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GOVERNMENT COPY

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

A For the 2000 calendar year, OR tax year period beginning OCT 1, 2000 and ending SEP 30, 2001

B Check if applicable: C Name of organization CITY UNION MISSION, INC. D Employer identification number 44-6005481 E Telephone number 816-474-9380 F Check if application pending

G Organization type (check only one) 501(c)(3) OR 4947(a)(1) H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

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

J Accounting method: Cash OR Accrual OR Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, program service revenue, membership dues, gross rents, investment income, special events, and total revenue/expenses.

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.

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22 Grants and allocations, 23 Specific assistance, 24 Benefits paid, 25 Compensation of officers, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc., 43 Other expenses, 44 Total functional expenses.

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

Part III Statement of Program Service Accomplishments

Table with 2 columns: Description of program service accomplishments, Program Service Expenses. Row a: OVER 200,000 MEALS SERVED AND 85,000 BEDS PROVIDED EACH YEAR. SHELTER, RECOVERY PROGRAMS, CLOTHING, FOOD, EDUCATION, YOUTH PROGRAMS AND OTHER SERVICES AVAILABLE. CONTRIBUTION REVENUE INCREASED DUE TO BUILDING CAMPAIGN. (Grants and allocations \$) 4,390,489.

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 4,390,489.

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	1,510,191.	45	885,061.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable		47a	
	b Less: allowance for doubtful accounts		47b	47c
	48 a Pledges receivable	300,532.	48a	
	b Less: allowance for doubtful accounts	76,317.	48b	48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable		51a	
	b Less: allowance for doubtful accounts	94,820.	51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	46,286.	53	81,107.
	54 Investments - securities STMT 6	4,058,011.	54	3,470,786.
	55 a Investments - land, buildings, and equipment: basis		55a	
	b Less: accumulated depreciation	22,000.	55b	55c
56 Investments - other	18,449.	56	16,811.	
57 a Land, buildings, and equipment: basis	9,379,510.	57a		
b Less: accumulated depreciation STMT 8	2,370,590.	57b	57c	
58 Other assets (describe ► SEE STATEMENT 9)	345,750.	58	388,418.	
59 Total assets (add lines 45 through 58) (must equal line 74)	11,928,636.	59	12,075,318.	
Liabilities	60 Accounts payable and accrued expenses	198,264.	60	191,205.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► SEE STATEMENT 10)	245,737.	65	329,598.
66 Total liabilities (add lines 60 through 65)	444,001.	66	520,803.	
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	9,626,599.	67	10,573,933.
	68 Temporarily restricted	1,858,036.	68	980,582.
	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 and column (B) must equal line 21)	11,484,635.	73	11,554,515.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	11,928,636.	74	12,075,318.	

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 VI Other Information		N/A	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? If "Yes," attach a conformed copy of the changes.	77		X
78 a	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? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79		X
80 a	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 <input type="radio"/> exempt OR <input checked="" type="radio"/> nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		0.
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	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 for reporting in Part III.)	82b		
83 a	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	
84 a	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? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b		
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 in 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations. 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) organizations. 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
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.			
b	501(c)(3) and 501(c)(4) organizations. 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			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	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, 2000	90b		110
91	The books are in care of CITY UNION MISSION Telephone no. 816-474-9380			
	Located at 1108 EAST 10TH STREET, KANSAS CITY, MO ZIP code 64106			
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		N/A

Part VII Analysis of Income-Producing Activities

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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a DORMITORY FEES					24,577.
b CAMP & APT RENT FEES					21,559.
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					
96 Dividends and interest from securities			14	356,178.	
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	<55,184.>	<22,095.>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			05	51,224.	
103 Other revenue:					
a VENDING MACH & MISC			03	22,496.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		374,714.	24,041.
105 Total (add line 104, columns (B), (D), and (E))					398,755.

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

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	PAYMENTS MADE BY TRANSIENTS FOR ROOM USE
93B	RENTAL OF CAMPGROUNDS AND FACILITIES AT FARM IN WARSAW, MO

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(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

- (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. (Important: See General Instruction W.)

