

Return of Organization Exempt From Income Tax

2006

Open to Public Inspection

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

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 2006 calendar year, or tax year beginning Jul 1, 2006, and ending Jun 30, 2007

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. 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? 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?

G Web site: N/A

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

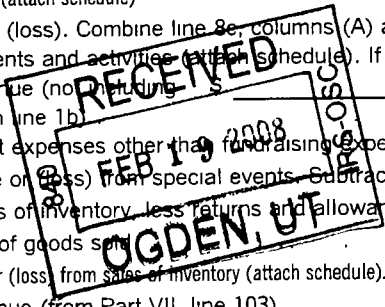
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,280,396.

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

Table with 21 rows and 3 columns: Description, (A) Securities, (B) Other. Includes lines 1-21 for revenue, expenses, and net assets.

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EXPLAINS INTERNAL

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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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) See L-25a Stmt	25a	49,922.	0.	49,922.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	846,295.	834,152.	12,143.	0.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	27,201.	25,980.	1,221.	0.
29 Payroll taxes	29	63,060.	58,388.	4,672.	0.
30 Professional fundraising fees	30				
31 Accounting fees	31	7,253.	7,213.	40.	0.
32 Legal fees	32	20.	20.	0.	0.
33 Supplies	33	18,579.	18,572.	7.	0.
34 Telephone	34	8,347.	6,081.	2,266.	0.
35 Postage and shipping	35	508.	502.	6.	0.
36 Occupancy	36	68,098.	68,021.	77.	0.
37 Equipment rental and maintenance	37	2,737.	2,707.	30.	0.
38 Printing and publications	38				
39 Travel	39	387.	379.	8.	0.
40 Conferences, conventions, and meetings	40				
41 Interest	41	11,237.	11,223.	14.	0.
42 Depreciation, depletion, etc (attach schedule)	42	14,264.	12,053.	2,211.	0.
43 Other expenses not covered above (itemize)					
a CONTRACT THERAPY SERVICES	43a	43,061.	43,061.	0.	0.
b COMMUNICATIONS	43b	1,868.	1,862.	6.	0.
c CLIENT FOOD SERVICE	43c	19,407.	19,407.	0.	0.
d TRAINING	43d	1,805.	1,797.	8.	0.
e	43e				
f LICENSES	43f	10.	10.	0.	0.
g See Other Expenses Stmt	43g	30,007.	29,490.	517.	0.
44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,214,066.	1,140,918.	73,148.	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

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.

What is the organization's primary exempt purpose? ▶ PROVIDED BELOW
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a	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.	
	(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,140,918.
b		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e	Other program services	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	1,140,918.

BAA

Part IV Balance Sheets (See the 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	156,620.	45	203,238.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47 a 103,832.		
	b Less: allowance for doubtful accounts	47 b	95,805.	47 c 103,832.
	48 a Pledges receivable	48 a		
	b Less: allowance for doubtful accounts	48 b		48 c
	49 Grants receivable			49
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50 a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50 b
	51 a Other notes and loans receivable (attach schedule)	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		14,439.	53 15,543.
	54 a Investments – publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 a
	b Investments – other securities (attach sch)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 b
	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 544,630.		
b Less: accumulated depreciation (attach schedule)	57 b 157,644.	404,150.	57 c 386,986.	
58 Other assets, including program-related investments (describe ▶ _____)			58	
59 Total assets (must equal line 74) Add lines 45 through 58		671,014.	59 709,599.	
LIABILITIES	60 Accounts payable and accrued expenses		76,586.	60 48,841.
	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)		140,765.	64 b 140,765.
	65 Other liabilities (describe ▶ _____)			65
	66 Total liabilities. Add lines 60 through 65		217,351.	66 189,606.
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		453,663.	67 519,993.
	68 Temporarily restricted		0.	68
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		453,663.	73 519,993.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		671,014.	74 709,599.

BAA

Form 990 (2006)

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

a	Total revenue, gains, and other support per audited financial statements		a	1,280,396.
b	Amounts included on line a but not on Part I, line 12		b	
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	1,280,396.
d	Amounts included on Part I, line 12, but not on line a:		d	
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	1,280,396.

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

a	Total expenses and losses per audited financial statements		a	1,214,066.
b	Amounts included on line a but not on Part I, line 17:		b	
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	1,214,066.
d	Amounts included on Part I, line 17, but not on line a:		d	
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	1,214,066.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
CHERYL CRAIG 808 MONROVIA, CLINTON	EXEC. DIR. 40	49,922.	0.	0.

