

# Return of Organization Exempt From Income Tax

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

▶ 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** 07-01, 2006, and ending 06-30, 2007

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>PHELPS COUNTY COMMUNITY PARTNERSHIP</b>	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite
	<b>1101 HAUCK DRIVE</b>	
	City or town, state or country, and ZIP + 4 <b>ROLLA MO 65401</b>	

<b>D</b> Employer identification number <b>43-1768614</b>
<b>E</b> Telephone number <b>(573) 368-2849</b>
<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• 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?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included? (If "No," attach a list. See instructions.)  Yes  No

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G Website:** ▶ THECOMMUNITYPARTNERSHIP.ORG

**J Organization type** (check only one) ▶  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**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. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,430,642

**I** Group Exemption Number ▶

**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

<b>R E V E N U E</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Contributions to donor advised funds	1a		
	<b>b</b> Direct public support (not included on line 1a)	1b	750,765	
	<b>c</b> Indirect public support (not included on line 1a)	1c		
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d	664,638	
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <u>1,415,403</u> noncash \$ _____)	1e		1,415,403
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	<b>3</b> Membership dues and assessments	3		
	<b>4</b> Interest on savings and temporary cash investments	4		15,239
	<b>5</b> Dividends and interest from securities	5		
	<b>6a</b> Gross rents	6a		
	<b>b</b> Less: rental expenses	6b		
	<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c		
	<b>7</b> Other investment income (describe ▶ _____)	7		
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses	8a		
	<b>c</b> Gain or (loss) (attach schedule)	8b		
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
	<b>8d</b>			
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
<b>b</b> Less: direct expenses other than fundraising expenses	9b			
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
<b>10a</b> Gross sales of inventory, less returns and allowances	10a			
<b>b</b> Less: cost of goods sold	10b			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
<b>11</b> Other revenue (from Part VII, line 103)	11			
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,430,642	
<b>E X P E N S E S</b>	<b>13</b> Program services (from line 44, column (B))	13	1,251,581	
	<b>14</b> Management and general (from line 44, column (C))	14	88,806	
	<b>15</b> Fundraising (from line 44, column (D))	15	55,357	
	<b>16</b> Payments to affiliates (attach schedule)	16		
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	17		1,395,744
<b>N E T A S S E T S</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18	34,898	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19	435,535	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	20	(269,713)	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		200,720

**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. (See the instructions.)

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
<b>22 a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22 b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25 a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	<b>25a</b>			
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> 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)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 599,157	503,894	58,722	36,541
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 12,994	10,548	1,463	983
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 36,450	33,517	2,933	
<b>29</b> Payroll taxes	<b>29</b> 62,513	54,013	4,717	3,783
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 3,700		3,700	
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 21,559	16,031	4,028	1,500
<b>34</b> Telephone	<b>34</b> 9,692	9,692		
<b>35</b> Postage and shipping	<b>35</b> 5,747	5,747		
<b>36</b> Occupancy	<b>36</b> 56,954	54,201	2,753	
<b>37</b> Equipment rental and maintenance	<b>37</b> 4,492	3,992	500	
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b> 23,279	22,779	500	
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b>			
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> CONTRACT LABOR	<b>43a</b> 220,401	220,401		
<b>b</b> PROFESSIONAL DEVELOPMENT	<b>43b</b> 24,263	24,263		
<b>c</b> INSURANCE, BONDING	<b>43c</b> 14,574	7,734	6,840	
<b>d</b> PUBLIC RELATIONS	<b>43d</b> 31,139	21,139		10,000
<b>e</b> TECHNOLOGY	<b>43e</b> 28,985	25,785	650	2,550
<b>f</b> OTHER DIRECT PROGRAM EXP	<b>43f</b> 239,845	237,845	2,000	
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 1,395,744	1,251,581	88,806	55,357

**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 (See the instructions.)

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? ► PROVIDE PROGRAMS FOR FAMILIES

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) orgs., and 4947(a)(1) trusts; but optional for others.)

