

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)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 07-01, 2007, and ending 06-30, 2008

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

C Name of organization THE COMMUNITY PARTNERSHIP
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1101 HAUCK DRIVE
City or town, state or country, and ZIP + 4
ROLLA MO 65401

D Employer identification number 43-1768614
E Telephone number (573) 368-2849
F Accounting method: Cash Accrual 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

I Group Exemption Number

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

G Website: WWW.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 1,487,978

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for contributions, program revenue, membership dues, interest, dividends, gross rents, investment income, sales of assets, special events, and inventory. Total revenue is 1,487,978 and total expenses is 1,454,732.

**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	<b>25a</b>			
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b>	3,200	3,200	
<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)	<b>25c</b>			
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	704,319	574,565	88,545
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	<b>27</b>	16,433	13,350	2,226
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>28</b>	57,384	46,282	7,774
<b>29</b>	Payroll taxes	<b>29</b>	58,625	47,243	7,970
<b>30</b>	Professional fundraising fees	<b>30</b>			
<b>31</b>	Accounting fees	<b>31</b>	3,400		3,400
<b>32</b>	Legal fees	<b>32</b>			
<b>33</b>	Supplies	<b>33</b>	20,897	17,280	3,400
<b>34</b>	Telephone	<b>34</b>	10,713	9,716	577
<b>35</b>	Postage and shipping	<b>35</b>	6,518	4,985	1,456
<b>36</b>	Occupancy	<b>36</b>	59,318	49,827	5,932
<b>37</b>	Equipment rental and maintenance	<b>37</b>			
<b>38</b>	Printing and publications	<b>38</b>			
<b>39</b>	Travel	<b>39</b>	23,434	22,646	788
<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>	123,472	123,472	
<b>b</b>	PROFESSIONAL DEVELOPMENT	<b>43b</b>	30,040	19,277	9,977
<b>c</b>	INSURANCE, BONDING	<b>43c</b>	9,772		9,772
<b>d</b>	PUBLIC RELATIONS	<b>43d</b>	29,632	17,669	93
<b>e</b>	TECHNOLOGY	<b>43e</b>	28,096	12,897	15,199
<b>f</b>	OTHER DIRECT PROGRAM EXP	<b>43f</b>	269,479	269,479	
<b>g</b>		<b>43g</b>			
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	1,454,732	1,231,888	157,109

**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

1,231,888

**b**

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

**c**

**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) **▶ 1,231,888**

**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 . . . . .		490,454	45	432,233	
	46	Savings and temporary cash investments . . . . .			46		
	47 a	Accounts receivable . . . . .	47a	148			
	b	Less: allowance for doubtful accounts . . . . .	47b		102	47c	148
	48 a	Pledges receivable . . . . .	48a				
	b	Less: allowance for doubtful accounts . . . . .	48b			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) . . . . .	51a	18,118			
	b	Less: allowance for doubtful accounts . . . . .	51b		18,118	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 . . . . .	55a				
	b	Less: accumulated depreciation (attach schedule) . . . . .	55b			55c	
	56	Investments - other (attach schedule) . . . . .			56		
	57 a	Land, buildings, and equipment: basis . . . . .	57a				
	b	Less: accumulated depreciation (attach schedule) . . . . .	57b			57c	
58	Other assets, including program-related investments (describe ▶ ) . . . . .			58			
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .		508,674	59	450,499		
L i a b i l i t i e s	60	Accounts payable and accrued expenses . . . . .		137,613	60	107,346	
	61	Grants payable . . . . .			61		
	62	Deferred revenue . . . . .		170,341	62	109,187	
	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 . . . . .		307,954	66	216,533	
N e t A s s e t B a l a n c e s	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>						
	67	Unrestricted . . . . .		200,720	67	233,966	
	68	Temporarily restricted . . . . .		0	68	0	
	69	Permanently restricted . . . . .		0	69	0	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>						
	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). . . . .		200,720	73	233,966	
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .		508,674	74	450,499	





Part VI Other Information (continued)

