

Return of Organization Exempt from Income Tax

2001

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning Jul 1, 2001, and ending Jun 30, 2002

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: JASPER COUNTY SHELTERED FACILITIES ASSOCIATION, INC. D Employer Identification Number: 43-1121898. E Telephone number: (417) 624-4515. F Accounting method: Accrual.

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

G Web site. J Organization type: 501(c) 3. H (a) Is this a group return for affiliates? No. H (b) If yes, enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No.

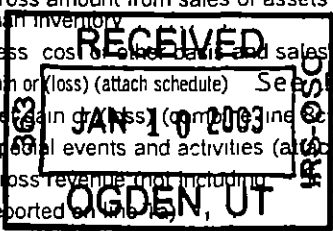
K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts: 4,360,017. I Enter 4 digit group GEN. M Check if the organization is not required to attach Schedule B.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and 3 columns: Description, Sub-row, Amount. Includes revenue from contributions, program services, and expenses, ending with net assets of 1,187,636.

JAN 14 2003

SCANNED



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

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 (att sch) (cash \$ _____) non cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	0	0	0
26	Other salaries and wages	26	3,018,794	2,730,069	288,725
27	Pension plan contributions	27			
28	Other employee benefits	28	213,550	192,745	20,805
29	Payroll taxes	29	222,667	201,352	21,315
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	41,742	32,442	9,300
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36	112,854	74,831	38,023
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39	39,196	26,097	13,099
40	Conferences, conventions, and meetings	40	25,574	13,956	11,618
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	COMMUNICATION	43a	37,882	27,420	10,462
b	UTILITIES	43b	61,869	45,778	16,091
c	REPAIRS & MAINTENANCE	43c	24,495	11,807	12,688
d	INSURANCE	43d	7,701	4,675	3,026
e	See Other Expenses Stmt	43e	261,963	218,243	43,720
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44	4,068,287	3,579,415	488,872

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes 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

What is the organization's primary exempt purpose? <u>PROVIDE SUPPORT TO DEVELOPMENTALLY DISABLED PERSONS</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a <u>ASSESSMENT, COUNSELING, TREATMENT & REHABILITATION OF PERSONS WITH DISABILITIES</u> _____ _____ (Grants and allocations \$ _____)	3,579,415
b _____ _____ _____ (Grants and allocations \$ _____)	
c _____ _____ _____ (Grants and allocations \$ _____)	
d _____ _____ _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	3,579,415

Part IV Balance Sheets (See instructions)

Note. Where required, attached schedules and amounts within the description column should be for end of-year amounts only		(A)		(B)			
		Beginning of year		End of year			
ASSETS	45	Cash – non interest bearing		170,585	45	111,216	
	46	Savings and temporary cash investments			46		
	47a	47a	352,949				
		b	Less allowance for doubtful accounts	322,497	47c	352,949	
	48a	48a					
		b	Less allowance for doubtful accounts		48c		
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a	51a					
		b	Less allowance for doubtful accounts		51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		45,470	53	24,394	
	54	Investments – securities (attach schedule)			54		
	55a	55a					
	b	Less accumulated depreciation (attach schedule)		55c			
56	Investments – other (attach schedule)			56			
57a	57a	1,851,102					
	b	Less accumulated depreciation (attach schedule)	634,502	57c	955,599		
58	Other assets (describe ▶ _____)			58			
59	Total assets (add lines 45 through 58) (must equal line 74)		1,173,054	59	1,444,158		
LIABILITIES	60	Accounts payable and accrued expenses		215,470	60	188,573	
	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)	58,426	64b	67,949	
	65	Other liabilities (describe ▶ _____)			65		
66	Total liabilities (add lines 60 through 65)		273,896	66	256,522		
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		868,277	67	1,167,104	
	68	Temporarily restricted		30,881	68	20,532	
	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)		899,158	73	1,187,636	
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		1,173,054	74	1,444,158	

