

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)

2005

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning **07-01, 2005**, and ending **06-30, 2006**

- 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.	C Name of organization PHELPS COUNTY COMMUNITY PARTNERSHIP		D Employer identification number 43-1768614
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (573) 368-2849
	City or town, state or country, and ZIP + 4 ROLLA, MO 65401		F 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: ▶

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,606,872**

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.)

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	859,077		
b Indirect public support	1b			
c Government contributions (grants)	1c	733,260		
d Total (add lines 1a through 1c) (cash \$1,592,337 noncash \$)	1d		1,592,337	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3 Membership dues and assessments	3			
4 Interest on savings and temporary cash investments	4		14,535	
5 Dividends and interest from securities	5			
6a Gross rents	6a			
b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other	
b Less: cost or other basis and sales expenses	8b			
c Gain or (loss) (attach schedule)	8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,606,872	
13 Program services (from line 44, column (B))	13		1,125,093	
14 Management and general (from line 44, column (C))	14		111,800	
15 Fundraising (from line 44, column (D))	15		62,560	
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17		1,299,453	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		307,419	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		128,116	
20 Other changes in net assets or fund balances (attach explanation)	20			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		435,535	

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
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	38,860	7,772	21,373	9,715
26	Other salaries and wages	506,970	438,014	38,768	30,188
27	Pension plan contributions	11,356	9,235	1,291	830
28	Other employee benefits	71,027	57,759	8,076	5,192
29	Payroll taxes	53,998	43,911	6,140	3,947
30	Professional fundraising fees				
31	Accounting fees	3,400		3,400	
32	Legal fees				
33	Supplies	20,292	17,491	2,801	
34	Telephone	9,434	8,604	577	253
35	Postage and shipping	3,672	2,139	1,456	77
36	Occupancy	53,301	47,509	4,026	1,766
37	Equipment rental and maintenance	2,357	2,357		
38	Printing and publications				
39	Travel	22,474	22,203	271	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize):				
a	INSURANCE, BONDING	43a 13,484	6,806	6,678	
b	PROFESSIONAL DEVELOPMENT	43b 17,723	14,952	2,632	139
c	PUBLIC RELATIONS	43c 42,384	34,336	185	7,863
d	CONTRACT LABOR	43d 198,287	196,839		1,448
e	OTHER DIRECT PROGRAM EXPENS	43e 139,367	136,198	3,169	
f	TECHNOLOGY	43f 19,885	7,786	10,957	1,142
g	PROGRAM ADMIN FEES	43g 71,182	71,182		
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,299,453	1,125,093	111,800	62,560

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 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
	45 Cash - non-interest-bearing	315,423	45	548,577
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts	62	47c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
A	51 a Other notes and loans receivable (attach schedule)	18,500		
s	b Less: allowance for doubtful accounts		51c	18,500
s	52 Inventories for sale or use		52	
e	53 Prepaid expenses and deferred charges		53	
t	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
s	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 (describe)		58	
	59 Total assets (must equal line 74). Add lines 45 through 58.	340,485	59	567,077
L	60 Accounts payable and accrued expenses	212,369	60	131,542
i	61 Grants payable		61	
a	62 Deferred revenue		62	
b	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
i	64 a Tax-exempt bond liabilities (attach schedule)		64a	
t	b Mortgages and other notes payable (attach schedule)		64b	
t	65 Other liabilities (describe)		65	
e	66 Total liabilities. Add lines 60 through 65	212,369	66	131,542
s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
N	67 Unrestricted	128,116	67	435,535
F	68 Temporarily restricted		68	
u	69 Permanently restricted		69	
n	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
d	70 Capital stock, trust principal, or current funds		70	
A	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
B	72 Retained earnings, endowment, accumulated income, or other funds		72	
s	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72;			
s	column (A) must equal line 19; column (B) must equal line 21)	128,116	73	435,535
e	74 Total liabilities and net assets / fund balances. Add lines 66 and 73	340,485	74	567,077

