

Return of Organization Exempt From Income Tax

2000

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

Header section A-F: For the 2000 calendar year, or tax year period beginning 07/01, 2000, and ending 06/30, 2001. Includes organization name JASPER CO SHELTERED FACILITIES ASSOCIATION, INC and EIN 43-1121898.

Section G: Organization type (checked 501(c)(3)). Section H: Affiliates (No). Section J: Accounting method (checked Accrual). Section K: Check here if gross receipts normally not more than \$25,000. Section L: Check this box if organization is not required to attach Schedule B (checked).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions)

SCANNED FEB 20 2002

Main table with 21 rows. Columns include description, sub-rows (a-c), and totals. Total revenue (line 12) is 3,951,180. Total expenses (line 17) is 3,894,323. Net assets at end of year (line 21) is 899,158.

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EXPENSES

ASSETS

P 13

**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____ )	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 0	0	0	0
26 Other salaries and wages	26 2,833,417.	2,556,344.	277,073.	
27 Pension plan contributions	27			
28 Other employee benefits	28 222,614.	200,886.	21,728.	
29 Payroll taxes	29 220,793	199,310.	21,483	
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 47,604.	35,197	12,407.	
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36 98,195	60,993.	37,202.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 35,299	22,801.	12,498.	
40 Conferences, conventions, and meetings	40 18,355.	14,371.	3,984.	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses (itemize) a See Attached	43a 418,046.	342,823	75,223.	
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 3,894,323	3,432,725.	461,598	0.

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

**Part III Statement of Program Service Accomplishments** (See Specific Instructions)

What is the organization's primary exempt purpose? All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) & (4) orgs & 4947(a)(1) trusts but optional for others)
a ASSESSMENT, COUNSELING, TREATMENT & REHABILITATION OF PERSONS WITH DISABILITIES   (Grants and allocations \$ _____ )	3,432,725.
b _____   (Grants and allocations \$ _____ )	
c _____   (Grants and allocations \$ _____ )	
d _____   (Grants and allocations \$ _____ )	
e Other program services (attach schedule) (Grants and allocations \$ _____ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,432,725.

**Part IV Balance Sheets** (See Specific Instructions)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
ASSETS	45	Cash -- non-interest-bearing		152,997.	45	170,585
	46	Savings and temporary cash investments			46	
	47a	Accounts receivable	47a 322,497.			
	b	Less allowance for doubtful accounts	47b	357,646.	47c	322,497
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		42,276.	53	45,470.
	54	Investments -- securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55a	Investments -- land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments -- other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a	1,493,697.			
b	Less accumulated depreciation (attach schedule)	57b	859,195.	597,525.	57c	634,502.
58	Other assets (describe _____)			58		
59	Total assets (add lines 45 through 58) (must equal line 74)		1,150,444.	59	1,173,054.	
LIABILITIES	60	Accounts payable and accrued expenses		230,598.	60	215,470
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)		77,545.	64b	58,426.
	65	Other liabilities (describe _____)			65	
66	Total liabilities (add lines 60 through 65)		308,143.	66	273,896.	
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		842,301.	67	868,277.
	68	Temporarily restricted			68	30,881.
	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)		842,301.	73	899,158.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		1,150,444.	74	1,173,054.	

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions )	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p><b>a</b> Total revenue, gains, and other support per audited financial statements ▶ <b>a</b> 3,951,180.</p> <p><b>b</b> Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$ _____</p> <p>(2) Donated services &amp; use of facilities \$ _____</p> <p>(3) Recoveries of prior year grants \$ _____</p> <p>(4) Other (specify) _____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b> _____</p> <p><b>c</b> Line a minus line b ▶ <b>c</b> 3,951,180.</p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify) _____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b> _____</p> <p><b>e</b> Total revenue per line 12, Form 990 (line c plus line d) ▶ <b>e</b> 3,951,180.</p>	<p><b>a</b> Total expenses and losses per audited financial statements ▶ <b>a</b> 3,894,323</p> <p><b>b</b> Amounts included on line a but not on line 17, Form 990</p> <p>(1) Donated services &amp; use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 \$ _____</p> <p>(4) Other (specify) _____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b> _____</p> <p><b>c</b> Line a minus line b ▶ <b>c</b> 3,894,323.</p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify) _____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b> _____</p> <p><b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ▶ <b>e</b> 3,894,323.</p>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
CARL McCONNELL PO BOX 1373, JOPLIN	PRESIDENT	0.	0.	0.
GREG SMITH 502 N BYERS, JOPLIN	VICE PRESI	0.	0.	0.
STEVE OWEN 2716 VERMONT, JOPLIN	SEC/TREAS	0.	0.	0.