Part VI Other Information (continued)		Yes	No
82 a	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
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)		
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
83 b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b			
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?	N/A	
85 a			
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
85 b			
	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	N/A	
85 c			
d	Section 162(e) lobbying and political expenditures	N/A	
85 d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85 h			
86	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 12	N/A	
86 a			
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
86 b			
87	501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
87 a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
87 b			
88 a	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
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
88 b			
89 a	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.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
89 b			
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 ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89 g			
90 a	List the states with which a copy of this return is filed ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90 b	39
91 a	The books are in care of ▶ CHERYL CRAIG Telephone number ▶ (660) 885-8330 Located at ▶ 1835 SOUTH SECOND, CLINTON MO ZIP + 4 ▶ 64735		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶	Yes	No
91 b			X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

	Yes	No
91 c		X

If 'Yes,' enter the name of the foreign country

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

92

Part VII Analysis of Income-Producing Activities (See the 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					1,233,514.
b SCHOOL DISTRICTS					32,988.
c FIRST STEPS					6,591.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	2,432.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property			16	3,761.	
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					10.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				6,193.	1,273,103.
105 Total (add line 104, columns (B), (D), and (E))					1,279,296.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the 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).
93/103A	PROVIDED SPECIFIC SERVICES TO DEVELOPMENTALLY DISABLED INDIVIDUALS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the 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 the 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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

Yes No

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: *Cheryl L Craig* Date: 12/4/08

Type or print name and title: CHERYL CRAIG - CONTROLLER

Paid Preparer's Use Only

Preparer's signature: *Cheryl L Craig* Date: 01/12/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Mense, Churchwell, & Mense, PC
427 South Wall Avenue
Joplin MO 64801-2521

Preparer's SSN or PTIN (See General Instruction W): 43-1581792
 EIN: 43-1581792
 Phone no: (417) 623-2505

BAA

Form 990 (2006)

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 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

2006

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 – A 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 II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

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 Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?	X	
3c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement.		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.		X
b Did the organization make any taxable distributions under section 4966?		
c Did the organization make a distribution to a donor, donor advisor, or related person?		
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0.

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

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization. ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,855.	4,696.	10,841.	4,236.	23,628.
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	1,017,945.	821,746.	813,458.	871,627.	3,524,776.
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	2,307.	3,407.	2,140.	3,302.	11,156.
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. See L-22 Stmt.	12.				12.
23 Total of lines 15 through 22	1,024,119.	829,849.	826,439.	879,165.	3,559,572.
24 Line 23 minus line 17	6,174.	8,103.	12,981.	7,538.	34,796.
25 Enter 1% of line 23	10,241.	8,298.	8,264.	8,792.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	696.
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 2002 through 2005 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	34,796.
d Add: Amounts from column (e) for lines:	18 <u>11,156.</u> 19 _____	26d	11,168.
	22 <u>12.</u> 26b _____	26e	23,628.
e Public support (line 26c minus line 26d total)		26e	23,628.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	67.90 %

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: (2005) _____ (2004) _____ (2003) _____ (2002) _____		
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 11b, 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: (2005) _____ (2004) _____ (2003) _____ (2002) _____			
c Add. Amounts from column (e) for lines:	15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add Line 27a total _____ and line 27b total _____		27d	
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 2002 through 2005, 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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table –		
	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	41	
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$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) 2006	(b) 2005	(c) 2004	(d) 2003	(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	

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

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
CLIENT TRANSPORTATION	22,057.	21,575.	482.	0.
MISCELLANEOUS EXPENSE	7,950.	7,915.	35.	0.
Total	<u>30,007.</u>	<u>29,490.</u>	<u>517.</u>	<u>0.</u>

Schedule A, Part IV-A, Line 22

Other Income

Description	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
MISCELLANEOUS	12.				12.
Total	<u>12.</u>				<u>12.</u>

Supporting Statement of:

Form 990 p 4/Line 60, column (B)

Description	Amount
ACCOUNTS PAYABLE	4,259.
ACCRUED VACATION AND WAGES	43,462.
CLIENT FUNDS PAYABLE	1,120.
Total	<u>48,841.</u>

Supporting Statement of:

Form 990 p 4/Line 64b, column (A)

Description	Amount
8% MORTGAGE PAYABLE TO AN INDIVIDUAL SECURED BY A BUILDING AND LAND, PAYABLE IN MONTHLY INSTALLMENTS OF \$1761.04 INCLUDING AN ADDITIONAL PRINCIPLE PAYMENT OF \$880.52	41,436.
7.25% MORTGAGE PAYABLE TO FIRST NATIONAL BANK OF CLINTON SECURED BY A BUILDING AND LAND, PAYABLE IN 23 MONTHLY INSTALLMENTS OF \$816.99 INCLUDING A BALLOON PAYMENT OF \$118,122.04 DUE NOVEMBER 7, 2007	119,029.
LESS AMOUNT DUE IN ONE YEAR	-19,700.
Total	<u>140,765.</u>

Supporting Statement of:

Form 990 p 4/Line 64b, column (B)