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	4,356,765
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	4,356,765
d	Amounts included on line 12, Form 990 but not on line a.		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	4,356,765

a	Total expenses and losses per audited financial statements	a	4,068,287
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	4,068,287
d	Amounts included on line 17, Form 990 but not on line a.		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	4,068,287

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see 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 and deferred compensation	(E) Expense account and other allowances
CARL McCONNELL P O BOX 1373, JOPLIN	PRESIDENT	0	0	0
BOB BRUECKNER 3131 WESTBERRY SQUARE, JOPLIN	VICE PRESIDENT	0	0	0
STEVE OWEN 2716 VERMONT, JOPLIN	SECY/TREAS	0	0	0
JHAN HURN 2818 JEFFERSON, JOPLIN	EXECUTIVE DIRECTOR	72,938	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 instructions

Part VI: Other Information (See specific instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
81a	Enter direct or indirect political expenditures. See line 81 instructions. <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	0
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in house lobbying expenditures of \$2,000 or less? 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	N/A	
85c	c Dues, assessments and similar amounts from members	N/A	
85d	d Section 162(e) lobbying and political expenditures	N/A	
85e	e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	N/A	
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	N/A	
85h	h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a	
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	
87a	87 501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
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		X
89a	89a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>		
89b	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		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		
90a	90a List the states with which a copy of this return is filed <u>NONE</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	159
91	91 The books are in care of <u>DEREK COLE</u> Telephone number <u>(417) 624-4515</u> Located at <u>2312 ANNIE BAXTER AVE, JOPLIN MO</u> ZIP + 4 <u>64804</u>		
92	92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		

Part VII Analysis of Income-Producing Activities (See instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a GROUP HOMES & RESIDENT ASSISTANCE					1,514,698
b DAY HAB ISL TC RESPITE HOME FIRS					1,365,774
c RECREATION & CAMP					151,139
d FAMILY DIRECTED SUPPORT					380,321
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					20,400
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					3,248
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b MISCELLANEOUS					70,269
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					3,505,849
105 Total (add line 104, columns (B), (D), and (E))					3,505,849

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 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 instructions)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

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

Note. If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date 1/06/02
IDENT

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information — (See separate instructions)

2001

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

JASPER COUNTY SHELTERED FACILITIES ASSOCIATION, INC

Employer Identification Number

43-1121898

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	None			

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	None	

Part III Statements About Activities (See instructions)

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 **\$ 0**
(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

1		X
2a		X
2b		X
2c		X
2d		X
2e		X
3		X
4	X	

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

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

4 Do you have a section 403(b) annuity plan for your employees?

Note: 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

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

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a 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)
- 11 b 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 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 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
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					
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	466,882	263,466	316,815	289,761	1,336,924
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	3,383,451	3,240,167	2,947,799	2,605,632	12,177,049
23 Total of lines 15 through 22	3,850,333	3,503,633	3,264,614	2,895,393	13,513,973
24 Line 23 minus line 17	3,850,333	3,503,633	3,264,614	2,895,393	13,513,973
25 Enter 1% of line 23	38,503	35,036	32,646	28,954	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				▶ 26a 270,279
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts				▶ 26b
	c Total support for Section 509(a)(1) test Enter line 24, column (e)				▶ 26c 13,513,973
	d Add Amounts from column (e) for lines 18 _____ 19 _____				▶ 26d 12,177,049
	22 12,177,049 26b _____				▶ 26e 1,336,924
	e Public support (line 26c minus line 26d total)				▶ 26f 9.89%
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year				
	(2000) _____ (1999) _____ (1998) _____ (1997) _____				
	b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year				
	(2000) _____ (1999) _____ (1998) _____ (1997) _____				
	c Add Amounts from column (e) for lines 15 _____ 16 _____				▶ 27c
	17 _____ 20 _____ 21 _____				▶ 27d
	d Add Line 27a total _____ and line 27b total _____				▶ 27e
	e Public support (line 27c total minus line 27d total)				
	f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f				
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				▶ 27g %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				▶ 27h %
28 Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15				

Part V. Private School Questionnaire (See instructions)
 (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)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

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

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount Enter the amount from the following table –		
	If the amount on line 40 is –		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is –		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36 Enter -0 if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44	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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable 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 instructions)

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.)

