

EXTENDED TO MAY 15, 2024

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2022**Open to Public  
Inspection**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**COMMUNITY FOUNDATION OF THE OZARKS, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**425 EAST TRAFFICWAY STREET**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**SPRINGFIELD, MO 65806****F** Name and address of principal officer: **WINTER KINNE****SAME AS C ABOVE****D** Employer identification number**23-7290968****E** Telephone number**417-864-6199****G** Gross receipts \$ **125,390,478.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.CFOZARKS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1973****M** State of legal domicile: **MO****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) ..... <b>21</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>21</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a) ..... <b>40</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) ..... <b>580</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>-26,852.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>0.</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) ..... <b>38,687,284.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) ..... <b>877,687.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>10,825,488.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>-144,002.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>50,246,457.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>2,280,155.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <b>1,390,872.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>2,510,979.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>25,420,792.</b>
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12 ..... <b>24,825,665.</b>
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) ..... <b>374,535,392.</b>
	<b>21</b>	Total liabilities (Part X, line 26) ..... <b>99,418,545.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>275,116,847.</b>

**Part II Signature Block**

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.

Sign Here	Signature of officer		Date	
	<b>WINTER KINNE, PRESIDENT</b>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	<b>JOSEPH PAGE</b>			<b>P00887441</b>
Firm's name	<b>THE WHITLOCK COMPANY</b>		Firm's EIN <b>43-1365401</b>	
	Firm's address <b>3271 E. BATTLEFIELD SUITE 300 SPRINGFIELD, MO 65804</b>		Phone no. <b>(417) 881-0145</b>	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

**THE COMMUNITY FOUNDATION OF THE OZARKS MISSION IS TO ENHANCE THE QUALITY OF LIFE THROUGH RESOURCE DEVELOPMENT, COMMUNITY GRANTMAKING, COLLABORATION, AND PUBLIC LEADERSHIP.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 26,097,091. including grants of \$ 24,337,612. ) (Revenue \$ 1,045,401. )

**THE COMMUNITY FOUNDATION RECEIVES, DISTRIBUTES AND ADMINISTERS COMPONENT FUNDS FOR CHARITABLE AND PUBLIC PURPOSES FOR THE SPRINGFIELD METROPOLITAN AREA AND ITS AFFILIATED REGIONAL COMMUNITY FOUNDATIONS SERVING THE SOUTHERN TIER OF MISSOURI.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 26,097,091.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b> X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 65	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	



**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	40
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
<b>4a</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)?	4a	X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	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?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d	0
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<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.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	21			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		21		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?				X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	X	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☒ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records

**LUIS LEON - (417) 864-6199**  
**425 EAST TRAFFICWAY STREET, SPRINGFIELD, MO 65806**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN FOGLE PRESIDENT & CEO	48.00 2.00			X				209,833.	0.	34,836.
(2) LUIS LEON CHIEF FINANCIAL OFFICER	50.00			X				138,920.	0.	17,432.
(3) LOUISE KNAUER CHIEF OPERATING OFFICER	50.00			X				111,188.	0.	24,418.
(4) ALICE WINGO VICE PRESIDENT OF AFFILIATES	50.00					X		102,259.	0.	26,143.
(5) ROBIN MORGAN CHAIR-EMERITUS	1.00 2.00	X						0.	0.	0.
(6) LAURIE EDMONDSON CHAIR	1.00 2.00	X		X				0.	0.	0.
(7) DEAN THOMPSON VICE CHAIR	1.00 2.00	X		X				0.	0.	0.
(8) ANNE MCGREGOR TREASURER	1.00 2.00	X		X				0.	0.	0.
(9) RHONDA CHRISTOPHER BOARD OF DIRECTORS	1.00 1.00	X						0.	0.	0.
(10) KARI CREIGHTON IAB REPRESENTATIVE	1.00 1.00	X						0.	0.	0.
(11) RON KRAETLLI SECRETARY	1.00 2.00	X		X				0.	0.	0.
(12) RICHARD CAVENDER BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(13) MICHAEL GARRETT BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(14) ROY HARDY, JR. AT LARGE	2.00	X						0.	0.	0.
(15) STAN IRWIN BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(16) JIMMY LILES BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(17) KRISTI MONTAGUE BOARD OF DIRECTORS	2.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MEGAN MORRIS STACK BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(19) DEBRA SHANTZ/HART BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(20) MARVIN SILLIMAN BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(21) GAIL SMART AT LARGE	2.00	X						0.	0.	0.
(22) BRYAN VOWELS BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(23) EMILY KEMBEL BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(24) DOUG NICKELL BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(25) LYNNE MEYERKORD BOARD OF DIRECTORS	2.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								562,200.	0.	102,829.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								562,200.	0.	102,829.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

4

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FIDUCIENT ADVISORS LLC 500 W MADISON ST, CHICAGO, IL 60661	INVESTMENT MANAGEMENT	223,759.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	1	

Form 990 (2022)

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	48,577,606.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 17,614,257.				
	<b>h Total.</b> Add lines 1a-1f .....				48,577,606.		
<b>Program Service Revenue</b>	<b>2 a</b> MANAGEMENT FEES		<b>Business Code</b>				
			900099	941,209.	941,209.		
	<b>b</b> OTHER REVENUES		900099	171,826.	171,826.		
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....				1,113,035.		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			8,715,876.		1.	8715875.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
		(i) Real	(ii) Personal				
	<b>6 a</b> Gross rents .....	<b>6a</b>					
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
		(i) Securities	(ii) Other				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	67,218,900.				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	67,078,448.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	140,452.				
	<b>d</b> Net gain or (loss) .....			140,452.	167,305.	-26,853.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....			<b>8a</b>			
	<b>b</b> Less: direct expenses .....			<b>8b</b>			
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....			<b>9a</b>			
<b>b</b> Less: direct expenses .....			<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....			<b>10a</b>				
<b>b</b> Less: cost of goods sold .....			<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> SPLIT-INTEREST AGREEMENTS		<b>Business Code</b>				
			900099	-234,939.	-234,939.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....				-234,939.		
<b>12 Total revenue.</b> See instructions .....				58,312,030.	1,045,401.	-26,852.	8715875.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,418,954.	21,418,954.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	2,918,658.	2,918,658.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	583,758.	188,087.	246,988.	148,683.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,334,755.	430,058.	564,735.	339,962.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	84,041.	27,078.	35,558.	21,405.
<b>9</b> Other employee benefits	290,444.	93,581.	122,887.	73,976.
<b>10</b> Payroll taxes	144,112.	46,433.	60,974.	36,705.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	448,549.	144,523.	189,781.	114,245.
<b>b</b> Legal	36,063.	11,620.	15,258.	9,185.
<b>c</b> Accounting	43,224.	13,927.	18,288.	11,009.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	554,396.	178,627.	234,565.	141,204.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	34,500.	11,116.	14,597.	8,787.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	123,655.	39,842.	52,318.	31,495.
<b>14</b> Information technology	289,348.	93,228.	122,423.	73,697.
<b>15</b> Royalties				
<b>16</b> Occupancy	121,171.	39,042.	51,267.	30,862.
<b>17</b> Travel	36,271.	11,687.	15,346.	9,238.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	82,782.	26,672.	35,025.	21,085.
<b>20</b> Interest	15,670.	5,049.	6,630.	3,991.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	194,695.	62,731.	82,375.	49,589.
<b>23</b> Insurance	103,198.	33,250.	43,663.	26,285.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>RELATIONSHIPS AND EVENT</b>	577,451.	186,054.	244,320.	147,077.
<b>b</b> <b>PRINTING &amp; PUBLICATIONS</b>	95,823.	30,874.	40,543.	24,406.
<b>c</b> <b>PROCESSING FEE</b>	65,050.	20,959.	27,523.	16,568.
<b>d</b> <b>DUES &amp; MEMBERSHIPS</b>	56,485.	18,199.	23,899.	14,387.
<b>e</b> All other expenses	145,386.	46,842.	61,513.	37,031.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	29,798,439.	26,097,091.	2,310,476.	1,390,872.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	61,821,609.	<b>2</b>	75,280,207.
	<b>3</b> Pledges and grants receivable, net .....	1,378,901.	<b>3</b>	375,625.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	1,186,289.	<b>7</b>	685,938.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	97,617.	<b>9</b>	192,533.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,614,352.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,060,389.	<b>10c</b>	9,553,963.
	<b>11</b> Investments - publicly traded securities .....	265,173,371.	<b>11</b>	305,229,474.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	29,696,769.	<b>12</b>	33,393,128.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	2,416,247.	<b>13</b>	1,543,533.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	518,177.	<b>15</b>	459,982.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	374,535,392.	<b>16</b>	426,714,383.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	900,095.	<b>17</b>	514,281.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	22,000.	<b>19</b>	18,035.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	66,158.	<b>23</b>	48,114.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	98,430,292.	<b>25</b>	107,286,046.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	99,418,545.	<b>26</b>	107,866,476.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	19,800,413.	<b>27</b>	18,503,519.
	<b>28</b> Net assets with donor restrictions .....	255,316,434.	<b>28</b>	300,344,388.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	275,116,847.	<b>32</b>	318,847,907.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	374,535,392.	<b>33</b>	426,714,383.