		Yes	No
<b>82a</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>83a</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>83b</b>			
<b>84a</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>84b</b>			
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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		
<b>85b</b>			
<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?	<b>85g</b>	
<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?	<b>85h</b>	
<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>88a</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>88b</b>			
<b>89a</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.	<b>89b</b>	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?	<b>89e</b>	X
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	X
<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>	X
<b>90a</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, 2007 (See instructions.)	<b>90b</b>	27
<b>91a</b>	The books are in care of <b>AMY BEECHNER MCCARTHY</b> Telephone no. <b>573-368-2849</b> Located at <b>1101 HAUCK DRIVE</b> <b>ROLLA</b> <b>MO</b> ZIP + 4 <b>65401</b>		
<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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<b>91b</b>	X

**Part VI Other Information** (continued)

<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . .	<b>91c</b>	Yes	No
If "Yes," enter the name of the foreign country ▶ _____			<input checked="" type="checkbox"/>

**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	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings & temporary cash investments			14	13,415	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property. . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))				13,415	
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					13,415

**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.)

(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 4** 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: *Josephine P. Waltman* Date: *11/12/08*

Type or print name and title: *Josephine P. Waltman, Chairperson*

**Paid Preparer's Use Only**

Preparer's signature: *Mark Kean* Date: 10-30-2008

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X): *P00429080*

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: *27-0098609* Phone no.: *5734268297*

**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

**2007**

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

THE COMMUNITY PARTNERSHIP

43-1768614

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 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

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities; 2. Substantial contributors; 2a-2e. Sale, exchange, or leasing of property; 3a-3d. Grants and other activities; 4a-4c. Donor advised funds; 4d-4g. Donor advised funds and accounts.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 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 8 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 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,415,403	1,592,337	1,355,308	863,784	5,226,832
16 Membership fees received	0	0	0	0	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	0	0	0	0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	15,239	14,535	3,594	1,266	34,634
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	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	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	167	167
23 Total of lines 15 through 22	1,430,642	1,606,872	1,358,902	865,217	5,261,633
24 Line 23 minus line 17	1,430,642	1,606,872	1,358,902	865,217	5,261,633
25 Enter 1% of line 23	14,306	16,069	13,589	8,652	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 105,233
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 2003 through 2006 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 5,261,633
d Add: Amounts from column (e) for lines: 18 34,634 19 _____					26d 34,801
22 167 26b _____					26e 5,226,832
e Public support (line 26c minus line 26d total)					26f 99.34%
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:	(2006) _____	(2005) _____	(2004) _____	(2003) _____	
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:	(2006) _____	(2005) _____	(2004) _____	(2003) _____	
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 2003 through 2006, 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
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 page 11 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	1,454,732
40	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	40	1,454,732
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 . . . . .
	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 . . . . .
41			
42	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	55,118
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) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount . . . . .	214,554			214,554
46	Lobbying ceiling amount (150% of line 45(e)) . . . . .				321,831
47	Total lobbying expenditures . . . . .				
48	Grassroots nontaxable amount . . . . .	53,639			53,639
49	Grassroots ceiling amount (150% of line 48(e)). . . . .				80,459
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 14 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

**2007**

Name of organization

THE COMMUNITY PARTNERSHIP

Employer identification number

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 of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), 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).



**Statement of Program Service Accomplishments**

**2007 01**

Name(s) as shown on return

Your Social Security Number

THE COMMUNITY PARTNERSHIP

43-1768614

FORM 990, PART III (a)

Grants and Allocations \$0  
Program Service Expenses \$1231888  
Includes Foreign Grants NO

Explanation

SEE ATTACHMENT

Name(s) as shown on return

FEIN

THE COMMUNITY PARTNERSHIP

43-1768614

NOTE RECEIVABLE

<u>Description</u>	<u>Amount</u>
NEWBURG COMMUNITY REVITALIZATION GROUP	\$ 18,118
Total:	<u>\$ 18,118</u>

**Federal Supporting Statements**

2007 PG 01

Name(s) as shown on return

FEIN

**THE COMMUNITY PARTNERSHIP**

43-1768614

**FORM 990, SCH FOR PART IV-A, LINE b(4)  
OTHER REVENUES INCLUDED SCHEDULE**

Statement #96

<u>Description</u>	<u>Amount</u>
General & administrative allocation	68,325
Payroll tax discounts	<u>206</u>
<b>TOTAL</b>	<b><u>68,531</u></b>

**FORM 990, SCH FOR PART IV-B, LINE b(4)  
OTHER EXPENSES INCLUDED SCHEDULE**

PG 01  
Statement #97

<u>Description</u>	<u>Amount</u>
General & administrative allocation	68,325
Payroll tax discount	<u>206</u>
<b>TOTAL</b>	<b><u>68,531</u></b>

### **PART III**

See attachment for program goals and results.