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
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, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c		
d	Section 162(e) lobbying and political expenditures 85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a		
b	Gross receipts, included on line 12, for public use of club facilities 86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ _____		
90 a	List the states with which a copy of this return is filed ▶ _____		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) 90b		18
91 a	The books are in care of ▶ AMY BEECHNER MCCARTHY Telephone no. ▶ 573-368-2849 Located at ▶ 1101 HAUCK DR. - ROLLA, MO ZIP + 4 ▶ 65401		
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 ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?		X
	If "Yes," enter the name of the foreign country ▶ _____		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92		

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	14,535	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				14,535	
105 Total (add line 104, columns (B), (D), and (E))					14,535

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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).
▼	N/A

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
N/A	%			
	%			
	%			
	%			

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).

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: *W.H. Thomas Jr.* Date: *11-15-06*
 Type or print name and title: *W.H. Thomas Jr. Chairman*

Paid Preparer's Use Only	Preparer's signature: <i>Joe W Leathers, CPA</i>	Date: <i>10/26/06</i>	Check if self-employed: <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W): <i>P00409869</i>
	Firm's name (or yours if self-employed) address, and ZIP + 4: <i>JOE W. LEATHERS, CPA 312 N. FRANKLIN CUBA MO</i>	EIN: <i>65453</i>	Phone no.: <i>573-885-4383</i>	

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

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information -- (See separate instructions.)

▶ **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 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

Total number of other contractors receiving over \$50,000 for other services ▶

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

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, grants, and credit counseling.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
10 An organization operated or the entire of a college or university or operated a go (do complete the Support Schedule in Part IV-A.)
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,355,308	863,784	1,068,598	950,348	4,238,038
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,594	1,266	2,473	3,371	10,704
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		167	3,903	7,210	11,280
23 Total of lines 15 through 22	1,358,902	865,217	1,074,974	960,929	4,260,022
24 Line 23 minus line 17	1,358,902	865,217	1,074,974	960,929	4,260,022
25 Enter 1% of line 23	13,589	8,652	10,750	9,609	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	85,200
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 2001 through 2004 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	4,260,022
d Add: Amounts from column (e) for lines: 18 10,704 19 _____ 22 11,280 26b _____	26d	21,984
e Public support (line 26c minus line 26d total)	26e	4,238,038
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	99.48%

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:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add: Line 27a total and line 27b total	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

Name as shown on Return
PHELPS COUNTY COMMUNITY PARTNERSHIP

Employer identification number
43-1768614

NOTES RECEIVABLE

Description	Amount
NOTES RECEIVABLE-NEWBURG COMMUNITY REVITALIZATION PROGRA	\$
GROUP	18,500
Total:	\$ 18,500