Form 990 (2022)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	58,312,030.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	29,798,439.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	28,513,591.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	275,116,847.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	15,020,849.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	196,620.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	318,847,907.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ 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 exempt 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).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25378811.	34721300.	36802533.	38687284.	48577606.	184167534
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	25378811.	34721300.	36802533.	38687284.	48577606.	184167534
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8195338.
6 <b>Public support.</b> Subtract line 5 from line 4.						175972196

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	25378811.	34721300.	36802533.	38687284.	48577606.	184167534
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3744867.	5018443.	4578201.	6236396.	8715876.	28293783.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						212461317

12 Gross receipts from related activities, etc. (see instructions)	12	
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>		<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	82.83	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	80.75	%
16a <b>33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2022

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

### Supplemental Information.

[illegible]



**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

**Part I****Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	501	
2 Aggregate value of contributions to (during year) .....	32,343,857.	
3 Aggregate value of grants from (during year) .....	11,829,049.	
4 Aggregate value at end of year .....	104,734,990.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II****Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III****Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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Schedule D (Form 990) 2022

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	192,586,626.	214,242,659.	154,193,913.	145,271,345.	136,747,304.
b Contributions	15,318,410.	17,856,827.	25,532,249.	10,273,321.	8,439,888.
c Net investment earnings, gains, and losses	22,510,305.	-23,790,947.	48,633,155.		3,109,718.
d Grants or scholarships	10,980,645.	13,378,855.	11,700,301.	1,350,753.	2,983,345.
e Other expenditures for facilities and programs					
f Administrative expenses	2,477,748.	2,343,058.	2,416,357.		42,220.
g End of year balance	216,956,948.	192,586,626.	214,242,659.	154,193,913.	145,271,345.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment .0000 %

b Permanent endowment 50.8000 %

c Term endowment 49.2000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	8,445,908.			8,445,908.
b Buildings		1,573,649.	655,835.	917,814.
c Leasehold improvements				
d Equipment		172,686.	161,426.	11,260.
e Other		422,109.	243,128.	178,981.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,553,963.

Schedule D (Form 990) 2022

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) INVESTMENT IN LLC	1,381,673.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	31,925,205.	END-OF-YEAR MARKET VALUE
(C) OTHER	86,250.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>33,393,128.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	107,286,046.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>107,286,046.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Schedule D (Form 990) 2022

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	73,237,598.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	15,020,849.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-95,281.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	14,925,568.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	58,312,030.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	58,312,030.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	29,244,043.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	29,244,043.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	554,396.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	554,396.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	29,798,439.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

ANNUAL ACTUARIAL ADJUSTMENT 428,287.

TRANSFERS 30,828.

MANAGEMENT FEES -554,396.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -95,281.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

MANAGEMENT FEES 554,396.

<b>Part XIII</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF THE OZARKS, INC.** Employer identification number **23-7290968**

**Part I** General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4 CALVARY QUARTET PO BOX 759 NIXA, MO 65714	88-4144982	501(C)(3)	65,000.	0.			SPECIFIC PROGRAM
ABOUT OUR KIDS, INC. PO BOX 375 LAMAR, MO 64756	20-1492167	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
ALL ABOARD LEARNING CENTER C/O WALLIS COMPANIES CUBA, MO 65453	43-1941534	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
AMERICAN CANCER SOCIETY PO BOX 720366 OKLAHOMA CITY, OK 73162	13-1788491	501(C)(3)	146,171.	0.			SPECIFIC PROGRAM
AMERICAN CANCER SOCIETY - SPRINGFIELD AREA - 1001 CRAIG ROAD, SUITE 350 - ST. LOUIS, MO 63146	23-7040934	501(C)(3)	9,175.	0.			SPECIFIC PROGRAM
AMERICAN HEART ASSOCIATION 460 N LINDBERGH BLVD ST. LOUIS, MO 63141	13-5613797	501(C)(3)	18,379.	0.			SPECIFIC PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **525.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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Schedule I (Form 990) 2022

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN MEAT SCIENCE ASSOCIATION 307 S PLATTE CLAY WAY, SUITE 107 KEARNEY, MO 64064	36-3123827	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
AMERICAN RED CROSS NATIONAL HEADQUARTERS - OFFICE OF THE GENERAL COUNSEL ATTN: TRUSTS & ESTATES - WASHINGTON, DC 20006	53-0196605	501(C)(3)	9,932.	0.			SPECIFIC PROGRAM
AMERICAN RED CROSS OF SOUTHERN MISSOURI - 1545 N. WEST BYPASS - SPRINGFIELD, MO 65803	53-0196605	501(C)(3)	12,500.	0.			SPECIFIC PROGRAM
AMHERST COLLEGE FINANCIAL AID OFFICE AMHERST, MA 01002	04-2103542	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
ANGEL WINGS EQUINE RESCUE 6600 LAWRENCE 2137 STOTTS CITY, MO 65756	47-1592431	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
ANSWERS IN GENESIS, INC. PO BOX 510 HEBRON, KY 41048	33-0596423	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
APPLESEED NETWORK PO BOX 28 OZARK, MO 65721	84-4002645	501(C)(3)	30,000.	0.			SPECIFIC PROGRAM
ARC OF THE OZARKS 1501 E PYTHIAN SPRINGFIELD, MO 65802	43-6049004	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
AREA AGENCY ON AGING REGION TEN PO BOX 3990 JOPLIN, MO 64803	43-1159115	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARKANSAS CENTER FOR DATA SCIENCES PO BOX 7959 LITTLE ROCK, AR 72217	83-2312317	501(C)(3)	14,774.	0.			SPECIFIC PROGRAM
ASH GROVE R-IV SCHOOL DISTRICT 100 N MAPLE LN ASH GROVE, MO 65604	44-6001727	170(C)(1)	57,488.	0.			SPECIFIC PROGRAM
ASSEMBLIES OF GOD 1445 N. BOONVILLE SPRINGFIELD, MO 65802	44-0577787	501(C)(3)	7,000.	0.			SPECIFIC PROGRAM
AURORA RURAL FIRE PROTECTION DISTRICT - PO BOX 1009 - AURORA, MO 65605	46-2580663	501(C)(3)	6,441.	0.			SPECIFIC PROGRAM
AURORA R-VIII SCHOOL DISTRICT 201 SOUTH MADISON AURORA, MO 65605	44-6001732	170(C)(1)	12,000.	0.			SPECIFIC PROGRAM
BARNABAS FOUNDATION, INC PO BOX 3200 SPRINGFIELD, MO 65808	43-1700240	501(C)(3)	17,500.	0.			SPECIFIC PROGRAM
BARRY-LAWRENCE COUNTY DEVELOPMENT CENTER, INC. - 408 THIRD STREET - MONETT, MO 65708	43-1017210	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
BARTON COUNTY CHAMBER FOUNDATION INC - 110 W 10TH ST - LAMAR, MO 64759	85-1062181	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
BARTON COUNTY GOOD SAMARITAN 1301 PARRY ST. LAMAR, MO 64759	43-1465283	501(C)(3)	20,000.	0.			SPECIFIC PROGRAM