Description	Amount
7.25% MORTGAGE PAYABLE TO FIRST NATIONAL BANK OF CLINTON SECURED BY A BUILDING AND LAND, PAYABLE IN 23 MONTHLY INSTALLMENTS OF \$816.99 INCLUDING A BALLOON PAYMENT OF \$118,122.04 DUE NOVEMBER 7, 2007	117,815.
8% MORTGAGE PAYABLE TO AN INDIVIDUAL SECURED BY A BUILDING AND LAND, PAYABLE IN MONTHLY INSTALLMENTS OF \$1,761.04 INCLUDING ADDITIONAL MONTHLY PRINCIPLE PAYMENTS OF \$880.52	22,950.
Total	<u>140,765.</u>

BOARD OF DIRECTORS
Share & Care
FY 2007-7/1 to 6/30

Office Held	Name	Interest/Profession	Address	Phone/Report Handling	Elected	Term Expiration
Member	Vacant					
Member	Bob Goar	Plant Manager @ Schrieber Foods	(Work) 116 E. Oak St Clinton, MO 64735	W: 885-6133 ext.5806 Fx: 885-5095 E-Mail	4/05	4/07
President	Blayne Paxton	Social Worker & Banking	1st National Bank 2nd & Jefferson Clinton, MO 64735	H: 885-7606 W: 885-3365 E-Mail & Hard Copy Delivered	4/04	4/07
Member	Vacant					
Vice President	Barbara Mosley	Parent & Pest Control Business	112 E. Allen Clinton, MO 64735	H: 885-5378 Hard Copy/Delivered	2/06	6/08
Secretary	Pat Nilson			W: 885-7234 <u>pat.nilson@courts.mo.gov</u> 6-4:30 M-Th E-Mail & Hard Copy Delivered	4/06	6/08
Treasurer	Christa Fisher	Registered Nurse	202 Alfison Ln. Clinton, MO 64735	H: 885-6209 E-Mail & Hard Copy Delivered	9/03	3/09
Member	Vacant					

9/20/2007
18:26

SHARE & CARE FOR SPECIAL PEOPLE, INC.
Federal ID #: 43-1518265
Asset Summary - Book Basis
Period Ended 6/30/07

Company SHC
Page 1

Nu	Loc	Property Description	Acqu	T	Meth	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
3	1	LAND - IMAGE GROU	11/07/05	R			5,000.00	0.00	0.00	0.00	0.00	0.00
Group # 1 Total							40,000.00	0.00	0.00	0.00	0.00	0.00
Group # 2 BUILDING & IMPROVEMENTS												
1	1	BUILDING - 2ND STRE	06/20/92	R	SL	40	100,000.00	0.00	0.00	32,500.00	2,500.00	35,000.00
2	1	RENOVATIONS	06/01/93	R	SL	40	171,242.11	0.00	0.00	55,653.00	4,281.00	59,934.00
3	1	CAPITALIZED INTER	06/01/93	R	SL	40	8,476.33	0.00	0.00	2,756.00	212.00	2,968.00
4	1	TELEPHONE SYSTEM	06/01/93	N	SL	10	2,864.25	0.00	0.00	2,864.00	0.00	2,864.00
5	1	GUTTERING	08/01/93	R	SL	20	525.00	0.00	0.00	340.00	26.00	366.00
6	1	LANDSCAPING	08/01/93	R	SL	20	2,760.50	0.00	0.00	1,794.00	138.00	1,932.00
7	1	CONCRETE PAD	10/01/00	R	SL	20	1,322.22	0.00	0.00	374.00	66.00	440.00
8	1	RENOVATION	06/12/02	R	SL	40	14,427.00	0.00	0.00	1,474.00	361.00	1,835.00
9	1	IMAGE GROUP HOME	11/07/05	R	SL	40	135,644.50	0.00	0.00	2,261.00	3,391.00	5,652.00
	1	FENCING	01/05/06	N	SL	15	1,466.68	0.00	0.00	49.00	98.00	147.00
Group # 2 Total							438,728.59	0.00	0.00	100,065.00	11,073.00	111,138.00
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
2	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	240.90	0.00	240.90
5	1	SIGNS	06/01/93	N	SL	10	463.95	0.00	0.00	463.95	0.00	463.95
6	1	TABLE, CHAIRS	04/01/93	N	SL	10	2,826.83	0.00	0.00	2,826.83	0.00	2,826.83
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	295.80	0.00	295.80
10	1	FOLDING TABLE	04/01/93	N	SL	10	346.90	0.00	0.00	346.90	0.00	346.90
11	1	MOBILE OAK CART	04/01/93	N	SL	10	103.83	0.00	0.00	103.83	0.00	103.83
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	396.00	0.00	396.00
17	1	EARLY LAP DEVELOP	04/01/94	N	SL	5	350.69	0.00	0.00	350.69	0.00	350.69
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	622.79	0.00	622.79
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	671.00	0.00	671.00
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
	1	COPIER	09/01/96	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	643.00	74.00	717.00
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	1,175.00	147.00	1,322.00
27	1	ACCOUNTING SOFTW	05/01/99	N	SL	5	499.95	0.00	0.00	499.95	0.00	499.95
28	1	COMPUTER SYSTEM	05/01/99	N	SL	5	2,377.00	0.00	0.00	2,377.00	0.00	2,377.00
29	1	COMPUTER SYSTEMS	06/01/99	N	SL	5	5,388.00	0.00	0.00	5,388.00	0.00	5,388.00
30	1	PAPER SHREDDER	06/01/99	N	SL	5	301.93	0.00	0.00	301.93	0.00	301.93
31	1	CONFERENCE TABLE	05/01/00	N	SL	10	550.00	0.00	0.00	335.00	55.00	390.00
32	1	COMPUTER EQUIPME	10/01/99	N	SL	5	258.00	0.00	0.00	258.00	0.00	258.00
33	1	COMPUTER EQUIPME	12/01/99	N	SL	5	799.00	0.00	0.00	799.00	0.00	799.00

