

Return of Organization Exempt from Income Tax

2003

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 2003 calendar year, or tax year beginning Jul 1, 2003, and ending Jun 30, 2004

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).

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If 'Yes,' enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Schedule B.

G Web site: N/A

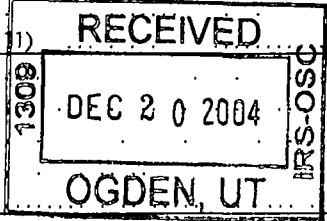
J Organization type (check only one): 501(c) 3

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 4,333,824.

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

Table with 3 columns: Description, Amount, and Total. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



SCANNED DEC 30 2004

**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 82,744.	0.	82,744.	0.
26	Other salaries and wages	26 3,017,335.	2,785,491.	231,844.	0.
27	Pension plan contributions	27			
28	Other employee benefits	28 502,907.	446,187.	56,720.	0.
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 46,628.	36,475.	10,153.	0.
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36 161,815.	102,223.	59,592.	0.
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39 63,631.	52,283.	11,348.	0.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	COMMUNICATION	43a 57,959.	46,073.	11,886.	0.
b	REPAIRS & MAINTENANCE	43b 22,245.	16,565.	5,680.	0.
c	INSURANCE	43c 12,947.	7,717.	5,230.	0.
d	EQUIPMENT & FURNISHINGS	43d 7,845.	4,375.	3,470.	0.
e	See Other Expenses Stmt	43e 275,407.	222,115.	53,292.	0.
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 4,251,463.	3,719,504.	531,959.	0.

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.)	3,719,504.
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)	3,719,504.

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

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>ASSETS</b>	45 Cash — non-interest-bearing	295,152.	45	155,469.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 497,633.		
	b Less: allowance for doubtful accounts	47b	47c	497,633.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable	20,000.	49	26,910.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	33,047.	53	25,422.
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments — land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 1,893,387.			
b Less: accumulated depreciation (attach schedule)	57b 913,824.	892,164.	57c	979,563.
58 Other assets (describe ▶ _____)		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,658,304.	59	1,684,997.	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses	290,427.	60	256,658.
	61 Grants payable		61	
	62 Deferred revenue		62	1,832.
	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)	48,900.	64b	25,169.
	65 Other liabilities (describe ▶ _____)		65	
66 <b>Total liabilities</b> (add lines 60 through 65)	339,327.	66	283,659.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,268,886.	67	1,346,948.
	68 Temporarily restricted	50,091.	68	54,390.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,318,977.	73	1,401,338.
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	1,658,304.	74	1,684,997.

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 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		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 and indirect political expenditures. See line 81 instructions		
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.)		
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?		N/A
85c	Dues, assessments, and similar amounts from members		N/A
85d	Section 162(e) lobbying and political expenditures		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86b	Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)		
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	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
89b	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	List the states with which a copy of this return is filed		NONE
90b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)		180
91	The books are in care of DEREK COLE Telephone number (417) 624-4515 Located at 2312 ANNIE BAXTER AVE., JOPLIN MO ZIP + 4 64804		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		

**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					1,203,969.
b RESIDENT ASSISTANCE					160,981.
c INDEPENDANT SUPPORTED LIVING					1,450,507.
d SENIOR SERVICES					14,833.
e See Program Service Revenue Stmt					834,013.
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS					158,038.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					3,844,241.
105 Total (add line 104, columns (B), (D), and (E))					3,844,241.

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).
ALL	THE ABOVE ACTIVITIES ACCOMPLISH THE EXEMPT PURPOSE BY PROVIDING GROUP HOMES FOR DEVELOPMENTALLY DISABLED INDIVIDUALS, PROVIDE A DAY HABILITATION PROGRAM, PREVOCATIONAL TRAINING, YEAR ROUND LEISURE
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

**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? ..	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 12/14/04  
*Executive Director*

**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

**2003**

Name of the organization <b>JASPER COUNTY SHELTERED FACILITIES ASSOCIATION, INC.</b>	Employer identification number <b>43-1121898</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See 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				
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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		
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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 . ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i 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
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	X	