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARTON COUNTY MEMORIAL PARK 100 GULF ST LAMAR, MO 64759	35-2677418	501(C)(3)	115,000.	0.			SPECIFIC PROGRAM
BAYLOR UNIVERSITY FINANCIAL AID OFFICE WACO, TX 76798	74-1159753	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
BELIZE SPORTS OUTREACH 5506 SHASTA LEA DR OLIVE BRANCH, MS 38654	82-2103677	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
BETTER TOGETHER PLAYGROUND 8028 W. FR 76 WILLARD, MO 65781	87-4223282	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
BIG BROTHERS BIG SISTERS OF THE OZARKS - 3372 W BATTLEFIELD - SPRINGFIELD, MO 65807	43-0971303	501(C)(3)	20,000.	0.			SPECIFIC PROGRAM
BISHOP KEMPER SCHOOL OF MINISTRY 701 SW 8TH AVENUE TOPEKA, KS 66603	46-3536944	501(C)(3)	6,500.	0.			SPECIFIC PROGRAM
BONEBRAKE CENTER OF NATURE AND HISTORY - 601 NORTH HICKORY STREET - SALEM, MO 65560	43-1514904	501(C)(3)	5,645.	0.			SPECIFIC PROGRAM
BONNIEBROOK HISTORICAL SOCIETY 485 ROSE O'NEILL RD WALNUT SHADE, MO 65771	51-0203806	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
BOOTS COURT FOUNDATION PO BOX 1057 CARTHAGE, MO 64836	86-3971265	501(C)(3)	23,000.	0.			SPECIFIC PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOURBON COMMUNITY CENTER 5992 HWY C BOURBON, MO 65441	43-1499808	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
BOYS & GIRLS CLUBS OF SOUTHWEST MISSOURI - 317 COMINGO AVE - JOPLIN, MO 64801	44-0627566	501(C)(3)	50,000.	0.			SPECIFIC PROGRAM
BOYS & GIRLS CLUBS OF SPRINGFIELD 425 E TRAFFICWAY SPRINGFIELD, MO 65806	44-0513659	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
BOYS AND GIRLS CLUBS OF SPRINGFIELD - 1410 N FREMONT AVE - SPRINGFIELD, MO 65802	44-0513659	501(C)(3)	50,000.	0.			SPECIFIC PROGRAM
BRANCHES FOR THE LAKE 980 AIRPORT ROAD OSAGE BEACH, MO 65065	87-4714826	501(C)(3)	146,500.	0.			SPECIFIC PROGRAM
BRANSON ARTS COUNCIL, INC. PO BOX 2004 BRANSON, MO 65615	43-1606888	501(C)(3)	25,973.	0.			SPECIFIC PROGRAM
BREAST CANCER FOUNDATION OF THE OZARKS - 620 W REPUBLIC RD STE 107 - SPRINGFIELD, MO 65807	43-1881450	501(C)(3)	40,459.	0.			SPECIFIC PROGRAM
BRENTWOOD CHRISTIAN CHURCH 1900 E BARATARIA SPRINGFIELD, MO 65804	44-6006164	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
BRIDGE OF FAITH COMMUNITY CHURCH PO BOX 1059 ROCKAWAY BEACH, MO 65740	20-8112523	501(C)(3)	65,000.	0.			SPECIFIC PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURRELL BEHAVIORAL HEALTH 2885 W BATTLEFIELD RD SPRINGFIELD, MO 65807	43-1081715	501(C)(3)	95,488.	0.			SPECIFIC PROGRAM
BURRELL FOUNDATION 2885 W BATTLEFIELD RD SPRINGFIELD, MO 65807	43-1467704	501(C)(3)	5,248.	0.			SPECIFIC PROGRAM
CALVARY BIBLE CHURCH OF NIXA MISSOURI - PO BOX 1303 - NIXA, MO 65714	23-7219554	501(C)(3)	138,000.	0.			SPECIFIC PROGRAM
CAMDENTON R-III SCHOOL DISTRICT 119 SERVICE RD. CAMDENTON, MO 65020	43-0829976	170(C)(1)	8,100.	0.			SPECIFIC PROGRAM
CAMPUS CRUSADE FOR CHRIST (CRU) PO BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	12,000.	0.			SPECIFIC PROGRAM
CAREPORTAL 3161 WYANDOTTE ST KANSAS CITY, MO 64111	81-6079539	501(C)(3)	7,200.	0.			SPECIFIC PROGRAM
CARING HEARTS DOG AND CAT RESCUE 115 N MAIN ST GRAVOIS MILLS, MO 65037	81-3375617	501(C)(3)	9,000.	0.			SPECIFIC PROGRAM
CARL JUNCTION EDUCATIONAL FOUNDATION - 206 SOUTH RONEY - CARL JUNCTION, MO 64834	43-1776822	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
CARNEGIE MELLON UNIVERSITY FINANCIAL AID OFFICE PITTSBURGH, PA 15213	25-0969449	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARTHAGE R-9 SCHOOL FOUNDATION 710 LYON STREET CARTHAGE, MO 64836	43-1712338	501(C)(3)	8,160.	0.			SPECIFIC PROGRAM
CARTHAGE YOUTH FOOTBALL ASSOCIATION - 1094 S. UMBER LN - CARTHAGE, MO 64836	80-0606769	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
CASA (COURT APPOINTED SPECIAL ADVOCATES) OF SOUTHWEST MISSOURI - PO BOX 4853 - SPRINGFIELD, MO 65808	43-1524185	501(C)(3)	53,626.	0.			SPECIFIC PROGRAM
CASSVILLE UNITED METHODIST CHURCH 601 GRAVEL STREET CASSVILLE, MO 65625	43-1307914	501(C)(3)	16,310.	0.			SPECIFIC PROGRAM
CATHOLIC CHARITIES OF SOUTHERN MISSOURI - 424 EAST MONASTERY STREET - SPRINGFIELD, MO 65807	80-0455890	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
CATHOLIC CHURCH EXTENSION SOCIETY 150 SOUTH WACKER DRIVE SUITE 2000 CHICAGO, IL 60606	36-6000520	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
CATHOLIC RELIEF SERVICES PO BOX 5200 HARLAN, IA 51593	13-5563422	501(C)(3)	40,000.	0.			SPECIFIC PROGRAM
CEDAR FALLS HIGH SCHOOL 1015 DIVISION STREET CEDAR FALLS, IA 50613	42-0862684	170(C)(1)	7,873.	0.			SPECIFIC PROGRAM
CENTS OF PRIDE PO BOX 14849 SPRINGFIELD, MO 65814	38-3855890	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM

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CHICAGO RELIGIOUS LEADERSHIP NETWORK - C/O UNIVERSITY CHURCH - CHICAGO, IL 60637	36-3953535	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
CHILD ADVOCACY CENTER 1033 E WALNUT ST SPRINGFIELD, MO 65806	43-1729078	501(C)(3)	50,000.	0.			SPECIFIC PROGRAM
CHILDREN'S HAVEN OF SOUTHWEST MISSOURI - 711 SOUTH PICHER AVENUE - JOPLIN, MO 64801	04-3603881	501(C)(3)	81,705.	0.			SPECIFIC PROGRAM
CHILDREN'S MIRACLE NETWORK HOSPITALS - 3525 S. NATIONAL, STE. 203 - SPRINGFIELD, MO 65807	87-0387205	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
CHILDREN'S SMILE CENTER 601 N. 21ST STREET OZARK, MO 65721	57-1196229	501(C)(3)	24,495.	0.			SPECIFIC PROGRAM
CHRIST EPISCOPAL CHURCH - SPRINGFIELD - 601 E WALNUT ST - SPRINGFIELD, MO 65806	44-0666523	501(C)(3)	50,858.	0.			SPECIFIC PROGRAM
CHRISTIAN ACTION MINISTRIES 2400 STATE HIGWAY 165 BRANSON, MO 65616	43-1355905	501(C)(3)	86,419.	0.			SPECIFIC PROGRAM
CHRISTIAN VETERINARY MISSION PO BOX 5888 LYNNWOOD, WA 98046	85-2465430	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
CITY OF AVA P.O. BOX 967 AVA, MO 65608	44-6000136	170(C)(1)	24,479.	0.			SPECIFIC PROGRAM

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CITY OF BUFFALO PO BOX 410 BUFFALO, MO 65622	44-6000145	170(C)(1)	13,850.	0.			SPECIFIC PROGRAM
CITY OF CASSVILLE 300 MAIN STREET CASSVILLE, MO 65625	44-6000161	170(C)(1)	54,000.	0.			SPECIFIC PROGRAM
CITY OF ELDON PO BOX 355 ELDON, MO 65026	44-6000170	170(C)(1)	18,365.	0.			SPECIFIC PROGRAM
CITY OF HERMANN 1902 JEFFERSON STREET HERMANN, MO 65041	43-6001607	170(C)(1)	7,983.	0.			SPECIFIC PROGRAM
CITY OF LOCKWOOD 400 MAIN STREET LOCKWOOD, MO 65682	44-6000215	170(C)(1)	5,346.	0.			SPECIFIC PROGRAM
CITY OF SEYMOUR PO BOX 247 SEYMOUR, MO 65746	44-6005586	170(C)(1)	16,273.	0.			SPECIFIC PROGRAM
CITY OF SPRINGFIELD DEPARTMENT OF WORKFORCE DEVELOPMENT - 2900 E SUNSHINE - SPRINGFIELD, MO 65804	44-6000268	170(C)(1)	75,000.	0.			SPECIFIC PROGRAM
CLINTON ANIMAL RESCUE ENDEAVOR 103 S GAIL DR CLINTON, MO 64735	26-2482075	501(C)(3)	10,996.	0.			SPECIFIC PROGRAM
CLINTON METHODIST CHURCH 601 S 4TH ST CLINTON, MO 64735	44-0590276	501(C)(3)	44,371.	0.			SPECIFIC PROGRAM

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COALITION OF CHARITIES 5633 FARM ROAD 1012 PURDY, MO 65734	86-1583514	501(C)(3)	35,000.	0.			SPECIFIC PROGRAM
COLLEGE HEIGHTS CHRISTIAN SCHOOL 4311 E NEWMAN RD JOPLIN, MO 64801	43-1276651	501(C)(3)	17,500.	0.			SPECIFIC PROGRAM
COLLEGE OF THE OZARKS P.O. BOX 17 POINT LOOKOUT, MO 65726	44-0556862	501(C)(3)	27,874.	0.			SPECIFIC PROGRAM
COLLEGE OF THE OZARKS CASH ACCOUNTS POINT LOOKOUT, MO 65726	44-0556862	501(C)(3)	17,000.	0.			SPECIFIC PROGRAM
COLUMBIA UNIVERSITY FINANCIAL AID & EDUCATIONAL FINANCE NEW YORK, NY 10027	13-5598093	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
COMMUNITIES OF RECOVERY, INC. PO BOX 6224 BRANSON, MO 65615	46-1516182	501(C)(3)	62,976.	0.			SPECIFIC PROGRAM
COMMUNITY FAITH CHAPEL 13372 STATE HWY 248 CASSVILLE, MO 65625	43-1852063	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
COMMUNITY FOUNDATION OF CENTRAL MISSOURI - 701 EAST BROADWAY - COLUMBIA, MO 65205	27-2930245	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
COMMUNITY FOUNDATION OF GREATER DUBUQUE - 700 LOCUST ST STE 195 - DUBUQUE, IA 52001	42-1526614	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM

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COMMUNITY FOUNDATION OF SOUTHEAST KANSAS - 100 SOUTH BROADWAY - PITTSBURG, KS 66762	48-1243847	501(C)(3)	10,244.	0.			SPECIFIC PROGRAM
COMMUNITY OUTREACH MINISTRIES PO BOX 181 BOLIVAR, MO 65613	26-1545304	501(C)(3)	39,541.	0.			SPECIFIC PROGRAM
COMMUNITY PARTNERSHIP OF THE OZARKS - 330 N JEFFERSON AVE - SPRINGFIELD, MO 65806	43-1830026	501(C)(3)	407,064.	0.			SPECIFIC PROGRAM
CONNECT2CULTURE 212 WEST 7TH ST JOPLIN, MO 64801	45-1779223	501(C)(3)	10,950.	0.			SPECIFIC PROGRAM
CONNECTING GROUNDS 4341 WEST CHESTNUT EXPWY SPRINGFIELD, MO 65802	82-3818094	501(C)(3)	39,800.	0.			SPECIFIC PROGRAM
CONVOY OF HOPE 1 CONVOY DRIVE SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	95,000.	0.			SPECIFIC PROGRAM
CONWAY MEMORIAL LIBRARY PO BOX 100 CONWAY, MO 65632	42-1640075	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
COTTEY COLLEGE FINANCIAL AID OFFICE NEVADA, MO 64772	44-0545271	170(C)(1)	20,753.	0.			SPECIFIC PROGRAM
COUNCIL OF CHURCHES PO BOX 3947 SPRINGFIELD, MO 65808	43-0903657	501(C)(3)	133,750.	0.			SPECIFIC PROGRAM

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COX COLLEGE OF NURSING FINANCIAL AID OFFICE SPRINGFIELD, MO 65802	44-0577118	501(C)(3)	7,332.	0.			SPECIFIC PROGRAM
COX HEALTH FOUNDATION 3525 S. NATIONAL, SUITE 204 SPRINGFIELD, MO 65807	43-6810485	501(C)(3)	76,500.	0.			SPECIFIC PROGRAM
CROSS TRAIL OUTFITTERS OF MISSOURI INC - MO STATE OFFICE - WILLARD, MO 65781	45-3812502	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
CROSSLINES PO BOX 3947 SPRINGFIELD, MO 65808	43-0903657	501(C)(3)	110,161.	0.			SPECIFIC PROGRAM
CROSSLINES OF MONETT PO BOX 163 MONETT, MO 65708	43-1357771	501(C)(3)	35,000.	0.			SPECIFIC PROGRAM
CROWDER COLLEGE CASHIER'S OFFICE NEOSHO, MO 64850	44-0668521	501(C)(3)	18,000.	0.			SPECIFIC PROGRAM
CUBA MINISTERIAL ALLIANCE PO BOX 72 CUBA, MO 65453	43-1431100	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
CYSTIC FIBROSIS FOUNDATION P.O. BOX 5004 HAGERSTOWN, MD 21741	13-1930701	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
DEVELOPMENTAL CENTER OF THE OZARKS 1545 E PYTHIAN SPRINGFIELD, MO 65802	44-0614402	501(C)(3)	18,000.	0.			SPECIFIC PROGRAM

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DIOCESE OF SPRINGFIELD-CAPE GIRARDEAU - 601 S. JEFFERSON - SPRINGFIELD, MO 65806	44-0609997	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
DOGWOOD RANCH PO BOX 1995 OZARK, MO 65721	20-4279204	501(C)(3)	30,000.	0.			SPECIFIC PROGRAM
DOUGLAS COUNTY COUNCIL ON AGING PO BOX 1166 AVA, MO 65608	43-1460783	501(C)(3)	22,070.	0.			SPECIFIC PROGRAM
DOULA FOUNDATION OF MID AMERICA 1901 E MEADOWMERE ST SPRINGFIELD, MO 65804	30-0046369	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
DRAKE UNIVERSITY FINANCIAL AID OFFICE DES MOINES, IA 50311	42-0680460	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
DREW LEWIS FOUNDATION, INC 1126 N BROADWAY AVE, BLDG A SPRINGFIELD, MO 65802	47-2991671	501(C)(3)	72,500.	0.			SPECIFIC PROGRAM
DRURY UNIVERSITY ADVANCEMENT OFFICE SPRINGFIELD, MO 65802	44-0552049	170(C)(1)	285,169.	0.			SPECIFIC PROGRAM
DRURY UNIVERSITY FINANCIAL AID OFFICE SPRINGFIELD, MO 65802	44-0552049	501(C)(3)	57,500.	0.			SPECIFIC PROGRAM
DUKE UNIVERSITY FINANCIAL AID OFFICE DURHAM, NC 27708	56-2070036	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM

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DYNAMIC STRIDES THERAPY, INC. 2673 E. SAWYER ROAD REPUBLIC, MO 65738	81-3551874	501(C)(3)	11,000.	0.			SPECIFIC PROGRAM
EAGLE CREST MINISTRIES INC PO BOX 1449 GENTRY, AR 72734	91-2028321	501(C)(3)	100,000.	0.			SPECIFIC PROGRAM
EASTERN OREGON UNIVERSITY ONE UNIVERSITY BLVD LA GRADE, OR 97850	47-2967284	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
EDEN VILLAGE OF WILMINGTON 1302 KORNEGAY WILMINGTON, NC 28405	84-4629801	501(C)(3)	35,000.	0.			SPECIFIC PROGRAM
EDEN VILLAGE/THE GATHERING TREE PO BOX 2364 SPRINGFIELD, MO 65801	46-1371575	501(C)(3)	1,105,000.	0.			SPECIFIC PROGRAM
EDGEWATER PRESBYTERIAN CHURCH 1020 W BRYN MAWR AVE CHICAGO, IL 60660	23-6393377	501(C)(3)	50,000.	0.			SPECIFIC PROGRAM
EL DORADO SPRINGS R-II SCHOOL DISTRICT - 901 S. GRAND - EL DORADO SPRINGS, MO 64744	44-6001481	170(C)(1)	7,349.	0.			SPECIFIC PROGRAM
ELEVATE BRANSON 310 GRETN A ROAD BRANSON, MO 65616	26-4727548	501(C)(3)	105,000.	0.			SPECIFIC PROGRAM
ELEVATE LEBANON PO BOX 776 LEBANON, MO 65536	84-5109686	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM

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ELEVEN POINT VALLEY COMMUNITY CENTER - 542 COUNTY ROAD 424 - BIRCH TREE, MO 65438	43-1135330	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
EMERGENCY SERVICES FOR CHILDREN 902 MCVEY MOUNT VERNON, MO 65712	43-1671411	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
EMINENCE R-I PO BOX 730 EMINENCE, MO 65466	43-6002059	170(C)(1)	25,000.	0.			SPECIFIC PROGRAM
ETA FOREVER SISTERHOOD 115 BAKER ST WINTERS, CA 95694	88-0904271	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
ETA KAPPA EDUCATION FUND PO BOX 7291 OVERLAND PARK, KS 66207	81-2848067	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
EVANGEL UNIVERSITY 1111 N GLENSTONE SPRINGFIELD, MO 65802	44-0589787	170(C)(1)	10,000.	0.			SPECIFIC PROGRAM
EVANGEL UNIVERSITY FINANCIAL AID OFFICE SPRINGFIELD, MO 65802	44-0589787	501(C)(3)	30,000.	0.			SPECIFIC PROGRAM
FAITH CHRISTIAN FAMILY CHURCH PO BOX 427 EUREKA SPRINGS, AR 72632	71-0528646	501(C)(3)	20,000.	0.			SPECIFIC PROGRAM
FAITH COMMUNITY HEALTH CENTER, INC. - 1232 BRANSON HILLS PKWY SUITE 104 - BRANSON, MO 65616	94-3467834	501(C)(3)	95,000.	0.			SPECIFIC PROGRAM

