization maintain an office, employees, or agents outside of the U.S.? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III X 16 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I X 17 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 X 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 Schedule J X 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25. X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I. X 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

# Form 990 (2008) METROCARE OF GREATER KANSAS CITY Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L. Part IV	28b		x
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			•
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		l	
2-	III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
00	Schedule R, Part V, line 2	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
~~	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			77
	VI	37		<u>X</u>

Form **990** (2008)

- CO	Statements Regarding Other IRS Fillings and Tax Compliance			·,	т
			<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable			<b>*****</b>
	gaming (gambling) winnings to prize winners?	· · · · · · · · · · · · · · · · · · ·	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	_		
b	1	ns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				
	instructions)				
3a	5	d by			
_	this return?		3a	1	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	ļ	<u> </u>
4a	,	<del>-</del>			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancia!			l
	account)?		4a	000000000	X
b	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank			
_	and Financial Accounts.				<b> </b>
5a	O		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and the state of the s	tion?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity				
_	Regarding Prohibited Tax Shelter Transaction?		5c		-
6a			6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			'
_	gifts were not tax deductible?		6b	200000000000000000000000000000000000000	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than			
	\$75?		7a		X
D			7b		<u> </u>
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	S			
	required to file Form 8282?	·_·	7c	500000000000000000000000000000000000000	X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per	ersonal			
,	benefit contract?		7e		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C		l		3,7
	required?  Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sect		7h		X
8	· · · · · · · · · · · · · · · · · · ·				
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spon-	-			•
۸			8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
0	Section 501(c)(7) organizations. Enter:	400			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a	-		
b 1		10b	-		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	11a			
a h	Gross income from members or snareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	11a	-		
b		11b			
92	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12-	**********	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	12a		
~		1 5447	K000000000		000000000000000000000000000000000000000

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A. Governing Body and Management					
					Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe	the				
	circumstances, processes, or changes in Schedule O. See instructions.	- 1				
1a	Enter the number of voting members of the governing body	1a	5			
þ	Enter the number of voting members that are independent	1b	**************************************			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with				
	any other officer, director, trustee, or key employee?			_2		X
3	Did the organization delegate control over management duties customarily performed by or under the		•			ĺ
	supervision of officers, directors or trustees, or key employees to a management company or other pe			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form			4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets	?		5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more mer	nbers				1
	of the governing body?	. <b>.</b>		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other person			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken du	ıring				
	the year by the following:					
а	The governing body?			8a	X	
þ	Each committee with authority to act on behalf of the governing body?			8b	X	
9a	Does the organization have local chapters, branches, or affiliates?			9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such ch	apters,	,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?			9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization	anizatio	ns			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990			10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached a	at		f	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			11		X
Sec	tion B. Policies					
					Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	, , .		12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	give				
	rise to conflicts?			12b		X
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es,"				
	describe in Schedule O how this is done			12c		_X_
13	Does the organization have a written whistleblower policy?	<i>.</i> .		13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by	-				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and	decisio	on:			
а	The organization's CEO, Executive Director, or top management official?			15a		X
b	Other officers or key employees of the organization?	<i></i> .		15b		X
	Describe the process in Schedule O. (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent				
	with a taxable entity during the year?			16a		X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evalua					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeg	guard				
	the organization's exempt status with respect to such arrangements?		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (5	01(c)(3	B)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.					
	Own website					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, cor	aflict of	interest			
	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books and	record	s of the			
	organization: > JILL WATSON 315 NICHOLS I	RD,	#250			
KA	NSAS CITY MC	64	112 81	6-83:	L-84	132

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B) Average	Posi	ition i	(t chec	C) kalli	that a	nnlv)	(D) Reportable	(E) Reportable	( <b>F</b> ) Estimated
Name and Title	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DAN FLOWER CHAIRMAN								0	0	0
JILL WATSON BOARD MEMBER								0	0	O
KAREN DOLT BOARD MEMBER								0	0	0
LINDA WARD BOARD MEMBER								0	0	0
SHERI WOODS BOARD MEMBER								0	0	0
· · · · · · · · · · · · · · · · · · ·										
										- Committee