**a** See SERVICES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ►

1,251,581

**b**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ►

**c**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ►

**d**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ►

**e** Other program services (attach schedule)

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ►

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . ►

1,251,581

**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)		(B)	
		Beginning of year		End of year	
A s s e t s	45	Cash - non-interest-bearing . . . . .	548,577	45	490,454
	46	Savings and temporary cash investments . . . . .		46	
	47 a	Accounts receivable . . . . .	102		
	b	Less: allowance for doubtful accounts . . . . .		47c	102
	48 a	Pledges receivable . . . . .			
	b	Less: allowance for doubtful accounts . . . . .		48c	
	49	Grants receivable . . . . .		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		50b	
	51 a	Other notes and loans receivable (attach schedule) . . . . .	18,118		
	b	Less: allowance for doubtful accounts . . . . .		51c	18,118
	52	Inventories for sale or use . . . . .		52	
	53	Prepaid expenses and deferred charges . . . . .		53	
	54 a	Investments - publicly-traded securities . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b	Investments - other securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a	Investments - land, buildings, and equipment: basis . . . . .				
b	Less: accumulated depreciation (attach schedule) . . . . .		55c		
56	Investments - other (attach schedule) . . . . .		56		
57 a	Land, buildings, and equipment: basis . . . . .				
b	Less: accumulated depreciation (attach schedule) . . . . .		57c		
58	Other assets, including program-related investments (describe ► )		58		
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	567,077	59	508,674	
L i a b i l i t i e s	60	Accounts payable and accrued expenses . . . . .	131,542	60	137,613
	61	Grants payable . . . . .		61	
	62	Deferred revenue . . . . .		62	170,341
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64 a	Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b	Mortgages and other notes payable (attach schedule) . . . . .		64b	
	65	Other liabilities (describe ► )		65	
66	<b>Total liabilities.</b> Add lines 60 through 65 . . . . .	131,542	66	307,954	
N e t A s s e t s o f	<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 . . . . .	435,535	67	200,720
	68	Temporarily restricted . . . . .	0	68	0
	69	Permanently restricted . . . . .	0	69	0
	<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 and column (B) must equal line 21) . . . . .	435,535	73	200,720
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	567,077	74	508,674





**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	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>b</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.) . . . . .		
	<b>82b</b>		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	N/A	
<b>85</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members? . . . . .	N/A	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	N/A	
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members . . . . .		
	<b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures . . . . .		
	<b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .		
	<b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .		
	<b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	N/A	
<b>h</b>	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	
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 . . . . .		
	<b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . .		
	<b>86b</b>		
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders . . . . .		
	<b>87a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
	<b>87b</b>		
<b>88 a</b>	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>b</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
<b>89 a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. 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
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ _____		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .		X
	<b>89e</b>		
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? . . . . .		X
	<b>89f</b>		
<b>g</b>	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? . . . . .		
	<b>89g</b>	N/A	
<b>90 a</b>	List the states with which a copy of this return is filed ▶ _____		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) . . . . .	<b>90b</b>	21
<b>91 a</b>	The books are in care of ▶ <u>% AMY BEECHNER MCCARTHY</u> Telephone no. ▶ <u>573-368-2849</u> Located at ▶ <u>1101 HAUCK DRIVE</u> <u>ROLLA</u> <u>MO</u> ZIP + 4 ▶ <u>65401</u>		
<b>b</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)? . . . . .		X
	If "Yes," enter the name of the foreign country ▶ _____	<b>91b</b>	
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		

Part VI Other Information (continued)

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

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings & temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue, Subtotal, and Total.

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).

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

Table with 5 columns: (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?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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).

**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.

Yes	No
	X

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

**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.

Yes	No
	X

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

**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?

Yes	No
	X

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: *Josh P. Waltman*  
 Type or print name and title: *Josh Waltman*  
 Date: *01/28/08*

Paid Preparer's Use Only

Preparer's signature: *Mark Keam* Date: *12-14-2007* Check if self-employed:   
 Preparer's SSN or PTIN (See Gen. Inst. X):  
 Firm's name (or yours if self-employed) address, and ZIP + 4: *KEAN AND COMPANY LLC*  
*PO BOX 876 704 W 2nd Street*  
*ROLLA, MO 65402*  
 EIN: Phone no.: *573-426-8297*

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-1709

▶ 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 Form 11200-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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits..