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FAMILY LIFE CHURCH OF TEXAS INC 21463 BISCAYNE VALLEY LN. KATY, TX 77449	46-4413132	501(C)(3)	17,650.	0.			SPECIFIC PROGRAM
FATHER FLANAGAN'S BOYS TOWN PO BOX 8000 BOYS TOWN, NE 68010	47-0376606	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
FELLOWSHIP BIBLE CHURCH 4855 S FARM ROAD 205 ROGERSVILLE, MO 65742	43-1657145	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277	11-0303001	501(C)(3)	644,257.	0.			SPECIFIC PROGRAM
FIRST AND CALVARY PRESBYTERIAN CHURCH - 820 E CHERRY ST - SPRINGFIELD, MO 65806	44-0555219	501(C)(3)	51,853.	0.			SPECIFIC PROGRAM
FIRST BAPTIST CHURCH - BOLIVAR 119 N. SPRINGFIELD AVE BOLIVAR, MO 65613	44-0606423	501(C)(3)	27,000.	0.			SPECIFIC PROGRAM
FIRST BAPTIST CHURCH - JOPLIN 4128 CONNECTICUT AVE JOPLIN, MO 64804	44-0656876	501(C)(3)	62,470.	0.			SPECIFIC PROGRAM
FIRST PRESBYTERIAN CHURCH - BRANSON - 420 WEST MAIN - BRANSON, MO 65616	44-0657717	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
FIRST PRESBYTERIAN CHURCH - CARTHAGE - 115 W. CHESTNUT ST. - CARTHAGE, MO 64836	44-0606868	501(C)(3)	9,932.	0.			SPECIFIC PROGRAM

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FIRST STEP BACK HOME INC. 18 AUVERGNE DRIVE LAKE ST. LOUIS, MO 63367	20-8676289	501(C)(3)	20,000.	0.			SPECIFIC PROGRAM
FIRST UNITED METHODIST CHURCH OF CARTHAGE - 617 S MAIN ST - CARTHAGE, MO 64836	44-0615076	501(C)(3)	9,932.	0.			SPECIFIC PROGRAM
FLORIDA SOUTHERN COLLEGE FINANCIAL AID OFFICE LAKELAND, FL 33801	59-0624401	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
FOOD FOR THE POOR, INC. 6401 LYONS RD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	35,000.	0.			SPECIFIC PROGRAM
FOR THE KIDS 19221 LAWRENCE 2227 AURORA, MO 65605	82-3385302	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
FORSYTH LIBRARY FRIENDS, INC. PO BOX 522 FORSYTH, MO 65653	43-1091486	501(C)(3)	30,000.	0.			SPECIFIC PROGRAM
FORT MYERS BEACH COMMUNITY FOUNDATION - PO BOX 2834 - FORT MYERS BEACH, FL 33932	20-8844354	501(C)(3)	61,654.	0.			SPECIFIC PROGRAM
FOSTER ADOPT CONNECT SPRINGFIELD 509 S CAVALIER SPRINGFIELD, MO 65802	43-1895965	501(C)(3)	80,910.	0.			SPECIFIC PROGRAM
FOSTERING HOPE PO BOX 243 CARL JUNTION, MO 64834	38-3944078	501(C)(3)	20,000.	0.			SPECIFIC PROGRAM

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FOUNDATION FOR RESTORATION OF STE. GENEVIEVE - PO BOX 88 - STE. GENEVIEVE, MO 63670	43-6076867	501(C)(3)	35,639.	0.			SPECIFIC PROGRAM
FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS - 1131 N BOONVILLE - SPRINGFIELD, MO 65802	43-1560366	501(C)(3)	22,645.	0.			SPECIFIC PROGRAM
FRANCISCAN UNIVERSITY 1235 UNIVERSITY BLVD. STEUBENVILLE, OH 43952	34-0714818	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
FRIENDS OF BOLIVAR PARKS 4096 S. 106TH RD BOLIVAR, MO 65613	47-1336483	501(C)(3)	5,400.	0.			SPECIFIC PROGRAM
FRIENDS OF THE GARDEN 2400 S. SCENIC SPRINGFIELD, MO 65807	43-1898848	501(C)(3)	31,900.	0.			SPECIFIC PROGRAM
FRIENDS OF THE MISSOURI GOVERNOR'S MANSION - 716 E HIGH ST - JEFFERSON CITY, MO 65101	23-7444679	501(C)(3)	17,500.	0.			SPECIFIC PROGRAM
FRIENDS OF THE ZOO 3043 N FORT ST SPRINGFIELD, MO 65803	23-7096596	501(C)(3)	45,000.	0.			SPECIFIC PROGRAM
FULLER CENTER FOR HOUSING INC P. O. BOX 523 AMERICUS, GA 31709	52-2455871	501(C)(3)	60,000.	0.			SPECIFIC PROGRAM
GASCONADE COUNTY R-I SCHOOL DISTRICT - 170 BLUE PRIDE DRIVE - HERMANN, MO 65041	43-6015434	170(C)(1)	53,685.	0.			SPECIFIC PROGRAM

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GEORGE WASHINGTON UNIVERSITY FINANCIAL AID OFFICE WASHINGTON, DC 20052	53-0196584	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
GILLIOZ THEATRE 325 PARK CENTRAL EAST SPRINGFIELD, MO 65806	47-3527059	501(C)(3)	7,500.	0.			SPECIFIC PROGRAM
GLENDAL CHRISTIAN CHURCH 2110 S BLACKMAN RD SPRINGFIELD, MO 65809	43-1021709	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
GLOBAL FREEDOM CONCEPTS INC. C/O ANDRES PANASIUK LAKE MARY, FL 32746	27-1778932	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
GLORIA DEO ACADEMY 3146 S GOLDEN AVE SPRINGFIELD, MO 65807	26-2534427	501(C)(3)	15,888.	0.			SPECIFIC PROGRAM
GOD'S RESORT PO BOX 4981 JOPLIN, MO 64803	26-0766685	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
GOLDEN CITY R-III SCHOOLS 1208 WALNUT STREET GOLDEN CITY, MO 64748	44-6002728	170(C)(1)	7,500.	0.			SPECIFIC PROGRAM
GOLDEN VALLEY MEMORIAL HOSPITAL FOUNDATION, INC. - 1600 N. 2ND STREET - CLINTON, MO 64735	43-1509160	501(C)(3)	60,000.	0.			SPECIFIC PROGRAM
GOOD SAMARITAN BOYS RANCH PO BOX 617 BRIGHTON, MO 65617	44-6006077	501(C)(3)	15,480.	0.			SPECIFIC PROGRAM

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GOOD SHEPHERD LUTHERAN CHURCH 8975 COUNTY LANE 170 CARTHAGE, MO 64836	43-1454432	501(C)(3)	6,756.	0.			SPECIFIC PROGRAM
GORDON COLLEGE 255 GRAPEVINE COLLEGE WENHAM, MA 01984	04-2104258	170(C)(1)	30,000.	0.			SPECIFIC PROGRAM
GRACE EPISCOPAL CHURCH PO BOX 596 CARTHAGE, MO 64836	44-0608719	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
GREENE COUNTY SENIOR BOARD 940 N. BOONVILLE AVE. SPRINGFIELD, MO 65802	37-1709405	501(C)(3)	35,195.	0.			SPECIFIC PROGRAM
GREENFIELD R-IV SCHOOL DISTRICT 410 W COLLEGE GREENFIELD, MO 65661	44-6005439	170(C)(1)	21,722.	0.			SPECIFIC PROGRAM
GRUPO LATINOAMERICANO 918 E CALHOUN SPRINGFIELD, MO 65802	43-1527417	501(C)(3)	6,827.	0.			SPECIFIC PROGRAM
GYN CANCERS ALLIANCE 3039 S FORT AVE STE A SPRINGFIELD, MO 65807	43-1943170	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
HABITAT FOR HUMANITY 322 W LAMAR ST AMERICUS, GA 31709	91-1914868	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
HABITAT FOR HUMANITY OF SPRINGFIELD - 2410 S SCENIC AVE - SPRINGFIELD, MO 65807	43-1470360	501(C)(3)	7,500.	0.			SPECIFIC PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HALFWAY R-III SCHOOL DISTRICT 2150 HIGHWAY 32 HALFWAY, MO 65663	44-6001400	170(C)(1)	8,210.	0.			SPECIFIC PROGRAM
HALLTOWN BAPTIST CHURCH 202 ELM DR HALLTOWN, MO 65664	43-1245841	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
HAMMOND MILL CAMP INC 204 W MAIN ST STE 1 WEST PLAINS, MO 65775	43-6061680	501(C)(3)	24,801.	0.			SPECIFIC PROGRAM
HANNIBAL LAGRANGE UNIVERSITY FINANCIAL AID OFFICE HANNIBAL, MO 63401	43-1007642	501(C)(3)	7,500.	0.			SPECIFIC PROGRAM
HARDING UNIVERSITY BUSINESS OFFICE SEARCY, AR 72149	71-0236896	501(C)(3)	12,000.	0.			SPECIFIC PROGRAM
HARMONY HOUSE PO BOX 3541 SPRINGFIELD, MO 65808	43-1082063	501(C)(3)	36,600.	0.			SPECIFIC PROGRAM
HEART OF THE OZARKS UNITED WAY 1404 SOUTHERN HILLS CTR #329 WEST PLAINS, MO 65775	43-1272084	501(C)(3)	22,000.	0.			SPECIFIC PROGRAM
HELP GIVE HOPE 2733 E BATTLEFIELD #332 SPRINGFIELD, MO 65804	43-1727982	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
HIGHER POWER GARAGE 711 N. SCHIFFERDECKER AVENUE JOPLIN, MO 64801	85-0605889	501(C)(3)	50,000.	0.			SPECIFIC PROGRAM