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



**Part VII Analysis of Income-Producing Activities** (See Specific Instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a GROUP, RES. ASST					1,481,051.
b DAY HAB, ISL, TC					1,307,901.
c RECREATION & CAMP					160,162.
d FAMILY DIRECTED S					434,337.
e					
f Medicare/Medicaid payments					
g Fees & contracts from govt agencies					
94 Membership dues & assessments					
95 Interest on savings and temporary cash investments					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit/(loss) from sales of inventory					
103 Other revenue a MISCELLAN					123,536.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					3,506,987.
105 Total (add line 104, columns (B), (D), and (E))					3,506,987.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	PROVIDE GROUP HOMES FOR DEVELOPMENTALLY DISABLED ADULTS
93B	DAY HABILITATION PROGRAM, INCLUDING PREVOCATIONAL TRAINING
93C	YEAR-ROUND LEISURE PROGRAMS
93D	IN-HOME FAMILY DIRECTED SUPPORT FOR THE DISABLED

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions)

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

Note: If "Yes" to (a) or (b), file Form 9979 and Form 4799 (see Instructions)

Preparer (name, including accompanying schedules and statements, and to the best of my knowledge and belief, the preparer is based on all information of which preparer has any knowledge (important information))

11-28-02 J. HAN R. HURN, EXECUTIVE DIR.

**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

**2000**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information — (See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization <b>JASPER CO SHELTERED FACILITIES</b>	Employer identification number <b>43-1121898</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

<b>Part III Statements About Activities</b>		Yes	No
<b>1</b>	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 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		X
<b>2</b>	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		
<b>a</b>	Sale, exchange, or leasing of property?		X
<b>b</b>	Lending of money or other extension of credit?		X
<b>c</b>	Furnishing of goods, services, or facilities?		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b>	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions		X
<b>3</b>	Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
<b>4a</b>	Do you have a section 403(b) annuity plan for your employees?	X	
<b>b</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 the instructions)		

**Part IV Reason for Non-Private Foundation Status** (See 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 the instructions)

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

**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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	263,466.	316,815.	289,761.	394,255	1,264,297.
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	3,240,167.	2,947,799	2,605,632.	2,526,650.	11,320,248.
<b>23</b> Total of lines 15 through 22	3,503,633.	3,264,614.	2,895,393.	2,920,905.	12,584,545.
<b>24</b> Line 23 minus line 17	3,503,633	3,264,614	2,895,393.	2,920,905.	12,584,545.
<b>25</b> Enter 1% of line 23	35,036.	32,646.	28,954.	29,209	
<b>26 Organizations described on lines 10 or 11:</b>	<p><b>a</b> Enter 2% of amount in column (e), line 24</p> <p><b>b</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 1998 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.</p> <p><b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e).</p> <p><b>d</b> Add: Amounts from column (e) for lines <b>18</b> _____ <b>19</b> _____  <b>22</b> <u>11,320,248</u> <b>26b</b> _____</p> <p><b>e</b> Public support (line 26c minus line 26d total)</p> <p><b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p><b>26a</b> 251,691.</p> <p><b>26b</b> _____</p> <p><b>26c</b> 12584545</p> <p><b>26d</b> 11320248</p> <p><b>26e</b> 1,264,297.</p> <p><b>26f</b> 10.0464 %</p>
<b>27 Organizations described on line 12:</b>	<p><b>a</b> 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:</p> <p>(1999) _____ (1998) _____ (1997) _____ (1996) _____</p> <p><b>b</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:</p> <p>(1999) _____ (1998) _____ (1997) _____ (1996) _____</p> <p><b>c</b> Add: Amounts from column (e) for lines <b>15</b> _____ <b>16</b> _____  <b>17</b> _____ <b>20</b> _____ <b>21</b> _____</p> <p><b>d</b> Add: Line 27a total _____ and line 27b total _____</p> <p><b>e</b> Public support (line 27c total minus line 27d total)</p> <p><b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e) <b>27f</b> _____</p> <p><b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) <b>27g</b> _____ %</p> <p><b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) <b>27h</b> _____ %</p>				
<b>28 Unusual Grants</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 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 the instructions.)					

