

Return of Organization Exempt from Income Tax

2002

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 2002 calendar year, or tax year beginning Jul 1, 2002, and ending Jun 30, 2003

- 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. 2312 ANNIE BAXTER AVE JOPLIN MO 64804

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)

- H (a) Is this a group return for affiliates? No
H (b) If Yes enter number of affiliates
H (c) Are all affiliates included?
H (d) Is this a separate return filed by an organization covered by a group ruling?
I Enter 4 digit GEN
M Check if the organization is not required to attach Schedule B

G Web site

J Organization type: 501(c) 3

K Check here if the organization's gross receipts are normally not more than \$25,000

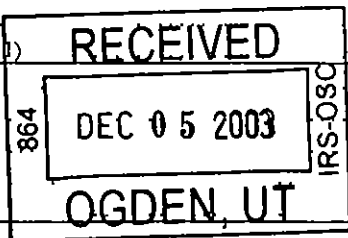
Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 4,208,831

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

SCANNED DEC 22 2003

Table with 21 rows and multiple columns for revenue and expenses. Includes sub-rows for public support, rental income, and special events. Total revenue is 4,137,968 and total expenses is 4,006,627.

EXAMINER'S INITIALS



613-19 4

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	2,954,814	2,670,216	284,598
27	Pension plan contributions	27			
28	Other employee benefits	28	233,698	211,986	21,712
29	Payroll taxes	29	218,394	197,185	21,209
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	47,141	36,657	10,484
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36	91,217	59,537	31,680
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39	53,990	39,655	14,335
40	Conferences, conventions, and meetings	40	22,517	18,779	3,738
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	COMMUNICATION	43a	45,663	34,467	11,196
b	UTILITIES	43b	50,337	33,107	17,230
c	REPAIRS & MAINTENANCE	43c	14,611	9,488	5,123
d	INSURANCE	43d	8,653	4,783	3,870
e	See Other Expenses Stmt	43e	265,592	211,058	54,534
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13-15	44	4,006,627	3,526,918	479,709

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? <input type="checkbox"/> PROVIDE SUPPORT TO DEVELOPMENTALLY DISABLED PERSONS	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a ASSESSMENT, COUNSELING, TREATMENT & REHABILITATION OF PERSONS WITH DISABILITIES (Grants and allocations \$ 0)	3,526,918
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)	3,526,918

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) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	111,216	45	295,152
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47 a 417,941		
	b Less allowance for doubtful accounts	47 b	352,949	47 c 417,941
	48 a Pledges receivable	48 a		
	b Less allowance for doubtful accounts	48 b		48 c
	49 Grants receivable			49 20,000
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		24,394	53 33,047
	54 Investments – securities (attach schedule)			54
	55 a Investments – land, buildings, & equipment basis	55 a		
	b Less accumulated depreciation (attach schedule)	55 b		55 c
56 Investments – other (attach schedule)			56	
57 a Land, buildings, and equipment basis	57 a 1,738,505			
b Less accumulated depreciation (attach schedule)	57 b 846,341	955,599	57 c 892,164	
58 Other assets (describe ▶ _____)			58	
59 Total assets (add lines 45 through 58) (must equal line 74)		1,444,158	59 1,658,304	
LIABILITIES	60 Accounts payable and accrued expenses		60 188,573	290,427
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		67,949	64 b 48,900
	65 Other liabilities (describe ▶ _____)		65	
	66 Total liabilities (add lines 60 through 65)		256,522	66 339,327
FUNDS 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		67 1,167,104	1,268,886
	68 Temporarily restricted		68 20,532	50,091
	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, column (B) must equal line 21)		1,187,636	73 1,318,977
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)		1,444,158	74 1,658,304