- A. Caring Communities (Community Work Support, Fit Phelps, Independent Living Program, Resale Shop, Smile Mobile)
- B. Early Care and Education (Educare, Licensing and Accreditation)
- C. Capable Kids and Families (Home-visitation and equipment loan, PEAK, and Circle of Friends)
- D. Youth Development/MMP (Young Parent Program and Youth Employment Skills)

#### Part III Attachment

### **A. CARING COMMUNITIES**

#### **Goal**

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

#### **COMMUNITY WORK SUPPORT**

Program to aid needy families who are not participating in work requirements due to barriers and have had their TANF reduced/sanctioned. The Partnership staff completes an Assessment of Need to provide financial assistance to remove barriers to employment (car repair, substance abuse counseling, child care, etc.). Additionally we provide assistance with reinstatement process and communication with other agencies. Some clients are eligible for the MOTOR Car Loan Program providing clients with a low-interest car loan

- As of the end of the fiscal year, financial assistance for barrier removal (car repair, substance abuse counseling, child care, etc.) was provided 33 times to 15 different clients.
- We have completed assessments on 22 clients and/or provided assistance to have their welfare case closed, or had their sanction lifted.

#### **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**

- Three sites provide fresh produce and nutrition information to approximately 500 people per month.

#### **EDUCATION**

- 1400 elementary students in Edgar Springs, Newburg, St. James, and Rolla private/home schools will receive nutrition and activity education

- Teachers, coaches, and school cafeteria staffs will receive training on healthy meal and snack preparation and activity-based learning.
- 95% (1330) of students will demonstrate an increase in knowledge of healthy choices

#### SCHOOL COMPETITIONS

- Jump roping rallies and fitness competitions for 1400 Phelps County youth
- School and class equipment incentives for participation and completion of program

#### COMMUNITY EVENTS & EDUCATION

- Walking Trail Signs to mark every ¼ mile around Ber Juan and Acorn Trail
- Community Group Presentations to disseminate message of programs goals, and to educate the public on the impact of healthy choices.
- Quarterly Wellness Events such as Walk-the-World, Senior Wellness Walks, Business Challenges, Health Fairs, etc. to get community members active and engaged in improving their health.
- Energizer Buddy programs to inspire people to be more active by exercising with a friend.

#### INDEPENDENT LIVING PROGRAM (ILP)

Program provides ongoing training and support for older foster youth so that they may be successful and independent upon exiting care. Support includes: life-skills classes/training; financial assistance with extracurricular and graduation expenses; education and career exploration assistance; member of Family-Support-Teams and youth advocate; emergency assistance for aftercare youth is also available.

- 63 youth have been referred to/served by the program (44 active).
- 97% (60) are currently enrolled in high school or college classes. The rest have either graduated from High School or obtained a GED
- Over 1,045 contacts have been made with youth or on their behalf for a total of over 520 hours.

#### LINKING HEARTS

This community-wide event allows children who are seeking adoptive homes, and parents who are interested in adopting, the opportunity to interact and learn more about each other. This event increases awareness about the importance of adoption and involves the community in an effort that is often seen only as the job of the Department of Social Services-Children's Division.

#### VOLUNTEER COORDINATION

- 43 MST volunteer "buddies" were matched with youth to serve as a mentor and friend for the day.
- Utilized over 400 volunteer hours for the day of the event

#### FOSTER PARENT RECRUITMENT

- Thirty families, including eleven first-time families, expressed interest in becoming foster or adoptive parents at the Linking Hearts event.
- Twenty-three (23) new foster parents were trained during the last fiscal year.

#### YOUTH REWARDS

- Last year 32 youth attended the event and were given a special day of fun and interaction, as well as gift bags containing their "wish list" items.

#### **PARTNERSHIP RESALE SHOP**

The Partnership Resale Shop is a thrift store that supports the programs of The Community Partnership. It also provides community services in the form of store vouchers to those in need, volunteer opportunities, and low cost clothing and household items for purchase

- 218 vouchers were provided to the clients of Russell House, Division of Family Services, CASA, Young Parents Program, Choices for People, Red Cross, Salvation Army, GRACE, Social Services and HUD.