P	aa	e	8

(A) Name and title	(B) Average	Posi	ition (		(C) ck all	that a	pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
					-				ar mile	
	***************************************									
	***************************************								,,,, -,	
									,	10 W \$444.4.4
	, (0. 9 mg dd - bi)								,A4ma444	
								V 11 35 VA		
	enter califo							· · · · · · · · · · · · · · · · · · ·		
	1 1 12 11 11 11 11 11 11 11 11 11 11 11									
1b Total							<b>&gt;</b>			, , , , , , , , , , , , , , , , , , ,
organization ▶ 0  3 Did the organization lisemployee on line 1a?  4 For any individual listed the organization and reindividual  5 Did any person listed of	st any former officer, dir If "Yes," complete Scheo ed on line 1a, is the sum elated organizations grea on line 1a receive or acc he organization? If "Yes,	ector dule J of rep ater th	or tr I for corta	uste sucl ible \$15(	ee, ke h ind com 0,000 	ey en ividu pens )? If '	nploy al atior Yes	yee, or highest compensation and other compensation for complete Schedule J for your unrelated organization for such person	ed from such	
1 Complete this table for	r your five highest comp	ensat	ed ir	ndep	ende	ent c	ontra	actors that received more the	han \$100,000 of	*
compensation from the	e organization. (A) Name and business address							Descripti	(B) on of services	(C) Compensation
<u> </u>						- 1				
2 Total number of indepo	endent contractors (inclu	dina	thos	e in	1) w	ho re	ceiv	ed more than \$100,000 in		

P	art \	/III Statement of Revenue		No.			
				(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
					exempt function	business	excluded from tax under sections
<u></u>	J				revenue	revenue	512, 513, or 514
ants	1a	Federated campaigns 1a					
B		Membership dues 1b					
fts	S C	Fundraising events 1c					
9,5		Related organizations 1d					
Ö	e	Government grants (contributions)  All other contributions, gifts, grants,					
a de de	1	and similar amounts not included above	216,765				
	g	13	210,703				
ပ္ပန	h		•	216,765			
Program Service Revenue   Contributions, gifts, grants	<u> </u>		Busn. Code	### ##################################			
Ven	2a						
Re	b						
vice	C		ľ				
Ser	d						
аш	e						
δ	f	All other program service revenue					
<u> </u>	g						
	3	Investment income (including dividends, in	terest, and				
	_ ا	other similar amounts)					
	4	Income from investment of tax-exempt bon	•				
	5	Royalties(i) Real (	ii) Personal				
	6a	Gross Rents	ii) Fersonai	-			
	b	Less: rental exps.					
	c	Rental inc. or (loss)		-			
	ď	Net rental income or (loss)	<b>b</b>				
		Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1			
	b	Less: cost or other	***				
		basis & sales exps.					
	С	Gain or (loss)					
	d	Net gain or (loss)	<b>&gt;</b>				
	8a	Gross income from fundraising events					
nue		(not including \$					
eve		of contributions reported on line 1c).					
Ϋ́,		See Part IV, line 18 a					
Other Revenue		Less: direct expenses b  Net income or (loss) from fundraising event	_				
		Gross income from gaming activities.	s				
	Va	See Part IV, line 19					
	b	Less: direct expenses b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	ε	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Busn. Code				
	11a						
	b	·····	,				
1	C	All all an annual					
ŀ		All other revenue					
		Total Payanua Add lines 1h 2a 2 4 5 6					
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6c		216,765	_		_
		9c, 10c, and 11e	<u></u>	210,/63	0	0	0

Form 990 (2008)

### Part IX Statement of Functional Expenses

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

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

D	o not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	o, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	-			3	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	216,039	216,039		
3	Grants and other assistance to governments,		220/003		
_	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above, to disqualified		n.		
Ī	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
Ŭ	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Payroll taxes Fees for services (non-employees):				
b	Management		***************************************		
	<u> </u>		••••		
ч	Accounting Lobbying	3,000	3,000		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other				
	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	COMPUTER MAITENANCE	9,310	9,310		
b	MISCELANEOUS	1,135	1,135		
C					
d					
е			, ,		
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	229,484	229,484		
26	Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the	ŀ			
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation		<b>I</b>		