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

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<hr/> <hr/> <hr/>		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See the instructions)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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

**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 )

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

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See the instructions)

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

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



Form 990 - Exempt Organization Tax Return  
 Line 43 - Other Expenses

Description	(A) Total	(B) Program Services	(C) Mgmt & General	(D) Fund-raising
COMMUNICATION	41,342.	30,625.	10,717.	0
UTILITIES	63,425.	44,400	19,025	0
REPAIRS & MAINTENANCE	37,051.	21,642.	15,409	0
INSURANCE	8,105.	5,733.	2,372	0
SMALL EQUIPMENT	7,876.	5,941.	1,935	0
PROFESSIONAL SERVICES	60,908.	40,050.	20,858.	0
FOOD SERVICE	48,697.	46,997.	1,700	0
TRANSPORTATION	141,124.	139,132.	1,992.	0
OTHER CLIENT SERVICES	8,427.	7,954	473.	0
MISCELLANEOUS	1,091.	349.	742.	0
<b>TOTAL</b>	<b>418,046.</b>	<b>342,823</b>	<b>75,223.</b>	<b>0.</b>

Form 990 - Schedule A - Supplementary Information  
Part IV - Line 22 - Other Income

Description	1999	1998	1997	1996
PROGRAM SERVICES	3,240,167	2,947,799	2,605,632	2,526,650
TOTAL	3240167	2947799	2605632	2526650

Notes  
Company JASPER CO SHELTERED FACILITIES

2000  
EIN 43-1121898

Note # 1 - MORTGAGE NOTE

BANK DEMAND NOTE DUE MAY 6, 2002, PAYABLE \$1,532 MONTHLY  
INCLUDING INTEREST @ 7 2%. SECURED BY REAL ESTATE \$58,426

## **BOARD OF DIRECTORS**

President Carl McConnell, P O Box 1373, Joplin, MO 64802

Vice-President Greg Smith, 502 N Byers, Joplin, MO 64801

Secretary/Treasurer Steve Owen, 2716 Vermont, Joplin, MO 64804

### Board Members

Ed Dennis, 303 East 3<sup>rd</sup>, Joplin, MO 64804

Mark Elliff, P O Box 3330, Joplin, MO 64803

Chris Guillory, 3508 Newman Rd, Apt 104, Joplin, MO 64802

Nancy Good, 400 East 32<sup>nd</sup>, Joplin, MO 64804

Robert G Brueckner, 3131 Westberry Square, Joplin, MO 64804

Marsha Wallace, 127 Gum Road, Joplin, MO 64834

Jon Tupper, 3730 Ferguson, Joplin, MO 64804

John Reeve, 2209 Bird, Joplin, MO 64804

Michael J Newman, 105 Rocky Circle, Carl Junction, MO 64834

JASPER COUNTY SHELTERED FACILITIES ASSOC

JASPER COUNTY SHELTER ID No:

