

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: SHARE AND CARE FOR SPECIAL PEOPLE, INC. 1835 SOUTH SECOND STREET CLINTON MO 64735

D Employer identification number: 43-1518265 E Telephone number: (660) 885-8330 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? No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No. 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: 826,439

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

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes a 'RECEIVED' stamp from Ogden UT dated Nov 03 2004.

SCANNED NOV 03 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	36,712.	36,712.	0.
26	Other salaries and wages	26	572,276.	572,276.	0.
27	Pension plan contributions	27			
28	Other employee benefits	28	20,714.	20,714.	0.
29	Payroll taxes	29	44,362.	44,362.	0.
30	Professional fundraising fees	30			
31	Accounting fees	31	6,017.	6,017.	0.
32	Legal fees	32			
33	Supplies	33	4,997.	4,997.	0.
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36	11,338.	11,338.	0.
37	Equipment rental and maintenance	37	915.	915.	0.
38	Printing and publications	38			
39	Travel	39	13,820.	13,820.	0.
40	Conferences, conventions, and meetings	40	503.	503.	0.
41	Interest	41	6,578.	6,578.	0.
42	Depreciation, depletion, etc (attach schedule)	42	11,176.	11,176.	0.
43	Other expenses not covered above (itemize).				
a	<u>RECRUITMENT & ADVERTISING</u>	43a	490.	490.	0.
b	<u>CONTRACT THERAPY SERVICES</u>	43b	89,642.	89,642.	0.
c	<u>MISCELLANEOUS</u>	43c	1,842.	1,842.	0.
d	<u>COMMUNICATIONS</u>	43d	6,701.	6,701.	0.
e		43e			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	828,083.	828,083.	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? <u>PROVIDED BELOW</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>Provide and support services to promote general welfare of developmentally disabled persons. Services are contracted for with the Missouri Dept. of mental health, local school districts, and others.</u> (Grants and allocations \$ 0.)	828,083.
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)	828,083.

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	211,496.	45	209,719.	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	83,299.			
	b Less: allowance for doubtful accounts		47c	83,299.	
	48a Pledges receivable				
	b Less: allowance for doubtful accounts		48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes & loans receivable (attach sch)				
	b Less: allowance for doubtful accounts		51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	8,819.	53	15,367.	
	54 Investments – securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
	55a Investments – land, buildings, & equipment: basis				
	b Less: accumulated depreciation (attach schedule)		55c		
	56 Investments – other (attach schedule)		56		
	57a Land, buildings, and equipment: basis	373,417.			
	b Less: accumulated depreciation (attach schedule)	113,995.	270,596.	57c	259,422.
	58 Other assets (describe <input type="checkbox"/> _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	586,405.	59	567,807.		
LIABILITIES	60 Accounts payable and accrued expenses	78,817.	60	92,178.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)	88,819.	64b	58,504.	
	65 Other liabilities (describe <input type="checkbox"/> _____)		65		
66 Total liabilities (add lines 60 through 65)	167,636.	66	150,682.		
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	418,759.	67	410,488.	
	68 Temporarily restricted		68	6,637.	
	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)	418,769.	73	417,125.	
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	586,405.	74	567,807.	

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.)

a	Total revenue, gains, and other support per audited financial statements	a	826,439.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	826,439.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	826,439.

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

a	Total expenses and losses per audited financial statements	a	828,083.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	828,083.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	828,083.

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
CHERYL CRAIG 808 MONROVIA, CLINTON	EXEC. DIR. 40	36,712.	0.	0.

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

Part 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 MO DEPT. OF MENTAL HEALTH					701,518.
b SCHOOL DISTRICTS					31,072.
c FIRST STEPS					80,436.
d OTHER FEES FOR SERVICES					432.
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	2,140.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property .					
b not debt-financed property					
98 Net rental income or (loss) from 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 _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				2,140.	813,458.
105 Total (add line 104, columns (B), (D), and (E))					815,598.

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).
93	Provided specific services to developmentally disabled individuals.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) N/A

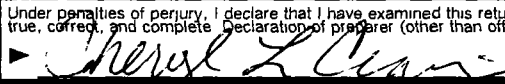
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

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).

Please  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 10/25/04

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545 0047

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

2003

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **SHARE AND CARE FOR SPECIAL PEOPLE, INC.** Employer identification number: **43-1518265**

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
<p>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 ▶ \$ _____</p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>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.</p>		X
<p>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.)</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>		X
<p>e Transfer of any part of its income or assets?</p>		X
<p>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.)</p>		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	X	
<p>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?</p>		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
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,236.	1,936.	4,075.	3,983.	14,230.
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	871,627.	851,332.	724,299.	800,492.	3,247,750.
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	3,302.	6,668.	8,444.	5,372.	23,786.
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					
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					
23 Total of lines 15 through 22	879,165.	859,936.	736,818.	809,847.	3,285,766.
24 Line 23 minus line 17	7,538.	8,604.	12,519.	9,355.	38,016.
25 Enter 1% of line 23	8,792.	8,599.	7,368.	8,098.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 760.
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					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 38,016.
d Add. Amounts from column (e) for lines: 18 23,786. 19 _____					26d 23,786.
22 _____ 26b _____					26e 14,230.
e Public support (line 26c minus line 26d total)					26f 37.43 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:					
(2002) _____ (2001) _____ (2000) _____ (1999) _____					
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) _____					
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)					27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: 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.					