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2001

Name of Organization

JASPER COUNTY SHELTERED FACILITIES ASSOCIATION, INC

Employer Identification Number

43-1121898

Organization type (check one)

Filers of

Form 990 or 990-EZ

Section

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990 PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note: Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule – see instructions)

General Rule –

For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules –

For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year) ▶ \$ _____

Caution: Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990 EZ, or 990 PF) but **must** check the box in the heading of their Form 990, Form 990 EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

BAA

Schedule B (Form 990, 990 EZ, or 990 PF) (2001)

Name of Organization

Employer Identification Number

JASPER COUNTY SHELTERED FACILITIES ASSOCIATION, INC

43-1121898

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 380,182	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
EQUIPMENT & FURNISHINGS	11,925	9,360	2,565	0
PROFESSIONAL SERVICES	58,622	27,927	30,695	0
FOOD SERVICE	44,032	43,131	901	0
TRANSPORTATION	134,178	129,933	4,245	0
OTHER CLIENT SERVICES	6,534	5,272	1,262	0
MISCELLANEOUS	6,672	2,620	4,052	0
Total	261,963	218,243	43,720	0

Schedule of Gains and Losses from Sale of Assets

Sale of Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
93 FORD VAN	08/01/94 PURCHASE	04/18/02 PLATNER AUTO SALES	2,000	Cost	17,960
				Depreciation	-17,760
				Basis	200
				Donation FMV	
96 DODGE VAN	07/11/96 PURCHASE	04/18/02 PLATNER AUTO SALES	1,500	Cost	16,047
				Depreciation	-15,795
				Basis	252
				Donation FMV	
					34,007
					-33,555
					452
Totals			<u>3,500</u>		

Supporting Statement of

Form 990 p 3/Line 64b, column (B)

Description	Amount
BANK DEMAND NOTE DUE MAY 6 2007, PAYABLE \$789 MONTHLY INCLUDING INTEREST @ 3 8% SECURED BY REAL ESTATE	37,231
BANK DEMAND NOTE DUE NOVEMBER 7, 2006, PAYABLE \$642 MONTHLY INCLUDING INTEREST @ 3 85% SECURED BY REAL ESTATE	30,718
Total	<u>67,949</u>

**JASPER COUNTY SUPPORT SERVICES
BOARD OF DIRECTORS
2002**

CARL McCONNELL, PRESIDENT President, First State Bank P.O. Box 1373, Joplin, MO 64802	MARK ELLIFF Sr. Vice President, Hometown Bank 312 W. Central, Carthage, MO 64836
BOB BRUECKNER, VICE PRESIDENT 3131 Westberry Square, Joplin, MO 68404	JON TUPPER 3510 Hawthorne, Joplin, MO 64804
STEVE OWEN, SECRETARY/TREASURER 2716 Vermont, Joplin, MO 64804	MIKE NEWMAN 105 Rocky Circle, Carl Junction, MO 64834
CHRIS GULLORY 3508 Newman Rd., Apt. 104 Joplin, MO 64802	MARSHA WALLACE Empire District Electric P.O. Box 127, 602 Joplin, Joplin, MO 64802
NANCY GOOD JCT Title Services 408 East 32 nd , Joplin, MO 64804	JOHN REEVE 2209 Bird, Joplin, MO 64804
CAROLYN PRATER 2817 McClelland Blvd., Suite 350 Joplin, MO 64804	DANA COOK 812 S. Main, Carthage, MO 64836
SUZANNE BROWN 4793 Pelican Rd., Diamond, MO 64840	DELMAR HAASE Joplin Police Department, 303 E. 3 rd Joplin, MO 64801