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	346,231.	384,034.	115,343.	135,298.	980,906.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	21,900.	20,400.	0.	0.	42,300.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	155,443.	466,882.	328,850.	263,466.	1,214,641.
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets See L-22 Stmt	3,506,167.	3,482,201.	3,506,987.	3,331,403.	13,826,758.
<b>23</b> Total of lines 15 through 22	4,029,741.	4,353,517.	3,951,180.	3,730,167.	16,064,605.
<b>24</b> Line 23 minus line 17	4,029,741.	4,353,517.	3,951,180.	3,730,167.	16,064,605.
<b>25</b> Enter 1% of line 23	40,297.	43,535.	39,512.	37,302.	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 321,292.
<b>b</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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 16,064,605.
<b>d</b> Add: Amounts from column (e) for lines:	18	42,300.	19		
	22	13,826,758.	26b		
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 2,195,547.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 13.67 %
<b>27 Organizations described on line 12:</b>					
<b>a</b> 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: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
<b>b</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: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
<b>c</b> Add. Amounts from column (e) for lines:	15		16		
	17		20		
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27c</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27d</b>
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					<b>27e</b>
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27f</b>   _____
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27g</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.					<b>27h</b> %

**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:		
32a	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	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:		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	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?		
34b	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)

N/A

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

<b>Limits on Lobbying Expenditures</b>		<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table – If the amount on line 40 is –                      The lobbying nontaxable amount is – Not over \$500,000                      . . . . . 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000                      . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000                      . . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000                      . . . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000                      . . . . . \$1,000,000	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	
<b>Caution:</b> 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (add lines c through h.)			

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



# 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 15, 20 05, 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 03, and ending Jun 30, 20 04.

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

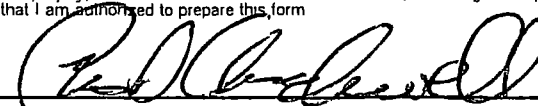
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

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 ▶ CA Date ▶ 11/12/04

BAA For Paperwork Reduction Act Notice, see instructions.

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):				
PROFESSIONAL SERVICES	59,746.	21,228.	38,518.	0.
FOOD SERVICE	41,019.	40,112.	907.	0.
TRANSPORTATION	117,119.	115,871.	1,248.	0.
OTHER CLIENT SERVICES	22,012.	21,278.	734.	0.
MISCELLANEOUS	11,903.	6,743.	5,160.	0.
STAFF TRAINING	23,608.	16,883.	6,725.	0.
<b>Total</b>	<b>275,407.</b>	<b>222,115.</b>	<b>53,292.</b>	<b>0.</b>

Form 990, Page 6, Part VII, Line 93

**Program Service Revenue Stmt**

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	
Program service revenue:					
LEISURE & RECREATION					149,916.
FAMILY DIRECTED SUPPORT					285,140.
CLUB ADVANTAGE					44,133.
FIRST STEPS					309,611.
SUPPLEMENTAL TRANSPORTATIO					5,118.
TRAINING					40,095.
<b>Total</b>					<b>834,013.</b>

Form 990, Page 6, Part VIII

**Relationship of Activities to the Accomplishment of Exempt Purposes Statement**

Line Number ▼	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).
	PROGRAMS, IN-HOME FAMILY DIRECTED SUPPORT FOR THE DISABLED, SENIOR SERVICES AND TRANSPORTATION TO THOSE IN NEED.

Schedule A, Part IV-A, Line 22

**Other Income**

Description	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
PROGRAM SERVICE REVENUE	3,400,661.	3,411,932.	3,383,451.	3,240,167.	13,436,211.
MISCELLANEOUS	105,506.	70,269.	123,536.	91,236.	390,547.

Schedule A, Part IV-A, Line 22  
**Other Income**

Continued

Description	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
Total	<u>3,506,167.</u>	<u>3,482,201.</u>	<u>3,506,987.</u>	<u>3,331,403.</u>	<u>13,826,758</u>

**Supporting Statement of:**

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

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 (A)

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>

**Supporting Statement of:**

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

Description	Amount
ACCOUNTS PAYABLE	40,622.
ACCRUED PAYROLL TAXES	216,036.
Total	<u>256,658.</u>

**Supporting Statement of:**

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

Description	Amount
NOTE PAYABLE TO BANK; DUE ON DEMAND, OR IF NO DEMAND, DUE NOVEMBER 7, 2006; PAYABLE \$642 MONTHLY INCLUDING ANNUAL INTEREST AT 70% OF THE PRIME RATE, ADJUSTED ANNUALLY, 3.85% AT JUNE 30, 2004 AND SECURED BY REAL ESTATE	17,198.