9/20/2007
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SHARE & CARE FOR SPECIAL PEOPLE, INC.
Federal ID #: 43-1518265
Asset Summary - Book Basis
Period Ended 6/30/07

Company: SHC
Page: 2

<u>Nu</u>	<u>Loc</u>	<u>Property Description</u>	<u>Acqu</u>	<u>T</u>	<u>Meth</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179</u> <u>Exp/AFD</u>	<u>Add SDA</u>	<u>Prior Depr.</u>	<u>Current</u> <u>Depr.</u>	<u>Ending</u> <u>Depr.</u>
Group # 3 FURNITURE & EQUIPMENT (Continued)												
34	1	PHONE SYSTEM	05/01/01	N	SL	5	4,820.00	0.00	0.00	4,820.00	0.00	4,820.00
35	1	GATEWAY COMPUTE	03/15/02	N	SL	5	1,510.00	0.00	0.00	1,309.00	201.00	1,510.00
36	1	COPIER - TOSHIBA	07/07/04	N	SL	5	3,463.00	0.00	0.00	1,386.00	693.00	2,079.00
37	1	GATEWAY COMPUTE	08/26/05	N	SL	5	2,722.89	0.00	0.00	454.00	545.00	999.00
38	1	GATEWAY COMPUTE	10/31/05	N	SL	5	3,619.88	0.00	0.00	483.00	724.00	1,207.00
39	1	SOFTWARE	04/28/06	N	SL	5	799.64	0.00	0.00	27.00	160.00	187.00
Group # 3 Total							<u>47,404.95</u>	<u>0.00</u>	<u>0.00</u>	<u>38,342.57</u>	<u>2,599.00</u>	<u>40,941.57</u>
Group # 4 IMAGE GROUP HOME												
1	1	BEDROOM FURNITUR	09/17/05	N	SL	10	629.50	0.00	0.00	47.00	63.00	110.00
2	1	LIVING ROOM FURNI	09/28/05	N	SL	10	1,450.00	0.00	0.00	109.00	145.00	254.00
3	1	REFRIDGERATOR	11/16/05	N	SL	5	557.99	0.00	0.00	65.00	112.00	177.00
4	1	WASHER/DRYER	11/16/05	N	SL	5	1,358.97	0.00	0.00	159.00	272.00	431.00
Group # 4 Total							<u>3,996.46</u>	<u>0.00</u>	<u>0.00</u>	<u>380.00</u>	<u>592.00</u>	<u>972.00</u>
Group # 5 VEHICLES												
	1	2005 GRAND CARAVA	11/21/05	T	SL	5	14,500.00	0.00	0.00	1,692.00	2,900.00	4,592.00
Group # 5 Total							<u>14,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,692.00</u>	<u>2,900.00</u>	<u>4,592.00</u>
Grand Total							<u>544,630.00</u>	<u>0.00</u>	<u>0.00</u>	<u>140,479.57</u>	<u>17,164.00</u>	<u>157,643.57</u>

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)
- 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).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number	
	SHARE AND CARE FOR SPECIAL PEOPLE, INC.		43-1518265	
	Number, street, and room or suite number. If a P.O. box, see instructions			
	1835 SOUTH SECOND STREET		state	ZIP code
City, town or post office. For a foreign address, see instructions		MO	64735	
CLINTON				

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 |

• The books are in the care of ▶ CHERYL CRAIG -----

Telephone No. ▶ (660) 885-8330 ----- FAX No. ▶ -----

- 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 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until Feb 15 ____, 20 08 ____, 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 06 ____, and ending Jun 30 ____, 20 07 __.

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	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
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	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.