Please Sign Here: Signature of officer _____ Date _____ Type or print name and title _____

Paid Preparer's Use Only: Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN 485-60-4715

Firm's name (or yours if self-employed) and address, and ZIP code: CLIFTON GUNDERSON LLP
2301 VILLAGE DRIVE
ST. JOSEPH, MO 64506

EIN: 37-0802863
Phone no.: (816) 232-8441

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

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

OMB No. 1545-0047

2000

Name of the organization **CITY UNION MISSION, INC.** Employer identification number **44 6005481**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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
NONE				

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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
NONE		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

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

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

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

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,933,877.	7,634,109.	6,107,412.	4,930,644.	24,606,042.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	90,155.	79,128.	85,594.	101,279.	356,156.
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...	338,226.	244,359.	88,416.	134,207.	805,208.
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	13,318.	10,694.	SEE STATEMENT 13 4,210.	5,438.	33,660.
23 Total of lines 15 through 22	6,375,576.	7,968,290.	6,285,632.	5,171,568.	25,801,066.
24 Line 23 minus line 17	6,285,421.	7,889,162.	6,200,038.	5,070,289.	25,444,910.
25 Enter 1% of line 23	63,756.	79,683.	62,856.	51,716.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) 54,231. (1998) 43,102. (1997) 27,466. (1996) 28,646.					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) 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: (1999) 0. (1998) 0. (1997) 0. (1996) 0.					
c Add: Amounts from column (e) for lines: 15 24,606,042. 16 _____ 17 356,156. 20 _____ 21 _____					27c 24,962,198.
d Add: Line 27a total 153,445. and line 27b total 0.					27d 153,445.
e Public support (line 27c total minus line 27d total)					27e 24,808,753.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 25,801,066.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 96.1540%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 3.1208%

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

Part V Private School Questionnaire
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		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

(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

- Check here If the organization belongs to an affiliated group.
- Check here If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
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 -			
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		
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 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

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			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			0.
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

FORM 990 **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES** **STATEMENT** **1**

<u>DESCRIPTION</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>NET GAIN OR (LOSS)</u>
VARIOUS SECURITIES	266,354.	321,538.	0.	<55,184.>
TO FORM 990, PART I, LINE 8	266,354.	321,538.	0.	<55,184.>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
ABANDONED/SCRAPPED ASSETS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	0.	307,245.	0.	285,150.	<22,095.>
TO FM 990, PART I, LN 8		307,245.	0.	285,150.	<22,095.>

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS	51,224	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		51,224
4. COST OF GOODS SOLD (LINE 13)		
5. GROSS PROFIT (LINE 3 LESS LINE 4)		51,224

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS		<297,887.>	
TOTAL TO FORM 990, PART I, LINE 20		<297,887.>	

FORM 990	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CONTRACT SERVICES	32,862.	1,425.	3,900.	27,537.	
GROCERIES	382,176.	381,245.	931.		
CLOTHING	364,584.	364,584.			
FURNITURE & HOUSEHOLD ITEMS	157,324.	157,324.			
MISCELLANEOUS	123,508.	81,409.	19,362.	22,737.	
PAPER PRODUCTS & SUPPLIES	77,265.	77,265.			
OPERATING & MEDICAL SUPPLIES	78,164.	78,164.			
SMALL EQUIPMENT PURCHASES	23,786.	7,403.	12,920.	3,463.	
CHRISTMAS & THANKSGIVING EXP	107,933.	107,933.			
HOUSEKEEPING SUPPLIES	76,143.	74,785.	679.	679.	
OFFICE SUPPLIES SPENDING	51,767.	17,678.	34,089.		
ALLOWANCE-MEN'S PROGRAM	32,688.	32,688.			
EMERGENCY RELIEF	19,570.	19,570.			
AUTO EXPENSE	76,439.	76,439.			
DUES & SUBSCRIPTIONS	22,605.	5,883.	16,466.	256.	
TAXES & LICENSES	1,905.	799.	1,106.		
FINANCIAL EXPENSES	118,142.		118,142.		
ADVERTISING & PROMOTIONS	237,750.			237,750.	
TOTAL TO FM 990, LN 43	1,984,611.	1,484,594.	207,595.	292,422.	

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	6
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DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCKS & BONDS				3,470,786.	3,470,786.
TO FM 990, LN 54 COL B				3,470,786.	3,470,786.

FORM 990	OTHER INVESTMENTS	STATEMENT	7
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DESCRIPTION	VALUATION METHOD	AMOUNT
DEFERRED ANNUITY CONTRACTS	MARKET VALUE	16,811.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		16,811.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	512,205.	0.	512,205.
BUILDINGS	7,849,061.	1,796,415.	6,052,646.
EQUIPMENT	1,018,244.	574,175.	444,069.
TOTAL TO FORM 990, PART IV, LN 57	9,379,510.	2,370,590.	7,008,920.