	art	X Balance Sheet	-	· · · · · · · · · · · · · · · · · · ·				
			(A) Beginning of year			(B) End of		
	1	Cash—non-interest bearing	48,054	1	1		50,	
	2	Savings and temporary cash investments		2	$\top$			-
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net		4				200
	5	Receivables from current and former officers, directors, trustees, key						
		employees, or other related parties. Complete Part II of Schedule L		5				
	6	Receivables from other disqualified persons (as defined under section						
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete						
		Part II of Schedule L		6		***************************************		
S	7	Notes and loans receivable, net		7				
Se	8	Inventories for sale or use		8		-		
Assets	9	Prepaid expenses and deferred charges		9				
_	10a	Land, buildings, and equipment: cost basis 10a						
		Less: accumulated depreciation. Complete						
		Part VI of Schedule D 10b		10c			200000000	-000000000
	11	Investments—publicly traded securities		11	1			-
	12	Investments—other securities. See Part IV, line 11		12	<del></del>			
	13	Investments—program-related. See Part IV, line 11		13	<del> </del>	-		
	14			14	<del>                                     </del>			
	15	Other assets. See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)	48,054		1	=	0,	530
	17	Accounts payable and accrued expenses			<del></del>		5,	
	18	Grants payable		18				<u> </u>
	19	Grants payable  Deferred revenue		19				
	20	Deferred revenue  Tax-exempt hand liabilities		20				
S	21	Tax-exempt bond liabilities  Escrow account liability. Complete Part IV of Schedule D	1	21	<b></b>			
Liabilities	22	Payables to current and former officers, directors, trustees, key		<u> </u>				
ā		employees, highest compensated employees, and disqualified						
<u>:</u>		nomen Complete Dark H of Cahadada I		22	88338333333	************	20000000	90000000
	23	Secured mortgages and notes payable to unrelated third parties		23	_			
	24	Unappured natas and toons novelle	1	24				
	25	Other liabilities. Complete Part X of Schedule D		25	<u> </u>			
	26	Total liabilities. Add lines 17 through 25	100	26	-	- 1	.5,3	304
S		Organizations that follow SFAS 117, check here ▶   X and	200	20			. <u>., .</u>	<u> </u>
ces		complete lines 27 through 29, and lines 33 and 34.						
a	27	1 have a table of the state of	47,954			3	5,2	3 Z E
3a	28	Town could be stabled and a stable		27			J , 2	<u> </u>
Assets or Fund Balan	29	Dames and the second se		28 29				
S	20	Organizations that do not follow SFAS 117, check here ▶		29				
ᄔ		and complete lines 30 through 34.						
ő	30	Capital stock or trust principal, or current funds		20	 		33333333	
당 당	31	Daid in or copital cumber or lead building or assistant fund		30				
SS	32	Retained earnings, endowment, accumulated income, or other funds		31	<del>                                     </del>			
		<b>-</b>	45 054	32			5,2	225
Net		Total lichilities and not essets fixed belonged		33				
	irt X	Total liabilities and net assets/fund balances  Financial Statements and Reporting	46,054	34			0,5	239
	(34:/A	i mancial Statements and Reporting				—т.		
4	۸۵۵	counting method used to prepare the Form 990: Cash X Accrual	Louis				Yes	No
1			Other				800000000000000000000000000000000000000	**************************************
		re the organization's financial statements compiled or reviewed by an independent ac				2a		X
		re the organization's financial statements audited by an independent accountant?				2b	-	X
C		fes" to lines 2a or 2b, does the organization have a committee that assumes responsi						
2-		audit, review, or compilation of its financial statements and selection of an independe	* * * * * * * * * * * * * * * * * * * *			2c		
Jä		a result of a federal award, was the organization required to undergo an audit or audits						
L		Single Audit Act and OMB Circular A-133?				3a		
Q	JT ~ <b>Y</b>	es," did the organization undergo the required audit or audits?				3b	- 1	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

# Public Charity Status and Public Support To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

2008

2008

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service nonexempt charitable trusts.