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

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain (If you need more space, attach a separate statement.) ----- ----- -----		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.) ----- ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

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

N/A

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 (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)		36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		37	
38 Total lobbying expenditures (add lines 36 and 37)		38	
39 Other exempt purpose expenditures		39	
40 Total exempt purpose expenditures (add lines 38 and 39)		40	
41 Lobbying nontaxable amount. Enter the amount from the following table –			
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	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)		42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		44	
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) 2003	(b) 2002	(c) 2001	(d) 2000	(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.)

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
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

Share & Care
Board of Directors
FY2004

Office	Name	Interest or Profession	Address	Phone	First Term	Current Term Expires
President	Mary Bryant	Business Insurance Adjustor	513 Meadowlark Clinton, MO 64735	H: 885-3992 W: 885-6751	Appointed 2/00-02 Elected 99-02	02-05
Vice-President	Lisa Lee	Business Accountant	118 NW 251 Rd Clinton, MO 64735	H: 885-63-45 W: 885-5581	Appointed 9/96-6/98 Elected 7/98-01	01-04
Treasurer	Kendal Heuer	Insurance	127 S Washington Clinton, MO 64735	H: v890-2694 W: 885-2213	Appointed 9/03-06	03-06
Secretary	Patty Bancroft	Parent Financial Planning	1903 E. Arcadia Clinton, MO 64735	H: 885-6846 W: 885-7447 F: 885-1093	Appointed 2/00-02 Elected 99-02	02-05
	Eric Mitchell	Attorney Guardian ad Litem	PO Box 309 Clinton, MO 64735	W: 885-6161	Appointed 6/01 to fill unexpired term Elected 99-02	02-05
	Crista Fisher	Registered Nurse	202 Allison Ln Clinton, MO	H: 885-6209	Elected 9/03	03-06
Vacancy						
Past President	Barbara Mosley	Parent Business Owner/Manager	112 E. Allen Clinton, MO 64735	H: 885-5378	Elected 7/94-6/97 7/97-2000 2000-2003	

7/28/2004
10:06

SHARE & CARE FOR SPECIAL PEOPLE, INC.
Federal ID #: 43-1518265
Asset Summary - Book Basis
Period Ended 6/30/04