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>PHELPS COUNTY COMMUNITY PARTNERSHIP</b>	<b>Employer identification number</b> <b>43-1768614</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1101 HAUCK DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ROLLA MO 65401</b>	

**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 (sec. 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 ▶ AMY BEECHNER-MCCARTHY

Telephone No. ▶ 573-368-2849

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 02-15, 2008, 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 07-01, 2006, and ending 06-30, 2007.

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

<b>3a</b> 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>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance Due.</b> 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.	<b>3c</b>	\$

**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.

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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**

OMB No. 1545-0047

**2006**

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

Employer identification number

**PHELPS COUNTY COMMUNITY PARTNERSHIP**

**43-1768614**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the 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 ▶

**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 page 2 of the 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 ▶

**Part III** Statements About Activities (See page 2 of the instructions.)

	Yes	No
<b>1</b> 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.) . . . . .	<b>1</b>	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	X
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>	X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2d</b>	X
<b>e</b> Transfer of any part of its income or assets? . . . . .	<b>2e</b>	X
<b>3a</b> 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.) . . . . .	<b>3a</b>	X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees? . . . . .	<b>3b</b>	X
<b>c</b> 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 . . . . .	<b>3c</b>	X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>3d</b>	X
<b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .	<b>4a</b>	X
<b>b</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>4b</b>	X
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>4c</b>	X
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶ _____		
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶ _____		
<b>f</b> 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 . . . . . ▶ _____		
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ▶ _____		

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the 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.)
- 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 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 page 7 of the 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	
<b>Total</b>					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the 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.)	1,592,337	1,355,308	863,784	1,068,598	4,880,027
16 Membership fees received					0
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					0
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	14,535	3,594	1,266	2,473	21,868
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			167	3,903	4,070
23 Total of lines 15 through 22	1,606,872	1,358,902	865,217	1,074,974	4,905,965
24 Line 23 minus line 17	1,606,872	1,358,902	865,217	1,074,974	4,905,965
25 Enter 1% of line 23	16,069	13,589	8,652	10,750	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 98,119
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 4,905,965
d Add: Amounts from column (e) for lines: 18 21,868 19 0					26d 25,938
22 4,070 26b					26e 4,880,027
e Public support (line 26c minus line 26d total)					26f 99.47%
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:	(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					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 0
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 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 page 9 of the instructions.)

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

**Limits on Lobbying Expenditures**

(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	1,395,535
40	Total exempt purpose expenditures (add lines 38 and 39)	40	1,395,535
41	Lobbying nontaxable amount. Enter the amount from the following table-		
	<b>If the amount on line 40 is-</b>		
	<b>The lobbying nontaxable amount is-</b>		
	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	214,554
	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	53,639
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	0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

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 nontaxable 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 page 13 of the 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:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			0
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.)			0

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





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2006**

<b>Name of organization</b>  PHELPS COUNTY COMMUNITY PARTNERSHIP	<b>Employer identification number</b>  43-1768614
--	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c) 3 (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

**General Rule -**

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

**Special Rules -**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

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

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> PHELPS COUNTY COMMUNITY PARTNERSHIP	<b>Employer identification number</b> 43-1768614
--	---

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ALLIE and ED DOWNEY  12670 CINNAMON COURT  ROLLA MO 65401	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CYNTHIA K. HOBART TRUST  PO BOX 307  ROLLA MO 65402	\$ 10,508	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Statement of Program Service Accomplishments

2006 01

Name(s) as shown on return

Your Social Security Number

PHELPS COUNTY COMMUNITY PARTNERSHIP

43-1768614

FORM 990, PART III (a)

Grants and Allocations \$0  
Program Service Expenses \$1251581  
Includes Foreign Grants NO