Page 8

1. Book Depreciation Report

Preparer derek

Depreciation Calculated from 7/01/2000 to 6/30/2001

Time 08:47:42AM

Date 07/18/2001

Asset Class	Asset Number	Description	Date Acquired	Salvage Value	Book Cost	Depr Meth	Used Yr Mo	Month	Book Depreciation YTD	LTD	Net Book Value	Date Disposed
1300	11	99 WHITE DODGE VAN	07/01/2000	200	18,589	1	3 0	511	6,130	6,130	12,459	
1300	46	'96 DODGE VAN Burgan	12/31/1996	250	18,753	1	5 0	308	3,701	16,963	1,790	
1300	62	LIFT, '91 WHITE FORD	08/17/1997	0	3,300	1	2 0	0	0	3,300	0	
1300	70	LIFT '96 BURGAN VAN	02/14/1997	0	3,840	1	5 0	64	768	3,392	448	
1300	71	'96DOD GREEN VAN/LIF	02/03/1997	250	24,260	1	5 0	400	4,802	21,209	3,051	
1300	78	99 WHITE DODGE VAN	09/29/1999	200	32,325	1	5 0	535	6,425	11,779	20,546	
1300	87	'93 FORD LIFT	03/18/1997	0	2,507	1	5 0	42	501	2,171	336	
1300	130	'97 GRAY DODGE VAN	10/18/1997	250	21,768	1	5 0	359	4,304	16,140	5,628	
1300	151	1986 FORD PICKUP	01/07/2000	100	3,800	1	3 0	103	1,233	1,850	1,950	
1300	173	96 RED DODGE CARAVAN	07/11/1996	250	16,047	1	5 0	265	3,161	15,797	250	
1300	174	96 TEAL DODGE CARAVA	07/11/1996	250	16,047	1	5 0	265	3,161	15,797	250	
1300	213	'98 DODGE VAN WHITE	05/29/1998	250	21,039	1	5 0	346	4,158	13,167	7,872	
1300	233	'98 WHITE DODGE/LIFT	06/02/1999	200	24,660	1	5 0	408	4,892	10,192	14,468	
1300	237	TRUE LINE TRAILER	08/21/1990	0	1,415	1	5 8	0	0	1,415	0	
1300	239	'91 FORD VAN-WHITE	07/17/1991	200	18,726	1	6 0	0	0	18,526	200	
1300	240	'91 DODGE VAN-RED	10/28/1991	200	16,325	1	6 0	0	0	16,125	200	
1300	241	LIFT #5 VAN	11/12/1991	0	2,947	1	5 0	0	0	2,947	0	
1300	258	2000 WHITE DODGE VAN	12/15/2000	250	32,045	1	3 0	883	6,182	6,182	25,863	
1300	264	'93 Ford Van	08/01/1994	200	17,960	1	6 0	0	0	17,760	200	
				3,050	296,353			4,489	49,418	200,842	95,511	
GRAND TOTALS				3,050	1,422,127			10,989	127,549	878,748	543,379	
LESS DISPOSITIONS				0	19,553			0	70	19,553	0	
NET TOTALS:				3,050	1,402,574			10,989	127,479	859,195	543,379	

CONSTRUCTION IN PROGRESS

91,123  
1,493,697

-  
859,195

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

**Note:** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time**— Only submit original (no copies needed) ▶   
**Note** Form 990-T corporations requesting an automatic 6-month extension--check this box and complete Part I only  
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns  
 Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1088, or 1041

<b>Type or print</b>	Name of Exempt Organization <b>JASPER CO SHELTERED FACILITIES</b>	Employer Identification number <b>43-1121898</b>
File by the due date for filing your return See instructions.	Number, street, and room or suite no. If a P O box, see instructions <b>2312 ANNIE BAXTER AVE</b>	
	City, town or post office, state and ZIP code. For a foreign address see instructions <b>JOPLIN, MO 64804</b>	

**Check type of return to be filed** (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 8089
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- 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 will cover

**1** I request an automatic 3-month (6-month, for 990-T corporation) extension of time until February 15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year 20\_\_ or  
 ▶  tax year beginning July 1, 2000, and ending June 30, 2001

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

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 8089, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0.

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

**c Balance Due** Subtract line 3b from line 3a. 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. \$ 0.

### 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 ▶ *Paul Caldwell* Title ▶ CPA Date ▶ 11/14/01

For Paperwork Reduction Act Notice, see Instruction

Form 8868 (12-2000)