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
OTHER ASSETS	500.
WAREHOUSE INVENTORY	368,702.
PURCHASE DEPOSIT	0.
INTEREST RECEIVABLE	8,631.
DUE FROM OTHER FUNDS	10,585.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	388,418.

FORM 990	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION		AMOUNT
CHARITABLE GIFT ANNUITIES		319,013.
DUE TO OTHER FUNDS		10,585.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		329,598.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 11
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
REV. DANIEL DOTY 2881 SW 204TH TRIMBLE, MO 64492	EXECUTIVE DIRECTOR FULL TIME	69,500.	10,525.	1,800.
BRUCE LADD 6627 COTTONWOOD SHAWNEE, KS 66216	PRESIDENT PART TIME	0.	0.	0.
WARREN W TUTTLE 5915 WEST 94TH STREET OVERLAND PARK, KS 66207	VICE PRESIDENT PART TIME	0.	0.	0.
JULIE THOMPSON 7624 REEDER SHAWNEE, KS 66214	SECRETARY PART TIME	0.	0.	0.
KERRY CLASSEN 12612 WEST 85TH PLACE LENEXA, KS 66215	TREASURER PART TIME	0.	0.	0.
JACK AUSTIN 7807 SOUTH VIEW DRIVE GRANDVIEW, MO 64030	DIRECTOR PART TIME	0.	0.	0.
VICTOR BARGE 11244 WEST 116TH TERRACE OVERLAND PARK, KS 66210	DIRECTOR PART TIME	0.	0.	0.
DEE CLARK 6942 FLOYD OVERLAND PARK, KS 66204	DIRECTOR PART TIME	0.	0.	0.

JAMES DAVOLT 5115 SHRANK INDEPENDENCE, MO 64055	DIRECTOR PART TIME	0.	0.	0.
JON ERICKSON 11424 WEST 106TH STREET OVERLAND PARK, KS 66214	DIRECTOR PART TIME	0.	0.	0.
JAMES EWAN 9713 EAST 84TH STREET RAYTOWN, MO 64138	DIRECTOR PART TIME	0.	0.	0.
SHAWN LANEY 9812 WEST 105TH TERRACE OVERLAND PARK, KS 66212	DIRECTOR PART TIME	0.	0.	0.
PETER MANYOTHWANE 7500 EAST 117TH PLACE KANSAS CITY, MO 64134	DIRECTOR PART TIME	0.	0.	0.
CHARLES POST 222 PARK DRIVE BELTON, MO 64012	DIRECTOR PART TIME	0.	0.	0.
KENNETH RIEDEMANN 12414 LINDEN LANE LEAWOOD, KS 66209	DIRECTOR PART TIME	0.	0.	0.
KEITH ROGERS 12200 FROST ROAD KANSAS CITY, MO 64138	DIRECTOR PART TIME	0.	0.	0.
EVERETT VAUGHN 14105 WEST 48TH TERRACE SHAWNEE MISSION, KS 66216	DIRECTOR PART TIME	0.	0.	0.
KELLY VAUGHAN 9209 CORRINGTON KANSAS CITY, MO 64138	DIRECTOR PART TIME	0.	0.	0.
STAN CALDWELL, JR. 11421 KING LANE OVERLAND PARK, KS 66210	DIRECTOR PART TIME	0.	0.	0.
CASEY COFFMAN 15111 WEST 55TH TERRACE SHAWNEE, KS 66212	DIRECTOR PART TIME	0.	0.	0.
STEVE DUXBURY 14430 WEST 146TH TERRACE OLATEH, KS 66062	DIRECTOR PART TIME	0.	0.	0.

BINNY PEARCE
 10243 N. GREEN HILLS RD.
 KANSAS CITY, MO 64154

DIRECTOR
 PART TIME

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V

69,500.	10,525.	1,800.
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SCHEDULE A PAYMENTS FROM DISQUALIFIED PERSONS STATEMENT 12

*** NOT OPEN TO PUBLIC INSPECTION ***

PAYERS' S NAME	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
BOARD MEMBERS	54,231.	43,102.	27,466.	28,646.
TOTAL TO SCHEDULE A, LINE 27A	54,231.	43,102.	27,466.	28,646.

SCHEDULE A	OTHER INCOME			STATEMENT 13
DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
VENDING & MISC	13,318.	10,694.	4,210.	5,438.
TOTAL TO SCHEDULE A, LINE 22	13,318.	10,694.	4,210.	5,438.