Company: SHC
Page: 1

Num	Loc	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group # 1 LAND												
1	1	LOT (NORTH OF BUIL	06/30/92	R			15,000.00	0.00	0.00	0.00	0.00	0.00
2	1	LOT (BUILDING IS ON	06/30/92	R			20,000.00	0.00	0.00	0.00	0.00	0.00
Group # 1 Total							<u>35,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Group # 2 BUILDING & IMPROVEMENTS												
1	1	BUILDING - 2ND STRE	06/20/92	R	SL	40	100,000.00	0.00	0.00	25,000.00	2,500.00	27,500.00
2	1	RENOVATIONS	06/01/93	R	SL	40	171,242.11	0.00	0.00	42,810.00	4,281.00	47,091.00
3	1	CAPITALIZED INTER	06/01/93	R	SL	40	8,476.33	0.00	0.00	2,120.00	212.00	2,332.00
4	1	TELEPHONE SYSTEM	06/01/93	N	SL	10	2,864.25	0.00	0.00	2,863.00	1.00	2,864.00
5	1	GUTTERING	08/01/93	R	SL	20	525.00	0.00	0.00	262.00	26.00	288.00
6	1	LANDSCAPING	08/01/93	R	SL	20	2,760.50	0.00	0.00	1,380.00	138.00	1,518.00
7	1	CONCRETE PAD	10/01/00	R	SL	20	1,322.22	0.00	0.00	176.00	66.00	242.00
8	1	RENOVATION	06/12/02	R	SL	40	14,427.00	0.00	0.00	391.00	361.00	752.00
Group # 2 Total							<u>301,617.41</u>	<u>0.00</u>	<u>0.00</u>	<u>75,002.00</u>	<u>7,585.00</u>	<u>82,587.00</u>
Group # 3 FURNITURE & EQUIPMENT												
1	1	TV	11/01/91	N	SL	5	288.00	0.00	0.00	288.00	0.00	288.00
1	1	MICROWAVE	11/01/91	N	SL	5	115.00	0.00	0.00	115.00	0.00	115.00
3	1	VCR	01/01/92	N	SL	5	282.00	0.00	0.00	282.00	0.00	282.00
4	1	SHOPPING SMART	08/01/92	N	SL	5	240.90	0.00	0.00	241.00	0.00	241.00
5	1	SIGNS	06/01/93	N	SL	10	463.95	0.00	0.00	463.00	1.00	464.00
6	1	TABLE, CHAIRS	04/01/93	N	SL	10	2,826.83	0.00	0.00	2,827.00	0.00	2,827.00
7	1	CARPET - CHILDREN'	04/01/93	N	SL	5	239.00	0.00	0.00	239.00	0.00	239.00
8	1	RANGE, REFRIG, DISH	06/01/93	N	SL	10	2,400.00	0.00	0.00	2,400.00	0.00	2,400.00
9	1	DESK ORG, DRAWER,	04/01/93	N	SL	10	295.80	0.00	0.00	296.00	0.00	296.00
10	1	FOLDING TABLE	04/01/93	N	SL	10	346.90	0.00	0.00	347.00	0.00	347.00
11	1	MOBILE OAK CART	04/01/93	N	SL	10	103.83	0.00	0.00	103.00	1.00	104.00
12	1	CREDENZA	04/01/93	N	SL	10	209.16	0.00	0.00	209.00	0.00	209.00
13	1	TELESCOPE DESK	04/01/93	N	SL	10	188.20	0.00	0.00	188.00	0.00	188.00
14	1	LIBRARY HUTCH	04/01/93	N	SL	10	52.40	0.00	0.00	52.00	0.00	52.00
15	1	2 GRAY CHAIRS	04/01/93	N	SL	10	186.21	0.00	0.00	186.00	0.00	186.00
16	1	9 COAT RACKS	09/01/93	N	SL	10	396.00	0.00	0.00	391.00	5.00	396.00
17	1	EARLY LAP DEVELOP	04/01/94	N	SL	5	350.69	0.00	0.00	351.00	0.00	351.00
18	1	COPIER - TOSHIBA 25	04/01/94	N	SL	5	2,593.00	0.00	0.00	2,593.00	0.00	2,593.00
19	1	DESKS, CHAIRS, TABL	04/01/94	N	SL	10	622.79	0.00	0.00	575.00	48.00	623.00
20	1	EQUIPMENT	06/01/95	N	SL	5	800.00	0.00	0.00	800.00	0.00	800.00
21	1	FAC. TABLES, CHAIRS	06/01/95	N	SL	10	671.00	0.00	0.00	542.00	67.00	609.00
22	1	COMPUTERS, FAX, CO	06/01/95	N	SL	5	3,490.00	0.00	0.00	3,490.00	0.00	3,490.00
23	1	COPIER	09/01/95	N	SL	5	500.00	0.00	0.00	500.00	0.00	500.00
24	1	DISPLAY BOARD	11/01/96	N	SL	10	743.00	0.00	0.00	421.00	74.00	495.00
25	1	HP OFFICE JET	12/01/96	N	SL	5	426.00	0.00	0.00	426.00	0.00	426.00
26	1	OFFICE FURNITURE	06/01/97	N	SL	10	1,465.00	0.00	0.00	734.00	147.00	881.00
27	1	ACCOUNTING SOFTW	05/01/99	N	SL	5	499.95	0.00	0.00	317.00	100.00	417.00
28	1	COMPUTER SYSTEM	05/01/99	N	SL	5	2,377.00	0.00	0.00	1,505.00	475.00	1,980.00
29	1	COMPUTER SYSTEMS	06/01/99	N	SL	5	5,388.00	0.00	0.00	3,323.00	1,078.00	4,401.00
30	1	PAPER SHREDDER	06/01/99	N	SL	5	301.93	0.00	0.00	185.00	60.00	245.00
31	1	CONFERENCE TABLE	05/01/00	N	SL	10	530.00	0.00	0.00	170.00	35.00	225.00
32	1	COMPUTER EQUIPME	10/01/99	N	SL	5	258.00	0.00	0.00	195.00	52.00	247.00
33	1	COMPUTER EQUIPME	12/01/99	N	SL	5	799.00	0.00	0.00	573.00	160.00	733.00
34	1	PHONE SYSTEM	05/01/01	N	SL	5	4,820.00	0.00	0.00	2,089.00	964.00	3,053.00
35	1	GATEWAY COMPUTE	03/15/02	N	SL	5	1,510.00	0.00	0.00	403.00	302.00	705.00
Group # 3 Total							<u>36,799.54</u>	<u>0.00</u>	<u>0.00</u>	<u>27,819.00</u>	<u>3,589.00</u>	<u>31,408.00</u>
Grand Total							<u>373,416.95</u>	<u>0.00</u>	<u>0.00</u>	<u>102,821.00</u>	<u>11,174.00</u>	<u>113,995.00</u>