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HILL CITY CHURCH 2050 E TRAFFICWAY SPRINGFIELD, MO 65802	81-1584612	501(C)(3)	123,700.	0.			SPECIFIC PROGRAM
HISTORIC RIVER DISTRICT (HRD) PO BOX 1081 OZARK, MO 65721	82-3987983	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
HISTORY MUSEUM ON THE SQUARE PO BOX 2963 SPRINGFIELD, MO 65801	51-0148860	501(C)(3)	92,500.	0.			SPECIFIC PROGRAM
HOLIDAY CENTRAL OF MOUNT VERNON 14868 LAWRENCE 1137 MOUNT VERNON, MO 65712	84-2693286	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
HOLY TRINITY CATHOLIC CHURCH - SPRINGFIELD - 2818 E BENNETT ST - SPRINGFIELD, MO 65804	43-0889012	501(C)(3)	103,371.	0.			SPECIFIC PROGRAM
HOPEDALE BAPTIST CHURCH 5370 N STATE HWY NN OZARK, MO 65721	43-1303966	501(C)(3)	6,330.	0.			SPECIFIC PROGRAM
HUMANE SOCIETY OF SOUTHWEST MISSOURI - 3161 W NORTON RD - SPRINGFIELD, MO 65803	44-0665046	501(C)(3)	126,117.	0.			SPECIFIC PROGRAM
IMMACULATE CONCEPTION CATHOLIC CHURCH - 208 S HOPE ST, SUITE 102 - JACKSON, MO 63755	43-0653357	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
IMMANUEL LUTHERAN CHURCH 212 W 4TH ST BOX H LOCKWOOD, MO 65682	44-0577124	501(C)(3)	56,789.	0.			SPECIFIC PROGRAM

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INDUSTRIAL DEVELOPMENT AUTHORITY OF STE GENEVIEVE COUNTY MISSOURI - 251 MARKET ST - SAINTE GENEVIEVE, MO 63670	43-1869132	501(C)(3)	153,000.	0.			SPECIFIC PROGRAM
ISABEL'S HOUSE 2750 W. BENNETT SPRINGFIELD, MO 65802	20-4574229	501(C)(3)	44,973.	0.			SPECIFIC PROGRAM
IVY BEND ANIMAL RESCUE 33455 IVY BEND ROAD STOVER, MO 65078	47-4949763	501(C)(3)	7,000.	0.			SPECIFIC PROGRAM
JAMES RIVER CHURCH 6100 N 19TH ST OZARK, MO 65721	43-1564676	501(C)(3)	60,894.	0.			SPECIFIC PROGRAM
JOHN BROWN UNIVERSITY FINANCIAL AID OFFICE SILOAM SPRINGS, AR 72761	71-0239576	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
JOPLIN REGIONAL MEDICAL SCHOOL ALLIANCE - 100 S WOOD STREET - NEOSHO, MO 64850	27-3183285	501(C)(3)	11,250.	0.			SPECIFIC PROGRAM
JOPLIN SCHOOLS FOUNDATION PO BOX 128 JOPLIN, MO 64802	43-1664927	501(C)(3)	20,000.	0.			SPECIFIC PROGRAM
JORDAN VALLEY COMMUNITY HEALTH CENTER - 440 E TAMPA ST - SPRINGFIELD, MO 65801	43-1602701	501(C)(3)	40,000.	0.			SPECIFIC PROGRAM
JOYFUL JOURNEYS INC 462 PACKET ST GWINN, MN 49841	84-4225351	501(C)(3)	26,000.	0.			SPECIFIC PROGRAM

Schedule I (Form 990)

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JUNIOR ACHIEVEMENT IN SOUTHWEST MISSOURI - 900 N. BENTON - SPRINGFIELD, MO 65802	43-0652112	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
JUST LIKE YOU FILMS 7301 MISSION ROAD PRAIRIE VILLAGE, KS 66208	26-4753087	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
KANAKUK INSTITUTE 1353 LAKESHORE DRIVE BRANSON, MO 65616	43-1926319	501(C)(3)	30,000.	0.			SPECIFIC PROGRAM
KANAKUK MINISTRIES 1353 LAKESHORE DRIVE BRANSON, MO 65616	43-1815310	501(C)(3)	130,000.	0.			SPECIFIC PROGRAM
KANSAS MASONIC FOUNDATION INC 221 SW 33RD ST TOPEKA, KS 66614	48-6127355	501(C)(3)	6,480.	0.			SPECIFIC PROGRAM
KBY CONGREGATIONS TOGETHER, INC. PO BOX 23170 BROOKLYN, NY 11202	57-1199898	501(C)(3)	80,000.	0.			SPECIFIC PROGRAM
KIWANIS FOUNDATION OF MONETT 2352 FARM ROAD 1063 MONETT, MO 65708	43-1874975	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
K-LIFE MINISTRIES 1353 LAKESHORE DRIVE BRANSON, MO 65616	43-1538224	501(C)(3)	20,000.	0.			SPECIFIC PROGRAM
KVC BEHAVIORAL HEALTHCARE MISSOURI 1212 W LOMBARD ST SPRINGFIELD, MO 65806	44-0565392	501(C)(3)	95,000.	0.			SPECIFIC PROGRAM

Schedule I (Form 990)

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KVC MISSOURI 330 NORTH GORE AVENUE ST. LOUIS, MO 63119	43-0681471	501(C)(3)	100,000.	0.			SPECIFIC PROGRAM
LAKE COUNTRY SOCCER INC 2334 E PYTHIAN DRIVE SPRINGFIELD, MO 65802	43-1387805	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
LAKE OF THE OZARKS SHOOTOUT, INC PO BOX 568 SUNRISE BEACH, MO 65079	26-2067090	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
LAKELAND SCHOOL DISTRICT 12530 LAKELAND SCHOOL DR DEEPWATER, MO 64740	43-1042567	170(C)(1)	10,000.	0.			SPECIFIC PROGRAM
LAMAR AREA CHRISTIAN MINISTRIES ASSOCIATION - MILFORD CHRISTIAN CHURCH - LAMAR, MO 64759	43-1465283	501(C)(3)	82,000.	0.			SPECIFIC PROGRAM
LAMAR INDEPENDENT FOUNDATION FOR EDUCATION - 202 W 7TH ST - LAMAR, MO 64759	43-1744159	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
LAMAR R-1 SCHOOL DISTRICT 202 W 7TH ST LAMAR, MO 64759	44-6003166	170(C)(1)	22,500.	0.			SPECIFIC PROGRAM
LEADERSHIP SPRINGFIELD 610A E BATTLEFIELD RD #234 SPRINGFIELD, MO 65807	43-1473595	501(C)(3)	62,000.	0.			SPECIFIC PROGRAM
LEAST OF THESE, INC. 1720 JAMES RIVER RD OZARK, MO 65721	43-1867039	501(C)(3)	30,000.	0.			SPECIFIC PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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LIBERAL R-II SCHOOL DISTRICT 107 S PAYNE PO BOX 38 LIBERAL, MO 64762	44-6003209	170(C)(1)	7,500.	0.			SPECIFIC PROGRAM
LIFECHOICES HEALTH NETWORK 531 E 7TH ST JOPLIN, MO 64801	43-1518912	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
LITTLE ONES MINISTRIES PO BOX 892040 OKLAHOMA CITY, OK 73189	43-1914361	501(C)(3)	80,000.	0.			SPECIFIC PROGRAM
LIVE 2 GIVE HOPE 27502 NOLAND DRIVE LEBANON, MO 65536	81-4925503	501(C)(3)	20,000.	0.			SPECIFIC PROGRAM
LOCAL INITIATIVES SUPPORT CORPORATION - 1825 K STREET NW, SUITE 1100 - WASHINGTON, DC 20006	13-3030229	501(C)(3)	50,000.	0.			SPECIFIC PROGRAM
LOGAN-ROGERSVILLE FIRE PROTECTION DISTRICT - 1675 NORTH MISSOURI BLVD. - ROGERSVILLE, MO 65742	43-1481421	501(C)(3)	6,600.	0.			SPECIFIC PROGRAM
LOGAN-ROGERSVILLE R-VIII SCHOOL DISTRICT - 100 E FRONT ST - ROGERSVILLE, MO 65742	44-6005281	170(C)(1)	14,573.	0.			SPECIFIC PROGRAM
LOST AND FOUND GRIEF CENTER PO BOX 3008 SPRINGFIELD, MO 65808	43-1896981	501(C)(3)	30,000.	0.			SPECIFIC PROGRAM
LUTHERAN FAMILY & CHILDREN SERVICES OF MISSOURI - 8631 DELMAR BLVD - ST. LOUIS, MO 63124	43-0652650	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MAKE A WISH MISSOURI & KANSAS 13523 BARRETT PARKWAY DR SUITE 241 BALLWIN, MO 63021	43-1550697	501(C)(3)	20,500.	0.			SPECIFIC PROGRAM
MARION C. EARLY R-V SCHOOL DISTRICT - 5305 S MAIN ST - MORRISVILLE, MO 65710	44-6001489	170(C)(1)	93,293.	0.			SPECIFIC PROGRAM
MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCE - FINANCIAL AID OFFICE - BOSTON, MA 02115	04-2104700	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
MERAMEC REGIONAL PLANNING COMMISSION - 4 INDUSTRIAL DR - ST. JAMES, MO 65559	12-5606850	170(C)(1)	53,008.	0.			SPECIFIC PROGRAM
MERCY COLLEGE OF NURSING (SBU) 4431 S. FREMONT SPRINGFIELD, MO 65804	32-0195818	170(C)(1)	7,332.	0.			SPECIFIC PROGRAM
MERCY HEALTH FOUNDATION SPRINGFIELD - 3265 S. NATIONAL AVE, SUITE 200 - SPRINGFIELD, MO 65807	32-0195818	501(C)(3)	48,000.	0.			SPECIFIC PROGRAM
MERCY HOME FOR BOYS AND GIRLS 1140 WEST JACKSON BLVD CHICAGO, IL 60607	36-2171726	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
MERCY MULTIPLIED PO BOX 111060 NASHVILLE, TN 37222	72-0973419	501(C)(3)	50,000.	0.			SPECIFIC PROGRAM
MID-AMERICA ARTS ALLIANCE 2018 BALTIMORE AVE KANSAS CITY, MO 64108	23-7303693	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MISSION GATE CHRISTIAN CENTER PO BOX 6644 CHESTERFIELD, MO 63006	43-1446430	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
MISSOURI FORGET-ME-NOT HORSE RESCUE AND SANCTUARY - 1025 HERITAGE RD - LINN CREEK, MO 65052	45-3787871	501(C)(3)	9,000.	0.			SPECIFIC PROGRAM
MISSOURI OZARKS COMMUNITY ACTION INC - PO BOX 69 - RICHLAND, MO 65556	43-0837331	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
MISSOURI PUBLIC EDUCATION FOUNDATION - 4628 BRIDELEWOOD TIER - SAINT LOUIS, MO 63128	88-2626615	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
MISSOURI SOUTHERN FOUNDATION 3950 E NEWMAN ROAD JOPLIN, MO 64801	43-0907114	501(C)(3)	74,535.	0.			SPECIFIC PROGRAM
MISSOURI SOUTHERN STATE UNIVERSITY FINANCIAL AID OFFICE JOPLIN, MO 64801	43-0813540	170(C)(1)	15,000.	0.			SPECIFIC PROGRAM
MISSOURI SOUTHERN STATE UNIVERSITY 3950 NEWMAN RD JOPLIN, MO 64801	43-1136064	501(C)(3)	68,854.	0.			SPECIFIC PROGRAM
MISSOURI SPORTS HALL OF FAME 3861 E STAN MUSIAL DR SPRINGFIELD, MO 65809	43-1624519	501(C)(3)	7,500.	0.			SPECIFIC PROGRAM
MISSOURI STATE CHAPTER, P.E.O. 17900 E 25TH ST. CT. S. INDEPENDENCE, MO 64057	44-0629403	501(C)(3)	6,902.	0.			SPECIFIC PROGRAM