Explanation

SEE ATTACHMENT

Federal Supporting Statements

2006 PG 01

Name(s) as shown on return

PHELPS COUNTY COMMUNITY PARTNERSHIP

FEIN

43-1768614

FORM 990, SCH FOR PART IV-A, LINE B4  
OTHER REVENUES INCLUDED SCHEDULE

Statement #96

<u>Description</u>	<u>Amount</u>
INTERCOMPANY ADMIN FEES	76,388
TOTAL	<u>76,388</u>

FORM 990, SCH FOR PART IV-B, LINE B4  
OTHER EXPENSES INCLUDED SCHEDULE

PG 01  
Statement #97

<u>Description</u>	<u>Amount</u>
INTERCOMPANY ADMIN FEES	76,388
TOTAL	<u>76,388</u>

FORM 990, GENERAL EXPLANATION ATTACHMENT

PG 01  
Statement #127

Part I Line 20 - Other changes in net assets or fund balances explanation...

Unearned grant revenue of \$269,713 was received in the fiscal year ended June 30, 2006 that was accounted for as income in that fiscal year. A prior period adjustment of \$269,713 was made for the fiscal year ended June 30, 2006 to reduce income and record unearned grant revenue. This reduced the Increase in Net Asset for fiscal 2006 from \$307,418 to \$37,705 and the End of year Net Assets from \$435,535 to \$165,822.

### **PART III**

See attachment for program goals and results.

- a. Caring Communities (Smile Mobile, Fit Phelps, Linking Hearts, Resale Shop)
- b. Early Care and Education (Educare, Licensing and Accreditation)
- c. Capable Kids and Families (Home-visitation, equipment loan, PEAK, and Circle of Friends)
- d. Youth Development/MMP (Young Parent Program, Youth Employment Skills, and Youth Empowerment Program)

#### Part III Attachment

##### **A. CARING COMMUNITIES**

**Goal:** To work with community members to plan and implement services for children to have strong families and communities where parents are working, children are succeeding in school, and growing up healthy, safe, and prepared to enter productive adulthood.

**Smile Mobile:** A mobile dental unit staffed with a pediatric dentist, dental assistants, and health educator assures that youth in the region will have access to quality dental care and prevention education.

- 2,495 children served in five counties, providing dental treatments
- Education provided to 14,316 children.

**Fit Phelps:** All Phelps County residents will have the opportunity to make healthy life-style changes to prevent and/or decrease obesity. Campaign to increase knowledge, produce coupons and education for families enrolled in WIC, and coordination with other community groups, organizations, and agencies.

- Community Gardens at five sites provide fresh produce and nutrition information to approximately 200 people per month.
- After-School Programs provided nutrition information and physical activity to 60 youth in Newburg and Edgar Springs. Youth made significant changes in their behavior and intention to make healthy life choices.

**Linking Hearts/Foster Care/Adoption:** Opportunities to increase awareness of foster care and adoption to assure that all children in state custody have the opportunity to live in safe and loving homes.

- UMR students and community volunteers provided 1,642 volunteer hours for the Linking Hearts Adoption Event.
- Fifty-four (54) new families registered at the Linking Hearts event, interested in becoming foster or adoptive parents
- Seventeen (17) families trained.
- Five (5) foster parents received no-cost training/certification in CPR and First Aid.

**Partnership Resale Shop:** A resale store was established through community donations of clothing and household goods. With the goal to provide all Phelps County residents with volunteer opportunities and to provide those in need with access to clothing and household

items. Everyone will be able to purchase clothing and household items at very low prices and proceeds will provide increased funding for The Partnership programs.

- 148 vouchers were provided to clients of the Russell House, CASA, Red Cross, Young Parents Program, and foster parents.
- The community has provided 3,571 hours in volunteer service to the shop, saving approximately \$28,000 in staff salaries and provided \$16,205 in revenue for Partnership programs.