Statement Summary

2005

Form 990 - Part V

List of Officers, Directors, Trustees, and Key Employees

Name(s) shown on return PHELPS COUNTY COMMUNITY PARTNERSHIP		Identifying Number 43-1768614		
(A) Name and address	Title and Average Hrs	(C) Compensation	(D) Contrib.	(E) Expense
MIKE BROOKS 17 ST. PATRICK LANE, ROLLA, MO	DIRECTOR	0	0	0
RICHARD CRAVENS 1105 KINGSHIGHWAY-ROLLA, MO	DIRECTOR	0	0	0
JOHN BUTZ PO BOX 979-ROLLA, MO 65402	DIRECTOR	0	0	0
DAVID DUNCAN PO BOX 921-ROLLA, MO 65402	DIRECTOR	0	0	0
STACY JOHNS 1111 KINGSHIGHWAY-ROLLA, MO	DIRECTOR	0	0	0
KAY MCMURTREY 17790 ST RT M-EDGAR SPRINGS MO	DIRECTOR	0	0	0
JAY W GOFF 1870 MINER CIRCLE-ROLLA, MO	DIRECTOR	0	0	0
TOM MANION 1041 E 18TH ST-ROLLA, MO 65401	DIRECTOR	0	0	0
DAVID CONNELL 718 N. MAIN-ROLLA, MO	DIRECTOR	0	0	0
BONNIE PRIGGE 4 INDUSTRIAL DR-ST JAMES, MO	DIRECTOR	0	0	0
MARY SHEFFIELD 200 N MAIN ST-ROLLA, MO 65402	DIRECTOR	0	0	0
TOM THOMAS 1100 N. ELM ST-ROLLA, MO	CHAIR	0	0	0
JODI WALTMAN 200 N MAIN-ROLLA, MO	VICE CHAIR	0	0	0
BRUCE WADE 801 NORTH CEDAR-ROLLA, MO	SECRETARY	0	0	0
JOHN DENBO 1000 W 10TH STREET-ROLLA, MO	TREASURER	0	0	0
MIKE LEHN 3701 HY-POINT BOUL.-ROLLA, MO	DIRECTOR	0	0	0
JOY TUCKER 101 E SCIOTO-ST JAMES, MO	DIRECTOR	0	0	0
STEVE BOUNDS PO BOX C, NEWBURG, MO 65550	DIRECTOR	0	0	0
JOE DAVIDSON 1107 KINGSHIGHWAY	DIRECTOR	0	0	0
FRANK CHAMBERS PO BOX 128-ROLLA, MO 65402	DIRECTOR	0	0	0
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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.

2,119 children served in five counties, providing dental treatments

Education provided to 16,895 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 four sites provide fresh produce and nutrition information to about 200 people per month.

After-School Programs provided nutrition information and physical activity to 59 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 provided 908 volunteer hours for the Linking Hearts Adoption Event.

Forty-five (45) new families registered at the Linking Hearts event, interested in becoming foster or adoptive parents

Twenty-three (23) families trained.

Eleven (11) 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

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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 proceeds will provide increased funding for The Partnership programs.

103 vouchers were provided to clients of the Russell House, CASA, Red Cross, Young Parents Program, and foster parents.

The community has provided 1,785 hours in volunteer service to the shop, saving \$14,256 in staff salaries and providing \$16,869 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 1,280 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.

- 15 providers received educational scholarships
- 148 Toy Tubs were delivered to childcare providers
- Facility Improvements – 6 programs received funding to become licensed resulting in four new licensed facilities

Training consisted of 842.5 personalized onsite training hours, 1,023.5 group training hours, and 540 college hours. Additionally, forty-one providers completed CPR training, and forty-four completed certified first-aid training.

2,406 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 families and children with disabilities recognizing that all children are capable and children and families should have the opportunity to receive the supports needed for their children to reach their full potential.

Home visits, support, education, and equipment loan: 121 Home Visits, 65 Support Meetings, and 1,040 contacts with 95 families in 20 counties in south-central Missouri. 2,500 items loaned to families.

88% of families report the CKF has a high or very high impact on their ability to cope with their child's disability.

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. Five elementary schools in Phelps County participate in PEAK, impacting 2,484 children. 126 Deliveries of Equipment in Phelps County

90% 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. 41 Children participated in 128 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 56 pregnant and parenting teens and young adults (46 Young Moms and 10 Fathers). Thirty-six community mentors.

Parenting Skills and Pregnancy Education – 100% reported increase in knowledge

91% have graduated from high school or GED or are staying in school

100% of participants are enrolled Women, Infants and Children (WIC)

82% are participating in Parents As Teachers (PAT)

Only 2% of babies were born at low-birth-weight (Phelps County 7.8%)

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. – youth, 60 corporate partners, 80 work-site mentors, and five business partners participating in the YOP tax incentive.

100% of participants have graduated or received their GED or are still in school

25% of participants are continuing with post secondary education

Workplace Readiness – 100% completed training or entered “job ready”

Workplace mentors - 58% matched with work-site mentor

51% have completed 30 days of mentored employment

35% have completed 90 days of mentored employment

25% 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 50 youth participated and 42 completed the classes.

100% increased knowledge

100% of parents/guardians receive information monthly

Reduction in out-of-school suspensions.