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MISSOURI STATE UNIVERSITY - WEST PLAINS - 128 GARFIELD AVENUE - WEST PLAINS, MO 65775	43-1234200	170(C)(1)	10,000.	0.			SPECIFIC PROGRAM
MISSOURI STATE UNIVERSITY FOUNDATION - MEYER ALUMNI CENTER - SPRINGFIELD, MO 65806	43-1234200	501(C)(3)	318,772.	0.			SPECIFIC PROGRAM
MISSOURI STATE UNIVERSITY-SPRINGFIELD MO - FINANCIAL AID OFFICE - NICHOLS - SPRINGFIELD, MO 65897	44-6000308	170(C)(1)	52,000.	0.			SPECIFIC PROGRAM
MISSOURI UNIVERSITY OF SCIENCE & TECHNOLOGY - FINANCIAL AID OFFICE - ROLLA, MO 65401	43-6003859	170(C)(1)	10,000.	0.			SPECIFIC PROGRAM
MISSOURI UNIVERSITY OF SCIENCE AND TECHNOLOGY - 112 CAMPUS SUPPORT FACILITY - ROLLA, MO 65409	88-0648273	170(C)(1)	22,521.	0.			SPECIFIC PROGRAM
MISSOURI WORKS INITIATIVE 131 E HIGH STREET JEFFERSON CITY, MO 65101	85-4270800	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
MONETT R-I SCHOOL DISTRICT 900 E SCOTT ST MONETT, MO 65708	44-6001429	170(C)(1)	24,829.	0.			SPECIFIC PROGRAM
MORRISVILLE CEMETERY ASSOCIATION 1043 HWY 215 MORRISVILLE, MO 65710	44-0667307	501(C)(13)	10,178.	0.			SPECIFIC PROGRAM
MOUNTAIN GROVE R-III SCHOOL DISTRICT - PO BOX 806 - MOUNTAIN GROVE, MO 65711	44-6004985	170(C)(1)	6,570.	0.			SPECIFIC PROGRAM

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MT. VERNON SCHOOL DISTRICT 730 S LANDRUM ST MT. VERNON, MO 65712	44-6003597	170(C)(1)	35,829.	0.			SPECIFIC PROGRAM
MT. VERNON SENIOR CENTER 425 N. MAIN ST. MOUNT VERNON, MO 65712	43-1430060	501(C)(3)	5,600.	0.			SPECIFIC PROGRAM
NATIONAL ASSEMBLY OF STATE ARTS AGENCIES - NW SUITE 1100 - WASHINGTON, DC 20036	62-0913689	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
NATIONAL AVENUE CHRISTIAN CHURCH (DISCIPLES OF CHRIST) - 1515 S NATIONAL - SPRINGFIELD, MO 65804	44-0593005	501(C)(3)	6,500.	0.			SPECIFIC PROGRAM
NATIONAL CHRISTIAN FOUNDATION 15 N. EOLA DRIVE ORLANDO, FL 32801	58-1493949	501(C)(3)	250,479.	0.			SPECIFIC PROGRAM
NETWORK FOR STRONG COMMUNITIES 8050 WATSON RD SUITE 240 ST. LOUIS, MO 63119	43-1752694	501(C)(3)	180,000.	0.			SPECIFIC PROGRAM
NEW HAMPTON SCHOOL 70 MAIN ST NEW HAMPTON, NH 03256	02-0223634	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
NIANGUA TLC 301 RUMSEY AVE NIANGUA, MO 65713	81-3337457	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
NIXA R-II SCHOOL DISTRICT FAUGHT ADMINISTRATIVE CENTER NIXA, MO 65714	44-6003670	170(C)(1)	18,500.	0.			SPECIFIC PROGRAM

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NORTHWEST MISSOURI COMMUNITY FOUNDATION - 1006 W ST MAARTENS DR., SUITE B - ST. JOSEPH, MO 64506	27-0436182	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
NOURISHKC PO BOX 10337 KANSAS CITY, MO 64171	43-1525298	501(C)(3)	6,500.	0.			SPECIFIC PROGRAM
OAK HILL R-1 6200 SOUTH HIGHWAY 19 SALEM, MO 65560	43-6013753	170(C)(1)	25,000.	0.			SPECIFIC PROGRAM
OAKS CHURCH 777 S I-35E RED OAK, TX 75154	75-0939945	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
OTC FOUNDATION 1001 E CHESTNUT EXPY SPRINGFIELD, MO 65802	43-1753974	501(C)(3)	200,340.	0.			SPECIFIC PROGRAM
OZARK ACTION, INC. 710 E MAIN WEST PLAINS, MO 65775	43-0838508	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
OZARK EMPIRE FAIR FOUNDATION 3001 N GRANT AVE SPRINGFIELD, MO 65803	55-0855326	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
OZARK GREENWAYS PO BOX 50733 SPRINGFIELD, MO 65805	43-1525122	501(C)(3)	28,078.	0.			SPECIFIC PROGRAM
OZARK LAND TRUST PO BOX 1512 COLUMBIA, MO 65205	43-1304715	501(C)(3)	14,440.	0.			SPECIFIC PROGRAM

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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OZARK R-VI SCHOOL DISTRICT 1600 W. JACKSON ST OZARK, MO 65721	44-6003892	170(C)(1)	30,000.	0.			SPECIFIC PROGRAM
OZARKS AREA COMMUNITY ACTION CORPORATION - 215 S BARNES - SPRINGFIELD, MO 65802	43-0836672	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
OZARKS' COIN CLUB PO BOX 3913 SPRINGFIELD, MO 65808	45-3155292	501(C)(3)	22,500.	0.			SPECIFIC PROGRAM
OZARKS COUNSELING CENTER 614 SOUTH AVE SPRINGFIELD, MO 65806	44-0595115	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
OZARKS FAMILY YMCA 1 YMCA DRIVE MOUNTAIN GROVE, MO 65711	43-1617662	501(C)(3)	46,398.	0.			SPECIFIC PROGRAM
OZARKS FAMILY YMCA - SEYMOUR BRANCH - 1 YMCA DRIVE - MOUNTAIN GROVE, MO 65711	43-1617662	501(C)(3)	73,944.	0.			SPECIFIC PROGRAM
OZARKS FOOD HARVEST PO BOX 5746 SPRINGFIELD, MO 65801	43-1426384	501(C)(3)	196,000.	0.			SPECIFIC PROGRAM
OZARKS KAT AND K9 SHELTER PO BOX 338 SUNRISE BEACH, MO 65079	43-1529661	501(C)(3)	9,000.	0.			SPECIFIC PROGRAM
OZARKS LITERACY COUNCIL 397 E CENTRAL ST SPRINGFIELD, MO 65802	43-1162068	501(C)(3)	19,500.	0.			SPECIFIC PROGRAM