Continued

**Supporting Statement of:**

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

Description	Amount
LEASE PAYABLE TO CANON FINANCIAL SERVICES, INC.; PAYABLE \$287 MONTHLY	7,971.
Total	<u>25,169.</u>

**Supporting Statement of:**

Form 990 p 4/Part IV-A, Line d(2)

Description	Amount
NET INCREASE IN TEMPORARILY RESTRICTED NET ASSETS	4,299.
Total	<u>4,299.</u>

COMMUNITY SUPPORT SERVICES

COMM SUPPORT SERVICES

NO: 43-1121898

Page: 1

4. Book Summary Report

Preparer: derek

Depreciation Calculated 07/01/2003 to

06/30/2004

Time: 03 :56:38PM Date: 07/08/2004

===== AS =====		===== CIATION =====						
Asset Class	Beginning Cost	Additions	Deletions	Ending Balance	Depreciated Beg. Balance	Current Provis	Ending Deletio	Ending Balance
1210	60,984	30,360	0	91,344	0	0	0	0
1212	88,184	0	0	88,184	52,906	2,939	0	55,845
1214	168,404	8,236	0	176,640	100,524	12,069	0	112,593
1216	46,681	2,810	15,035	34,456	30,035	4,802	15,035	19,802
1234 FR	4,448	0	3,998	450	4,361	87	3,998	450
1235 RH	381,515	0	0	381,515	21,734	13,040	0	34,774
1237 FR	12,085	1,044	0	13,129	6,713	4,208	0	10,921
1240 RH	131,257	0	0	131,257	98,805	4,375	0	103,180
1242 RI	38,719	0	0	38,719	17,316	2,571	0	19,887
1244 FR	19,376	2,474	0	21,850	18,390	1,661	0	20,051
1250 RH	80,535	0	0	80,535	57,541	2,670	0	60,211
1252 RI	41,766	1,000	0	42,766	34,239	1,102	0	35,341
1254 FR	28,323	3,540	2,291	29,572	27,771	1,994	2,291	27,474
1255 RH	241,616	2,700	0	244,316	97,013	9,350	0	106,363
1256 FR	27,387	3,245	2,298	28,334	21,090	2,796	2,298	21,588
1257 RH	6,850	0	0	6,850	5,078	652	0	5,730
1274 FR	26,952	66,252	0	93,204	8,541	14,048	0	22,589
1294 FR	7,410	0	4,965	2,445	7,409	0	4,965	2,444
1295	90,066	4,312	36,059	58,319	70,726	7,147	36,059	41,814
1300	235,947	25,690	0	261,637	166,149	46,622	0	212,771
<b>GRAND TOTALS: 1,738,505</b>		<b>151,663</b>	<b>64,646</b>	<b>1,825,522</b>	<b>846,341</b>	<b>132,133</b>	<b>64,646</b>	<b>913,828</b>

T/B

**COMMUNITY SUPPORT SERVICES**

**BOARD OF DIRECTORS**

**Jon Tupper, President**  
3730 Ferguson, Joplin, MO 64804  
417/781-6713 (Home)

**Nancy Good, President Elect**  
JCT Title Services, 408 E. 32<sup>nd</sup>, Joplin, MO 64804  
417/623-2961 (Work)

**Marsha Wallace, Secretary**  
Empire District Electric, 602 Joplin, Joplin, MO 64801  
417/625-5115 (Work)

**John Reeve, Treasurer**  
2209 Bird, Joplin, MO 64804  
417/781-7951 (Home)

**Bob Brueckner, Past President**  
3131 Westberry Square, Joplin, MO 64804  
417/623-5650 (Home)

**Mark Elliff**  
Hometown Bank, P.O. Box 797, Carthage, MO 64836  
417/359-2111 (Work)

**Mike Newman**  
105 Rocky Circle, Carl Junction, MO 64834  
417/358-8131 (Work)

**Delmar Haase**  
Joplin Police Department, 303 E. 3<sup>rd</sup>, Joplin, MO 64801  
417/623-3131, Ext. 408 (Work)

**Dana Cook**  
812 S. Main, Carthage, MO 64836  
417/358-1357 (Home)

**Steve Owen**  
2716 Vermont, Joplin, MO 64804  
417/782-4248 (Home)

**Kyle Hickam**  
State Farm Insurance, 2606 E. 32<sup>nd</sup>, Joplin, MO 64804  
417/624-8443 (Work)

**John Lopes**  
First State Bank, 802 Main St., Joplin, MO 64801  
417/623-4811 (Work)

**Greg Payne**  
Attorney, 201 E. Third, Carthage, MO 64836  
417/358-0001 (Work)

**Todd Harper**  
2710 Ozark Court, Joplin, MO 64804  
417/782-0300 (Work)