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 4,117,968	a	Total expenses and losses per audited financial statements	a 4,089,582
b	Amounts included on line a but not on line 12, Form 990		b	Amounts included on line a but not on line 17, Form 990	
(1)	Net unrealized gains on investments \$		(1)	Donated services and use of facilities \$	
(2)	Donated services and use of facilities \$		(2)	Prior year adjustments reported on line 20, Form 990 \$	
(3)	Recoveries of prior year grants \$		(3)	Losses reported on line 20, Form 990 \$	
(4)	Other (specify)		(4)	Other (specify)	
	----- \$			----- \$	
	Add amounts on lines (1) through (4)	b		Add amounts on lines (1) through (4)	b
c	Line a minus line b	c 4,117,968	c	Line a minus line b	c 4,089,582
d	Amounts included on line 12, Form 990 but not on line a.		d	Amounts included on line 17, Form 990 but not on line a.	
(1)	Investment expenses not included on line 6b, Form 990 \$		(1)	Investment expenses not included on line 6b, Form 990 \$	
(2)	Other (specify)		(2)	Other (specify)	
	----- \$			----- \$	
	Add amounts on lines (1) and (2)	d		Add amounts on lines (1) and (2)	d
e	Total revenue per line 12, Form 990 (line c plus line d)	e 4,117,968	e	Total expenses per line 17, Form 990 (line c plus line d)	e 4,089,582

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
BOB BRUECKNER 3131 WESTBERRY SQUARE, JOPLIN	PRESIDENT	0	0	0
JON TUPPER 3510 HAWTHORNE, JOPLIN	VICE PRESIDENT	0	0	0
MARSHA WALLACE EMPIRE DISTRICT ELECTIC 602 JOPLIN, JOPLIN	SECRETARY	0	0	0
NANCY GOOD JCT TITLE SERVICES 408 E 32ND, JOPLIN	TREASURER	0	0	0
JHAN HURN 2818 JEFFERSON, JOPLIN	EXECUTIVE DIRECTOR	40	82,955	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?
If 'Yes,' attach schedule - see instructions

Yes No

Part VI Other Information (See 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	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		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?	80a		X
	b If 'Yes,' enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0	
	b Did the organization file Form 1120-POL for this year?	81b		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?	82a		X
	b If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
	c Dues, assessments, and similar amounts from members	85c	N/A	
	d Section 162(e) lobbying and political expenditures	85d	N/A	
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
	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?	85h	N/A	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		
	b Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a		
	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	88		X
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>			
	b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed <u>NONE</u>			
	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	175	
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	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					1,355,515
b DAY HAB ISL TC RESPITE HOME FIRS					1,608,995
c RECREATION & CAMP					140,943
d FAMILY DIRECTED SUPPORT					295,208
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					21,900
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					108,227
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b MISCELLANEOUS					105,506
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					3,636,294
105 Total (add line 104, columns (B), (D), and (E))					3,636,294

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 RESULTS
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
	%			
	%			
	%			
	%			

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 11/18/03
Walter D. Dieder

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

2002

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 and 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) 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
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?	X	
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)
- 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 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) 2001	(b) 2000	(c) 1999	(d) 1998	(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	328,850	263,466	316,815	1,376,013
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.	3,411,932	3,383,451	3,240,167	2,947,799	12,983,349
23 Total of lines 15 through 22	3,878,814	3,712,301	3,503,633	3,264,614	14,359,362
24 Line 23 minus line 17	3,878,814	3,712,301	3,503,633	3,264,614	14,359,362
25 Enter 1% of line 23	38,788	37,123	35,036	32,646	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 287,187
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 1998 through 2001 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 14,359,362
d Add: Amounts from column (e) for lines 18 _____ 19 _____					26d 12,983,349
22 12,983,349 26b _____					26e 1,376,013
e Public support (line 26c minus line 26d total)					26e 1,376,013
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 9.58%
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.					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
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.					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
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)					27e
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 1998 through 2001, 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