#### **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.

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

#### **Goal**

The Partnership works with teachers of young children in Crawford, Dent, Phelps, and Maries Counties. Approximately 70% of children under the age of six live in single parent homes or in homes where both parents work outside the home. The Partnership staff works to increase quality childcare so that all young children are provided with safe and nurturing care that allows children's brains to grow strong and healthy, they continue to be eager to learn, and are ready to enter school. Children who participated in Partnership supported childcare scored significantly higher on the screen tool used to measure Kindergarten Readiness.

#### **TRAINING AND EDUCATION**

- Childcare providers received 2,994 Training Hours with 254 individuals attending at least one training
- 630 Onsite training hours and 2,426 Group training hours
- 468 CPR and First Aid Hours with 88 Participants
- 15 Providers who are working toward licensing their facility received educational scholarships
- 6 programs received funding to become licensed resulting in four new licensed facilities

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

### **Goal**

The Capable Kids and Families program provides supports to families who have children (birth to age 12) with developmental delays or disabilities. Supports include home visitation services, parent education, support groups and family recreational opportunities. In addition, CKF provides an equipment loan program of more than 1,700 pieces of developmental therapy equipment.

### **HOME VISITS, SUPPORT, EDUCATION, AND EQUIPMENT LOAN**

71% of respondents reported that participation in CKF had reduced the level of family stress. Of those respondents who did not report a reduction in stress, it appeared they were responding to general life stressors, as evidenced by their comments: a few cited the increased cost of living and/or their child's current health. Additionally, two families responded negatively to the survey question, due to a need for increased CKF services.

- 86% of respondents rated the impact of CKF on their ability to cope with their child's disability as Very High, High, or Pretty High.
- 100% of respondents Strongly Agreed with the statement "I know how to care for my child's needs".
- 95% of respondents found the CKF program to be Extremely Helpful or Very Helpful to their family. 100% (9 out of 9) of responding therapists reported that CKF equipment has a Very High Value or Highest Value in helping children reach developmental goals.

### **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 so 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. Piers-Harris Children's Self Concept scales were administered to target children at the beginning and end of the school year to measure the impact of Friendship Circles in a quantitative manner. The Piers-Harris 2 is a 60-item self-report questionnaire. The items are designed to reveal how individuals feel about themselves. The pre and posttest scores of all valid surveys were averaged.

- 20% increase in Total Self-Concept
- 42% increase in the Popularity scores.

Interestingly, scores for Intelligence, Physical Appearance, and Happiness also showed improvement.

- 100% (56 out of 56) of participating children reported Circles helped them make new friends.
- 100% (5 out of 5) of school counselors reported that Circles are beneficial to the students and increase their interactions with peers. One counselor commented, *"These kids really need the extra attention and benefit from it."*

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

### **Goal**

The Partnership provides support, education, and resources to youth in Phelps County in order for them to be ready to enter adulthood.

**The Young Parent Program** offers pregnant and parenting youth a support system as they progress through the challenging time of pregnancy and first years of child rearing. With the assistance of a trained community mentor, young parents receive valuable information through parenting and pregnancy classes, nutrition and healthcare issues, available resources and more. **Youth Employment Skills Program** gives youth ages 15 ½ - 21 the opportunity for employment training and mentoring support. Youth are encouraged to take work readiness classes to improve their employment skills and learn how to take the steps to achieve their goals.

### **YOUNG PARENTS PROGRAM**

We provided education, incentives, and the support of a trained volunteer and community mentors to 78 Young Participants: 61 Young Moms, 17 Young Dads, and 57 Children

- 24 youth matched with a mentor (31%)
- 87% (53) Young Moms have graduated or are continuing their education
- 96% (55) of children are up-to-date on their immunizations
- 93% (57) young mom's participated in WIC
- 55% (33) participated in Parents as Teachers
- Zero Repeat teen births

### **YOUTH EMPLOYMENT SKILLS**

The Partnership 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.

Total number of participants in program 89

- 92% of youth graduated or are continuing their education
- 73% successfully completed job readiness classes
- 36% of youth are currently are have been in foster care
- 30 youth had a business mentor (34%)