## **B. EARLY CARE AND EDUCATION**

**Goal:** To increase availability of quality childcare focusing on children living at low-income by providing training and support for childcare providers who teach children in Phelps, Maries, Crawford, and Dent Counties.

**Licensing and Accreditation Services** are provided to increase the number of available licensed and/or accredited childcare slots.

- 243 contacts were made to encourage licensing of currently unlicensed childcare providers
- Facility Improvements – 6 programs received funding to become licensed facilities

**Training** consisted of on-site training and group training hours, and eight providers are completing their CDA.. Additionally, sixty-five providers completed CPR training, and forty-four completed certified first-aid training.

- 2,253 on-site and group training hours for childcare providers
- Increased Kindergarten Readiness Test Scores – children who participated in Partnership supported childcare scored significantly higher on the screen tool used to measure Kindergarten Readiness.

## **C. CAPABLE KIDS AND FAMILIES**

**Goal:** To provide for families and children with disabilities recognizing that all children are capable and children and families should have the opportunity to receive the support needed for their children to reach their full potential.

**Home visits, support, education, and equipment loan:** Home Visits and support to 135 families in 20 counties in south-central Missouri. 2,500 items loaned to families.

- ASQ scores demonstrated increased development: 50% increased Communications; 38% increased Fine Motor; 38% increased Gross Motor; 44% increased Problem Solving; and 25% increased Social Skills.

**Physical Education for All Kids (PEAK)** – Funding provided by the Phelps County Board for Developmental Disabilities for PEAK and Circle of Friends. PEAK is designed to that all children, regardless of their abilities, are capable and in Phelps County all children will have the opportunity to participate in physical education. Adaptive Physical Education (PE) equipment is researched, purchased, delivered, sanitized and repaired, and stored. Six schools in Phelps County participate in PEAK, impacting approximately 3,000 children.

- 100% of children participating demonstrated increased participation in PE classes.
- 100% of teachers reported that the availability of adapted equipment increased participation of children with disabilities in PE programs.

**Circle of Friends** - All children, regardless of their abilities, are capable and in Phelps County all children will have the opportunity to make friends. Circle of Friends is designed

to facilitate the development of friendships between children with disabilities and their peers. The children participate in activities in a non-threatening environment where all can be successful. 43 Children participated in Circle Meetings and all children reported that participation in this friendship group helped them make new friends.

- 100% of the children said that they played with other Circle participants during recess or sat with them at lunch.
- 100% of Counselors reported increased interactions among Circle participants and peers.

#### **D. YOUTH DEVELOPMENT/MISSOURI MENTORING PARTNERSHIP**

**Goal:** To provide all youth in Phelps County with access to support, education, and resources.

**Young Parents Program** provided education, incentives, and the support of a trained, volunteer, community mentors to 72 pregnant and parenting teens and young adults.

Twenty-five community mentors.

- 85% have graduated from high school or GED or are staying in school
- 91% of participants are enrolled Women, Infants and Children (WIC)
- 88% are participating in Parents As Teachers (PAT)
- Zero babies were born at low-birth-weight (Phelps County 8%)
- Zero children were reported for substantiated abused and/or neglected
- 100% of children of youth participants are current on immunizations

**Youth Employment Skills** provided youth in Phelps County with access to developmental resources including job training with the support of a volunteer workplace mentor.

Workplace Readiness training and incentives for continuing and/or staying in school and for continued work experience. – 73 youth, 67 corporate partners, and eight business partners participating in the YOP tax incentive.

- 97% of participants have graduated or received their GED or are still in school
- 22% of participants are continuing with post secondary education
- Workplace Readiness – 97% completed training or entered “job ready”
- Workplace mentors - 40% matched with work-site mentor
- 40% have completed 30 days of mentored employment
- 40% have completed 90 days of mentored employment
- 33% have completed 180 days of mentored employment

**Youth Empowerment Program** provides identified youth in Phelps County with access to developmental resources including skills to deal with anger. This year 32 youth participated and 25 completed the classes.

- 100% increased knowledge
- 100% of parents/guardians receive information monthly
- Reduction in out-of-school suspensions.