<p>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?</p>	<p>29</p>		
<p>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?</p>	<p>30</p>		
<p>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?</p>	<p>31</p>		
<p>If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)</p> <p>-----</p> <p>-----</p> <p>-----</p>			
<p>32 Does the organization maintain the following</p>			
<p>a Records indicating the racial composition of the student body, faculty, and administrative staff?</p>	<p>32 a</p>		
<p>b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</p>	<p>32 b</p>		
<p>c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</p>	<p>32 c</p>		
<p>d Copies of all material used by the organization or on its behalf to solicit contributions?</p>	<p>32 d</p>		
<p>If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)</p> <p>-----</p> <p>-----</p>			
<p>33 Does the organization discriminate by race in any way with respect to</p>			
<p>a Students' rights or privileges?</p>	<p>33 a</p>		
<p>b Admissions policies?</p>	<p>33 b</p>		
<p>c Employment of faculty or administrative staff?</p>	<p>33 c</p>		
<p>d Scholarships or other financial assistance?</p>	<p>33 d</p>		
<p>e Educational policies?</p>	<p>33 e</p>		
<p>f Use of facilities?</p>	<p>33 f</p>		
<p>g Athletic programs?</p>	<p>33 g</p>		
<p>h Other extracurricular activities?</p>	<p>33 h</p>		
<p>If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)</p> <p>-----</p> <p>-----</p> <p>-----</p>			
<p>34 a Does the organization receive any financial aid or assistance from a governmental agency?</p>	<p>34 a</p>		
<p>b Has the organization's right to such aid ever been revoked or suspended?</p>	<p>34 b</p>		
<p>If you answered 'Yes' to either 34a or b, please explain using an attached statement</p>			
<p>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</p>	<p>35</p>		

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		
41		41	0
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) 2002	(b) 2001	(c) 2000	(d) 1999	(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

- 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)

Yes	No	Amount

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

Schedule of Gains and Losses from
Sale of Assets Other than Inventory

2002

▶ 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	Selling Expenses
Publicly Traded Securities			

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	Depreciation
LOT - 507 SERGEANT				10,000	0
-----	09/30/78	07/01/02			
-----	PURCHASE	BYRON DEDMON	10,000	10,000	0
LOT - 1124 W 7TH				10,000	0
-----	06/30/79	08/23/02			
-----	PURCHASE	CHILDREN S HAVEN OF	10,000	10,000	0
RESIDENCE 507 SERGEANT				73,946	-49,358
-----	03/01/89	07/01/02			
-----	PURCHASE	BYRON DEDMON	78,140	24,588	
-----				160,160	-133,885
-----					26,275
See Sale of Other Assets			80,950		

Total Other Assets 179,090 70,863

Gain or (Loss) from Sale of Other Assets 108,227

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize)				
EQUIPMENT & FURNISHINGS	17,552	9,282	8,270	0
PROFESSIONAL SERVICES	59,717	22,731	36,986	0
FOOD SERVICE	37,857	36,899	958	0
TRANSPORTATION	125,696	122,256	3,440	0
OTHER CLIENT SERVICES	20,712	19,647	1,065	0
MISCELLANEOUS	4,058	243	3,815	0
Total	<u>265,592</u>	<u>211,058</u>	<u>54,534</u>	<u>0</u>

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	
JANITROL FURNACE				Cost	1,495
				Depreciation	-1,495
				Basis	0
	08/13/96	07/01/02		Donation FMV	
	PURCHASE	BYRON DEDMON	0		
AMANA TOP FREEZER REFRIGERATOR				Cost	565
				Depreciation	-565
				Basis	0
	11/18/96	07/01/02		Donation FMV	
	PURCHASE	BYRON DEDMON	0		
13 MATTRESSES				Cost	1,380
				Depreciation	-1,380
				Basis	0
	07/01/97	07/01/02		Donation FMV	
	PURCHASE	BYRON DEDMON	0		
DRAPES				Cost	685
				Depreciation	-685
				Basis	0
	12/16/96	07/01/02		Donation FMV	
	PURCHASE	BYRON DEDMON	0		
COMPUTER CABINET				Cost	360
				Depreciation	-360
				Basis	0
	10/22/97	07/01/02		Donation FMV	
	PURCHASE	BYRON DEDMON	0		
PAINTED EXTERIOR				Cost	1,300
				Depreciation	-1,300
				Basis	0
	11/12/97	07/01/02		Donation FMV	
	PURCHASE	BYRON DEDMON	0		
DRYER				Cost	289
				Depreciation	-289
				Basis	0
	10/05/95	07/01/02		Donation FMV	
	PURCHASE	BYRON DEDMON	0		
50 GALLON WATER HEATER				Cost	356
				Depreciation	-356
				Basis	0
	12/18/95	07/01/02		Donation FMV	
	PURCHASE	BYRON DEDMON	0		
SOFA & LOVESEAT				Cost	874
				Depreciation	-874
				Basis	0
	07/09/96	07/01/02		Donation FMV	
	PURCHASE	BYRON DEDMON	0		

