

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.			
c If "Yes," enter name and address:			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____ _____ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

GILLIS CENTER, INC

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CLOTHING	109	0	11,767	PURCHASE PRICE	CLOTHING
ALLOWANCES	109	4,129	0		
CLIENT ACTIVITIES / RECREATION	109	0	20,813	PURCHASE PRICE	CLIENT ACTIVITIES / RECREATION
PERSONAL AND HYGEINE SUPPLIES	109	0	6,748	PURCHASE PRICE	PERSONAL AND HYGEINE SUPPLIES
UNREIMBURSED MEDICAL SUPPLIES	35	0	1,498	PURCHASE PRICE	MEDICAL SUPPLIES

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

Schedule I, Part I, Line 1: THE ORGANIZATION MAINTAINS RECORDS TO ENSURE ELIGIBILITY IS MET FOR GRANTS AND ASSISTANCE.

GILLIS CENTER, INC

Schedule I-1 (Form 990) 2008 Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BIRTHDAYS AND GIFTS	41	0	1,163	PURCHASE PRICE	GIFTS
FAMILY ASSISTANCE SUPPLIES	886	0	40,059	PURCHASE PRICE	VARIOUS SUPPLIES

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

GILLIS CENTER, INC

Employer identification number
43-1765826

Form 990, Part I, Line 1, Description of Organization Mission:

THROUGH THERAPEUTIC RESIDENTIAL CARE AND SCHOOL BASED DAY TREATMENT FOR
EMOTIONALLY DISTURBED CHILDREN 5 - 16 AND COMMUNITY BASED, IN HOME
THERAPY AND CASE MGMT SERVICES TO AT-RISK CHILDREN AND FAMILIES.

Form 990, Part VI, Section A, line 6: CORNERSTONES OF CARE IS THE SOLE
SHAREHOLDER OF THE GILLIS CENTER.

Form 990, Part VI, Section A, line 7a: CORNERSTONES OF CARE APPROVES THE
SELECTION OF THE BOARD OF DIRECTORS.

Form 990, Part VI, Section A, line 7b: THE DECISIONS OF THE BOARD OF
DIRECTORS ARE SUBJECT TO APPROVAL BY CORNERSTONES OF CARE.

Form 990, Part VI, Section A, line 10: THE FINANCE COMMITTEE OF THE BOARD
OF DIRECTORS REVIEWS THE 990 PRIOR TO FILING.

Form 990, Part VI, Section B, Line 12c: ALL OFFICERS AND DIRECTORS ARE
REQUIRED TO COMPLETE CONFLICT OF INTEREST STATEMENTS WHICH ARE REVIEWED
ANNUALLY.

Form 990, Part VI, Section B, Line 15: THE BOARD OF DIRECTORS REVIEWS THE
COMPENSATION OF OFFICERS ANNUALLY AND OBTAINS COMPARATIVE DATA FROM OTHER
CORNERSTONES OF CARE ENTITIES.

Form 990, Part VI, Section C, Line 18: THE ORGANIZATION'S 990 WILL BE

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
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GILLIS CENTER, INC

Employer identification number
43-1765826

POSTED ON THE WEBSITE OF THE GREATER KANSAS CITY COMMUNITY FOUNDATION. IT
WILL ALSO BE AVAILABLE TO THE PUBLIC ONSITE.

Form 990, Part VI, Section C, Line 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS WILL BE
AVAILABLE TO THE PUBLIC ONSITE.

FORM 990, PART XI, LINE 2C

THE BOARD OF DIRECTORS SELECTS THE INDEPENDENT AUDITORS. UPON
COMPLETION OF THE AUDIT ENGAGEMENT, A MEETING IS HELD TO DISCUSS THE
FINANCIAL STATEMENTS AND ANY AUDIT FINDINGS.

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (f) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(1)	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization GILLIS CENTER, INC	Employer identification number 43-1765826
	Number, street, and room or suite no. If a P.O. box, see instructions. 8150 WORNALL ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, MO 64114	

Check type of return to be filed (File a separate application for each return):

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

BRIDGET STOPPELMAN, CFO

- The books are in the care of **421 E 137TH ST, KANSAS CITY, MO - 64145**
 Telephone No. **(816) 508-3600** FAX No. **816-508-3797**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **November 15, 2009.**

5 For calendar year **2008**, or other tax year beginning _____, and ending _____.

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

7 State in detail why you need the extension

ADDITIONAL TIME IS NECESSARY TO OBTAIN INFORMATION FROM THIRD PARTIES TO PREPARE A COMPLETE AND ACCURATE 990.

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

Signature and Verification

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

Signature _____ Title **CPA** Date _____