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

Open to Public Inspection

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)  The organization is not a private foundation because it is: (Please check only one organization.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).  A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (leas section 509(a)(4). (see instructions)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization and complete lines 11 te through 11th.  a Type I b Type II c Type III c Type III-C	art.liii Reason for Public Charity Status (All organizations must complete this part.) (see Instructions)  organization is not a private foundation because it is: (Please check only one organization.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).  A school described in section 170(b)(1)(A)(iii), (Altach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Altach Schedule H.)  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)  An organization that normality receives (1) more than 33 /13 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 /13 % of its support from gross investment income and unrelated business taxable income (less section 501(a)). (see instructions)  An organization organization and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other	Name of the organization		F GREATER KANSAS	S CIT	Y				_	loyer identific		umber
The organization is not a private foundation because it is: (Please check only one organization.)  1	organization is not a private foundation because it is: (Please check only one organization.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).  A school described in section 170(b)(1)(A)(iii), (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 59(a)(4). (see instructions) and organization organization after June 30, 1975. See section 590(a)(2). (Complete Part III.)  An organization organizated and operated exclusively to test for public safety. See section 590(a)(4). (see instructions) and organization organization organization organization organization organization and complete lines 1 to through 11h.  a	Part I Reas	on for Public Charity	Status (All organization	s must	comple	te this	part.)	(see	instruc	tions)		
A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 509(a)(4). (see instructions)  An organization organization after Juns 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization and complete lines 11e through 11h.  a Type I b Type II c Type III – Lunctionally Integrated d Type III – Other by the complete lines 11e through 11h.  a Type I b Type II c Type III – Lunctionally Integrated	A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), (Attach Schedule H.)  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 11 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations and complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11th.  a										,		
A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 509(a)(4). (see instructions)  An organization organization after Juns 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization and complete lines 11e through 11h.  a Type I b Type II c Type III – Lunctionally Integrated d Type III – Other by the complete lines 11e through 11h.  a Type I b Type II c Type III – Lunctionally Integrated	A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), (Attach Schedule H.)  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 11 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations and complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11th.  a	1 A church, co	nvention of churches, or as	sociation of churches described	l in sectio	n 170(b)(	(1)(A)(i).						
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.  5	An erdical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  An organization that normally receives: a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). Complete Part III.)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization and complete lines 11e through 11h.  By checking this box, Lecrify that the organization of supporting organization and complete lines 11e through 11h.  By checking this box, Lecrify that the organization in the contribution from the IRS that it is a Type I, Type II, or Type III or Ty	}											
city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 te through 11th.  a	city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3 % of its support from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a	3 A hospital or	a cooperative hospital serv	rice organization described in <b>s</b> e	ection 17	D(b)(1)(A)	(iii). (Atl	ach Sch	edule H	f.)			
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1/(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1/(A)(v).  A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization and complete lines 11e through 11h. a Type I b Type II c Type III—Functionally Integrated d Type III—Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a	4 A medical res	search organization operate	ed in conjunction with a hospital	describe	d in secti	on 170(	b)(1)(A)(	iii). Ent	er the ho	spital's nam	е,	
section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a	section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  An community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a	city, and state	e:										
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509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  a	11 An organizati	on organized and operated	exclusively for the benefit of, to	perform t	he function	ons of, o	r to carr	y out th	е			
a Type I b Type II c Type III—Functionally Integrated d Type III—Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii)  and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the organizations the organization supports.  (i) Name of supported organization  (ii) EIN  (iii) Type of organization ((iv) Is the organization in col. (i) of your support?  (iv) Is the organization in col. (i) of your support?  (vii) A mount support	a Type I b Type II c Type III—Functionally Integrated d Type III—Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii)  and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the organizations the organization supports.  Name of supported organization  (described on lines 1–9 above or IRC section (see instructions))  (iv) Is the organization (iv) Organization organization in col. (i)									section			
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	edule A (Form 990 or 990-EZ) 2008 ME!					-0434271 170(b)(1)(A)(vi)	Page 2	
	(Complete only if you ch	ecked the box	on line 5, 7, or	8 of Part I.)	,, ,, ,, ,,			
Sec	tion A. Public Support		· · ·					
Са	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1-3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
Cal	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.					12	,	
13	First five years. If the Form 990 is for the				r as a section 501			
	organization, check this box and stop her						▶ □	
Sect	tion C. Computation of Public Su	ipport Percent	lage			*************	· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2008 (line 6			n /f\)		14	0/.	
15			line 26f	· ·		4 =	%	
16a	Public support percentage from 2007 Schedule A, Part IV-A, line 26f  33 1/3 % support test—2008. If the expanization did not check the box on line 13, and line 14 is 33 1/3 % or more shock this box							
	The construction of the co							
b								
_	box and stop here. The organization quali						<b>▶</b> □	
17a	10%-facts-and-circumstances test—200	8. If the organization	n did not check a	hox on line 13 16	a or 16h and line	14 is 10% or	F 🗀	
	more, and if the organization meets the "fa							
	organization meets the "facts-and-circums			-	•		<b>•</b>	
b	10%-facts-and-circumstances test—200		= -	= =			<b>*</b> L	
		=						
18	more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2008

Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons .... Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 ..... Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources ..... Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) % Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (F	orm 990 or 990	0-EZ) 2008	METRO	CARE (	OF (	FREATE	R KANSAS	CITY	26-0434271	Page 4
Part IV	Suppleme	ental Info	rmation.	Complete	e this	part to pr	ovide the e	xplanation	required by Part II, line 10; ormation. (see instructions)	
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SCHEDULE (Form 990)

OMB No. 1545-0047

× å Open to Public Inspection × Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Employer identification number non-cash assistance (g) Description of Enter total number of section 501(c)(3) and government organizations 26-0434271 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (b) Method of valuation (book, FMV, appraisa) ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. assistance Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable METROCARE OF GREATER KANSAS General Information on Grants and Assistance (b) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization Enter total number of other organizations or government Department of the Treasury Internal Revenue Service Name of the organization Part

Schedule I (Form 990) 2008

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Schedule I (Form 990) 2008 METROCARE OF GREATER KANSAS Part III Grants and Other Assistance to Individuals in the line	F GREATER KANS	AS CITY 2	26-0434271	- L (2 - /1) [1	Page 2
Use Schedule I-1 (Form 990) if additional space is needed.	if additional space is	needed.	ipiete ii tile organiza	lion answered ⊤es on ⊦o	rm 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
OTHER GRANTS	116	216,039	ממון ממחום מחום מחום מחום מחום מחום מחום מחו	riviv, appiaisal, otilet)	
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Part IV Supplemental Information. Complete this part to provide the information required in Part	omplete this part to pr	rovide the informatio		line 2, and any other additional information	onal information.

Schedule I (Form 990) 2008

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Open to Public

Inspection Name of the organization Employer identification number METROCARE OF GREATER KANSAS CITY 26-0434271 Form 990 - Organization's Mission BY PARTERNING WITH SAFETY NET CLINICS TO CONEECT THEIR PATIENTS WITH DONATED SPECIALTY MEDICAL SERVICES.

Form 886	88 (Rev. 4-2009)			Page 2
	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check the	ris box		<b>▶</b> X
Note. On	ly complete Part II if you have already been granted an automatic 3-month extension on a previously	filed Form 8868	<b>\$</b> .	
If you	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			•
Part I	Additional (Not Automatic) 3-Month Extension of Time. Only file the original	jinal (no cor	oies needec	d).
Type or	Name of Exempt Organization	Empl	oyer identifica	ation number
print				
File by the	METROCARE OF GREATER KANSAS CITY	26-	0434271	<u>-</u>
extended due date fo	Number, street, and room or suite no. If a P.O. box, see instructions.	For IF	RS use only	
filing the	315 NICHOLS RD 250			
return. See instruction				
Check ty	pe of return to be filed (File a separate application for each return):		_	
X Fol	m 990 Form 990-PF Form 10-	41-A	F,	orm 6069
For	m 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 472	20	F₁	orm 8870
	m 990-EZ Form 990-T (trust other than above) Form 52:			
	o not complete Part II if you were not already granted an automatic 3-month extension on a prev	iously filed For	m 8868.	<u></u>
	pooks are in the care of ▶ JILL WATSON			
	phone No. ▶ 816-831-8432 FAX No. ▶			<b></b>
If the	organization does not have an office or place of business in the United States, check this box $\dots$			▶ ∐
If this	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this is		
for the wi	nole group, check this box	and atta	ch a	
	ne names and EINs of all members the extension is for.			
	quest an additional 3-month extension of time until $11/15/09$			
5 For	calendar year 2008, or other tax year beginning, and ending and the stax year is for less than 12 months, check reason: Initial return Final return C			
	nis tax year is for less than 12 months, check reason: 📘 Initial return 🔃 Final return 🔲 🤇	Change in acco	unting period	
7 Sta	te in detail why you need the extension			
	dditional time is requested to gather information	to prep	are a c	complete
a.	nd accurate return.			
			<del></del>	
8a Ifti	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	***		
<u>les</u>	s any nonrefundable credits. See instructions.		Ba \$	
b, if the	nis application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
est	imated tax payments made. Include any prior year overpayment allowed as a credit and any		<b>=</b>	
<u>am</u>	ount paid previously with Form 8868.	8	3b \$	
	lance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			
wit	h FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruc	tions. 8	3c \$	
	Signature and Verification			
Under pen	alties of perjury, I declare that I have examined t <u>his form, including</u> accompanying schedules and statements, and to the order of the statements of the st	ne best of my kno	wledge and belie	ef,
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Signature	Title CPA		Date	
			Form (	8868 (Rev. 4-2009)

DAA