Schedule of Gains and Losses from Sale of Assets
Sale of Other Assets

Continued

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
CHERRY TABLE 8 CHAIRS	11/21/97 PURCHASE	07/01/02 BYRON DEDMON	0	Cost	841
				Depreciation	-841
				Basis	0
COMPUTER & PRINTER	11/17/97 PURCHASE	07/01/02 BYRON DEDMON	0	Cost	1,835
				Depreciation	-1,835
				Basis	0
STOVE	11/03/00 PURCHASE	07/01/02 BYRON DEDMON	0	Cost	375
				Depreciation	-313
				Basis	62
4 TON A/C CONDENSOR	06/07/99 PURCHASE	07/01/02 BYRON DEDMON	0	Cost	1,150
				Depreciation	-709
				Basis	441
DISHWASHER	11/03/00 PURCHASE	07/01/02 BYRON DEDMON	0	Cost	300
				Depreciation	-250
				Basis	50
FIRE LITE PANEL ALARM	04/17/00 PURCHASE	07/01/02 BYRON DEDMON	0	Cost	940
				Depreciation	-940
				Basis	0
BERBER CARPET	08/05/96 PURCHASE	07/01/02 BYRON DEDMON	0	Cost	3,970
				Depreciation	-3,970
				Basis	0
FRIGIDARE REFRIGERATOR	08/30/96 PURCHASE	07/01/02 BYRON DEDMON	0	Cost	599
				Depreciation	-599
				Basis	0
KIT DINING FLOORING	08/10/96 PURCHASE	07/01/02 BYRON DEDMON	0	Cost	1,084
				Depreciation	-1,084
				Basis	0
SECTIONAL SOFA	09/01/01 PURCHASE	07/01/02 BYRON DEDMON	0	Cost	1,575
				Depreciation	-438
				Basis	1,137
MAYTAG WASHER	03/01/02 PURCHASE	07/01/02 BYRON DEDMON	0	Cost	355
				Depreciation	-59
				Basis	296
RESIDENCE - 1124 W 7TH	06/30/79 PURCHASE	08/23/02 CHILDREN S HAVEN O	77,250	Cost	34,186
				Depreciation	-26,309
				Basis	7,877
200 AMP ELECTRIC SERVICE	03/01/02 PURCHASE	08/23/02 CHILDREN S HAVEN O	0	Cost	1,256
				Depreciation	-53
				Basis	1,203

Schedule of Gains and Losses from Sale of Assets
Sale of Other Assets

Continued

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
CABINETS				Cost	1,748
				Depreciation	-1,328
				Basis	420
	09/30/79	08/23/02		Donation FMV	
	PURCHASE	CHILDREN'S HAVEN O	0		
RENOVATIONS				Cost	13,428
				Depreciation	-10,186
				Basis	3,242
	10/31/79	08/23/02		Donation FMV	
	PURCHASE	CHILDREN'S HAVEN O	0		
INSULATION				Cost	557
				Depreciation	-427
				Basis	130
	10/31/79	08/23/02		Donation FMV	
	PURCHASE	CHILDREN'S HAVEN O	0		
PLUMBING/ELECTRIC				Cost	8,097
				Depreciation	-6,142
				Basis	1,955
	10/31/79	08/23/02		Donation FMV	
	PURCHASE	CHILDREN'S HAVEN O	0		
RENOVATIONS				Cost	13,281
				Depreciation	-10,074
				Basis	3,207
	10/31/79	08/23/02		Donation FMV	
	PURCHASE	CHILDREN'S HAVEN O	0		
ELECTRICAL				Cost	211
				Depreciation	-157
				Basis	54
	03/24/80	08/23/02		Donation FMV	
	PURCHASE	CHILDREN'S HAVEN O	0		
RENOVATION				Cost	556
				Depreciation	-419
				Basis	137
	03/24/80	08/23/02		Donation FMV	
	PURCHASE	CHILDREN'S HAVEN O	0		
IMPROVEMENTS				Cost	296
				Depreciation	-215
				Basis	81
	12/15/80	08/23/02		Donation FMV	
	PURCHASE	CHILDREN'S HAVEN O	0		
IMPROVEMENTS				Cost	1,797
				Depreciation	-1,264
				Basis	533
	06/30/81	08/23/02		Donation FMV	
	PURCHASE	CHILDREN'S HAVEN O	0		
IMPROVEMENTS				Cost	2,451
				Depreciation	-1,643
				Basis	808
	06/30/82	08/23/02		Donation FMV	
	PURCHASE	CHILDREN'S HAVEN O	0		
IMPROVEMENTS				Cost	3,724
				Depreciation	-2,171
				Basis	1,553
	02/28/85	08/23/02		Donation FMV	
	PURCHASE	CHILDREN'S HAVEN O	0		
IMPROVEMENTS				Cost	1,991
				Depreciation	-1,142
				Basis	849
	04/30/85	08/23/02		Donation FMV	
	PURCHASE	CHILDREN'S HAVEN O	0		
JANITROL 125 FURNACE				Cost	1,125
				Depreciation	-1,125
				Basis	0
	03/26/96	08/23/02		Donation FMV	
	PURCHASE	CHILDREN'S HAVEN O	0		