JASPER COUNTY SHELTERED FACILITIES ASSOC

JASPER COUNTY SHELTER ID NO

Page 1

4 Book Summary

Report

Preparer: derak

Depreciation Calc related from 7/01/2001

08/30/2002

Time 09:30 14AM

Date

07/12/2002

Asset Class	ASSET			Ending Balance	DEPRECIATION			Ending Balance
	Beginning Cost	Additions	Deletions		Depreciation Beg	Current Balance	Provisions	
1210	55,188	25,796	0	80,984	0	0	0	0
1212	88,184	0	0	88,184	47,028	2,939	0	48,987
1214	111,327	9,820	0	121,147	75,834	11,708	0	87,342
1216	24,838	0	0	24,838	18,489	3,841	0	22,330
1220	73,948	0	0	73,948	45,681	3,697	0	49,358
1224	19,327	1,930	929	20,328	17,829	1,442	929	18,342
1230	34,188	1,256	0	35,442	25,074	1,182	0	28,258
1232	56,823	0	0	56,823	39,041	2,891	0	41,832
1234	7,989	0	3,541	4,448	6,493	982	3,541	3,914
1235	0	381,515	0	381,515	0	8,694	0	8,694
1237	0	12,085	0	12,085	0	2,685	0	2,685
1240	131,257	0	0	131,257	90,055	4,375	0	94,430
1242	14,859	2,305	0	18,984	11,978	2,778	0	14,756
1244	18,303	559	1,207	18,655	14,845	3,271	1,207	18,909
1250	80,536	0	0	80,535	52,201	2,870	0	54,871
1252	41,766	0	0	41,766	31,399	1,581	0	32,980
1254	27,824	480	0	28,104	24,361	3,212	0	27,573
1255	221,004	20,812	0	241,816	75,451	10,743	0	86,194
1258	20,963	580	695	20,828	19,344	1,744	695	20,393
1257	8,850	0	0	8,850	3,490	819	0	4,309
1274	3,588	2,425	0	5,991	2,592	988	0	3,588
1284	7,410	0	0	7,410	6,018	1,283	0	7,301
1285	59,876	30,390	0	90,066	51,370	11,836	0	63,206
1300	288,353	83,489	98,580	280,282	200,842	53,669	96,330	158,181
GRAND TOTALS	1,402,574	553,222	105,952	1,849,844	859,185	139,010	102,702	895,503

CONSTRUCTION IN PROGRESS

1,258

1,951,102

895,503

▶ Attach to return

Name JASPER COUNTY SHELTERED FACILITIES ASSOCIATION, INC	Employer Identification Number 43-1121898
---	--

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
		Cost	
Publicly Traded Securities		Selling Expenses	
		Basis	

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----

Total Securities

Gain or (Loss) from Sale of Securities

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
				Cost	
91 FORD VAN				18,726	
-----	07/17/91	04/18/02		-18,526	
-----	PURCHASE	PLATNER AUTO SALES	500	200	
-----					Donation FMV
91 DODGE VAN				16,325	
-----	10/28/91	04/18/02		-16,125	
-----	PURCHASE	PLATNER AUTO SALES	500	200	
-----					Donation FMV
97 DODGE VAN				21,768	
-----	10/18/97	04/18/02		-19,368	
-----	PURCHASE	PLATNER AUTO SALES	2,000	2,400	
-----					Donation FMV
-----				34,007	
-----				-33,555	
-----				452	
See Sale of Other Assets			3,500		Donation FMV

Total Other Assets

6,500

3,252

Gain or (Loss) from Sale of Other Assets

3,248

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization		Employer Identification Number	
	JASPER COUNTY SHELTERED FACILITIES ASSOCIATION, INC		43-1121898	
	Number, Street, and Room or Suite Number If a P O Box, see instructions			
	2312 ANNIE BAXTER AVE			
City, Town or Post Office For a foreign address, see instructions			State	ZIP Code
JOPLIN			MO	64804

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 (Section 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 6069 |
| <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 Feb 18, 20 03, 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 Jul 1, 20 01, and ending Jun 30, 20 02

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 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

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 \$ _____

Signature and Verification

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 and that I am authorized to prepare this form.

Signature ▶  Title ▶ CBA Date ▶ W/15/02