Schedule of Gains and Losses from Sale of Assets
Sale of Other Assets

Continued

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
PAINT EXTERIOR	11/19/97 PURCHASE	08/23/02 CHILDREN S HAVEN O	0	Cost	700
				Depreciation	-700
				Basis	0
				Donation FMV	
VINYL FLOOR	06/04/97 PURCHASE	08/23/02 CHILDREN S HAVEN O	0	Cost	483
				Depreciation	-483
				Basis	0
				Donation FMV	
3 TON A/C CONDENSOR	06/15/99 PURCHASE	08/23/02 CHILDREN'S HAVEN O	0	Cost	1,100
				Depreciation	-696
				Basis	404
				Donation FMV	
SMOKE DETECT SYSTEM	04/17/00 PURCHASE	08/23/02 CHILDREN S HAVEN O	0	Cost	1,953
				Depreciation	-1,953
				Basis	0
				Donation FMV	
WHITE STORM WINDOWS	10/09/96 PURCHASE	08/23/02 CHILDREN S HAVEN O	0	Cost	555
				Depreciation	-327
				Basis	228
				Donation FMV	
WHITE STORM WINDOWS	08/26/96 PURCHASE	08/23/02 CHILDREN S HAVEN O	0	Cost	2,770
				Depreciation	-1,662
				Basis	1,108
				Donation FMV	
MAYTAG WASHING MACHINE	02/27/01 PURCHASE	02/28/03 DISPOSED	0	Cost	315
				Depreciation	-315
				Basis	0
				Donation FMV	
KITHCHEN AID DRYER	08/02/97 PURCHASE	02/28/03 DISPOSED	0	Cost	399
				Depreciation	-399
				Basis	0
				Donation FMV	
96 DODGE VAN	12/31/96 PURCHASE	02/11/03 NETTIE JOHNSON	900	Cost	18,753
				Depreciation	-18,503
				Basis	250
				Donation FMV	
LIFT 96 BURGAN VAN	02/14/97 PURCHASE	02/11/03 NETTIE JOHNSON	0	Cost	3,840
				Depreciation	-3,840
				Basis	0
				Donation FMV	
96 DODGE GREEN VAN	02/03/97 PURCHASE	01/20/03 CHARLES WILSON	2,800	Cost	24,260
				Depreciation	-24,010
				Basis	250
				Donation FMV	

160,160
-133,885
26,275.

Totals

80,950

Supporting Statement of:

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

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>

Supporting Statement of:

Form 990 p 3/Line 60, column (B)

Description	Amount
ACCOUNTS PAYABLE	29,936
ACCRUED PAYROLL AND TAXES	260,491
Total	<u>290,427</u>

Supporting Statement of:

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

Description	Amount
LEASE PAYABLE TO CANON FINANCIAL SERVICES, INC DUE JANUARY 1, 2007, PAYABLE \$287 MONTHLY	10,570
BANK DEMAND NOTE DUE MAY 6, 2007, PAYABLE \$405 MONTHLY INCLUDING INTEREST @ 3 4%, SECURED BY REAL ESTATE	14,241
BANK DEMAND NOTE DUE NOVEMBER 7, 2006, PAYABLE \$642 MONTHLY INCLUDING INTEREST @ 3 85%, SECURED BY REAL ESTATE	24,089
Total	<u>48,900</u>

**COMMUNITY SUPPORT SERVICES
OF MISSOURI
BOARD OF DIRECTORS
2003**

BOB BRUECKNER, PRESIDENT 3131 Westberry Square, Joplin, MO 68404	KYLE HICKAM State Farm Insurance, 2606 East 32 nd St. Joplin, MO 64804
JON TUPPER, PRESIDENT ELECT 3510 Hawthorne, Joplin, MO 64804	SUZANNE BROWN 1107 Wyandotte, Seneca, MO 64865
MARSHA WALLACE, SECRETARY Empire District Electric P.O. Box 127, 602 Joplin, Joplin, MO 64802	MIKE NEWMAN 105 Rocky Circle, Carl Junction, MO 64834
NANCY GOOD, TREASURER JCT Title Services 408 East 32 nd , Joplin, MO 64804	STEVE OWEN 2716 Vermont, Joplin, MO 64804
MARK ELLIFF Sr. Vice President, Hometown Bank 312 W. Central, Carthage, MO 64836	DANA COOK 812 S. Main, Carthage, MO 64836
DELMAR HAASE Joplin Police Department, 303 E. 3 rd Joplin, MO 64801	
JOHN REEVE 2209 Bird, Joplin, MO 64804	

JASPER COUNTY SHELTERED FACILITIES ASSOC

JASPER COUNTY SHELTER ID NO

4 Book Summary Report

Depreciation Calculated from

7/01/200

06/30/2003

Page 1

Prepared by D EREK

Time 02:43:47 PM

Date 07/14/2003

Asset Class	ASSET				DEPRECIATION			
	Beginning Cost	Additions	Deletions	Ending Balance	Depreciation Beg Balance	Current Provisions	Deletions	Ending Balance
1210	80,984	0	20,000	60,984	0	0	0	0
1212	88,184	0	0	88,184	49,967	2,939	0	52,906
1214	121,147	47,257	0	168,404	87,342	13,182	0	100,524
1216	24,638	7,206	0	31,844	22,330	3,254	0	25,584
1220	73,946	0	73,946	0	49,358	0	49,358	0
1224	20,328	0	20,328	0	18,342	0	18,342	0
1230	35,442	0	35,442	0	26,256	106	26,362	0
1232	56,823	0	56,823	0	41,932	182	42,114	0
1234	4,448	0	0	4,448	3,914	447	0	4,361
1235	381,515	0	0	381,515	8,694	13,040	0	21,734
1237	12,085	0	0	12,085	2,685	4,028	0	6,713
1240	131,257	0	0	131,257	94,430	4,375	0	98,805
1242	16,984	21,755	0	38,719	14,756	2,560	0	17,316
1244	18,655	1,036	315	19,376	16,909	1,796	315	18,390
1250	80,535	0	0	80,535	54,871	2,670	0	57,541
1252	41,766	0	0	41,766	32,980	1,259	0	34,239
1254	28,104	618	399	28,323	27,573	597	399	27,771
1255	241,616	0	0	241,616	86,184	10,819	0	97,013
1256	20,828	6,559	0	27,387	20,393	697	0	21,090
1257	6,850	0	0	6,850	4,309	769	0	5,078
1274	5,991	20,961	0	26,952	3,580	4,961	0	8,541
1284	7,410	0	0	7,410	7,301	108	0	7,409
1285	90,066	0	0	90,066	63,206	7,520	0	70,726
1300	260,262	22,538	46,853	235,947	158,181	54,321	46,353	166,149
GRAND TOTALS	1,849,844	127,930	254,106	1,723,668	895,503	129,630	183,243	841,890

Copies

14,837
1,738,505

4,451
846,341

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 JASPER COUNTY SHELTERED FACILITIES ASSOCIATION, INC	Employer identification number 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 JOPLIN	state ZIP code 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 17, 20 04, 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 02, and ending Jun 30, 20 03

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 ▶ CPA Date ▶ 4/14/03

BAA For Paperwork Reduction Act Notice, see instructions

Form 8868 (12 2000)