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OZARKS NEW HOPE INC 102 S HICKORY ST MOUNT VERNON, MO 65712	47-2948707	501(C)(3)	13,000.	0.			SPECIFIC PROGRAM
OZARKS REGIONAL YMCA 323 N. PATTON AVE SPRINGFIELD, MO 65806	44-0545283	501(C)(3)	47,535.	0.			SPECIFIC PROGRAM
OZARKS TECHNICAL COMMUNITY COLLEGE 1001 E CHESTNUT EXPY SPRINGFIELD, MO 65802	43-1549458	501(C)(3)	30,000.	0.			SPECIFIC PROGRAM
OZARKS TEEN CHALLENGE PO BOX 2066 BRANSON WEST, MO 65737	59-2479228	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
OZARKS WATER WATCH: UPPER WHITE RIVER BASIN FOUNDATION - P.O. BOX 636 - KIMBERLING CITY, MO 65686	43-1942991	501(C)(3)	38,264.	0.			SPECIFIC PROGRAM
PARKINSON'S GROUP OF THE OZARKS PO BOX 50595 SPRINGFIELD, MO 65805	43-1828981	501(C)(3)	13,958.	0.			SPECIFIC PROGRAM
PAWNEE COUNTY WORKSHOP PO BOX 63 CLEVELAND, OK 74020	73-1216618	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
PERRY COUNTY HEALTH SYSTEM 434 N WEST ST PERRYVILLE, MO 63775	43-1741457	501(C)(3)	7,200.	0.			SPECIFIC PROGRAM
PHELPS HEALTH FOUNDATION PO BOX 261 ROLLA, MO 65402	43-1696258	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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POLK COUNTY COUNCIL ON AGING 1850 W. BROADWAY STREET BOLIVAR, MO 65613	43-1373406	501(C)(3)	13,195.	0.			SPECIFIC PROGRAM
POLK COUNTY GENEALOGICAL SOCIETY PO BOX 632 BOLIVAR, MO 65613	43-1813850	501(C)(3)	9,748.	0.			SPECIFIC PROGRAM
PRIMROSE PLACE 3850 S. NATIONAL STE. 500 SPRINGFIELD, MO 65807	43-1183783	501(C)(3)	48,050.	0.			SPECIFIC PROGRAM
PROJECT HOPE 1419 S. ENTERPRISE SPRINGFIELD, MO 65804	43-1864044	501(C)(3)	17,500.	0.			SPECIFIC PROGRAM
RAPHA INTERNATIONAL PO BOX 1569 JOPLIN, MO 64802	27-2523416	501(C)(3)	20,000.	0.			SPECIFIC PROGRAM
RAZORBACK FOUNDATION 1295 S. RAZORBACK RD. FAYETTEVILLE, AR 72701	71-0540644	501(C)(3)	470,000.	0.			SPECIFIC PROGRAM
RENAISSANCE CHARITABLE FOUNDATION INC - 8910 PURDUE RD STE 555 - INDIANAPOLIS, IN 46278	35-2129262	501(C)(3)	1,065,063.	0.			SPECIFIC PROGRAM
RIVER OF REFUGE 5155 RAYTOWN RD KANSAS CITY, MO 64133	27-0280023	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
ROCKHURST UNIVERSITY FINANCIAL AID OFFICE KANSAS CITY, MO 64110	44-0545813	170(C)(1)	11,000.	0.			SPECIFIC PROGRAM

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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RONALD MCDONALD HOUSE CHARITIES OF THE OZARKS - 949 E PRIMROSE ST - SPRINGFIELD, MO 65807	43-1371143	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
ROTARY FOUNDATION ONE ROTARY CENTER EVANSTON, IL 60201	36-3245072	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
RURAL SCHOOLS COLLABORATIVE PO BOX 1801 GALESBURG, IL 61402	47-1906248	501(C)(3)	92,000.	0.			SPECIFIC PROGRAM
SACRED HEART CATHOLIC CHURCH 2515 N. MAIN STREET MIAMI, OK 74354	73-0654407	501(C)(3)	20,000.	0.			SPECIFIC PROGRAM
SALEM AREA COMMUNITY BETTERMENT ASSOCIATION - PO BOX 190 - SALEM, MO 65560	43-1677891	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
SALEM R-80 PUBLIC SCHOOLS 1409 W ROLLA RD SALEM, MO 65560	43-6003372	170(C)(1)	62,046.	0.			SPECIFIC PROGRAM
SALVATION ARMY 1707 W CHESTNUT SPRINGFIELD, MO 65802	36-2167910	501(C)(3)	5,500.	0.			SPECIFIC PROGRAM
SALVATION ARMY - COFFEYVILLE, KANSAS - PO BOX 514 - COFFEYVILLE, KS 67337	13-5562351	501(C)(3)	7,666.	0.			SPECIFIC PROGRAM
SALVATION ARMY - DENT COUNTY 1200 W. ROLLA ROAD SALEM, MO 65560	44-0545998	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM

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SALVATION ARMY OF SPRINGFIELD, MO P.O. BOX 9685 SPRINGFIELD, MO 65801	58-0660607	501(C)(3)	49,480.	0.			SPECIFIC PROGRAM
SARCOXIE CEMETERY ASSOCIATION PO BOX 541 SARCOXIE, MO 64862	44-0603750	501(C)(3)	8,646.	0.			SPECIFIC PROGRAM
SCHOOL OF THE ART INSTITUTE OF CHICAGO - FINANCIAL AID OFFICE - CHICAGO, IL 60603	36-2167725	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
SCHOOL SISTERS OF NOTRE DAME 320 EAST RIPA AVE ST. LOUIS, MO 63125	36-4508721	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
SCULPTURE WALK SPRINGFIELD 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	82-2662440	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
SHANNON COUNTY FIRST RESPONDERS 15919 CR 505A EMINENCE, MO 65588	27-4647777	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
SHELL KNOB SENIORS, INC 20801 YY-15 SHELL KNOB, MO 65747	43-1847159	501(C)(3)	9,000.	0.			SPECIFIC PROGRAM
SHOW ME YOUTH AG ACADEMY 542 NE 75TH LANE LAMAR, MO 64759	86-1455209	501(C)(3)	35,000.	0.			SPECIFIC PROGRAM
SISTERS OF SAINTS CYRIL & METHODIUS - 580 RAILROAD STREET - DANVILLE, PA 17821	24-0795486	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM

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SOLE HOPE PO BOX 232 ST. JAMES, MO 65559	27-2305440	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
SOULS HARBOR 817 S MAIN ST JOPLIN, MO 64801	43-1656219	501(C)(3)	50,000.	0.			SPECIFIC PROGRAM
SOUTH CENTRAL MISSOURI FCA PO BOX 395 HOLLISTER, MO 65673	44-0610626	501(C)(3)	42,500.	0.			SPECIFIC PROGRAM
SOUTHEAST MISSOURI FOOD BANK PO BOX 190 SIKESTON, MO 63801	43-1395863	501(C)(3)	7,200.	0.			SPECIFIC PROGRAM
SOUTHEAST MISSOURI TRANSPORTATION SERVICE INC - PO BOX 679 - FREDERICKTOWN, MO 63645	43-1015444	501(C)(3)	8,000.	0.			SPECIFIC PROGRAM
SOUTHEAST MISSOURI UNIVERSITY FOUNDATION - ONE UNIVERSITY PLAZA MS 7300 - CAPE GIRARDEAU, MO 63701	43-1291797	501(C)(3)	5,250.	0.			SPECIFIC PROGRAM
SOUTHMINSTER PRESBYTERIAN CHURCH 2245 S HOLLAND SPRINGFIELD, MO 65807	44-0667828	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
SOUTHWEST BAPTIST UNIVERSITY 1601 S SPRINGFIELD BOLIVAR, MO 65613	44-0567385	170(C)(1)	7,500.	0.			SPECIFIC PROGRAM
SOUTHWEST BAPTIST UNIVERSITY 1600 UNIVERSITY AVENUE BOLIVAR, MO 65613	44-0567385	501(C)(3)	24,000.	0.			SPECIFIC PROGRAM

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SOUTHWEST BAPTIST UNIVERSITY-BOLIVAR MO - FINANCIAL AID OFFICE - BOLIVAR, MO 65613	44-0567385	501(C)(3)	79,729.	0.			SPECIFIC PROGRAM
SOUTHWEST MISSOURI COALITION OF CHARITIES AND COMMUNITY SERVICES - 801 N. LINCOLN - MONETT, MO 65708	86-1583514	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
SPRINGFIELD ART MUSEUM 1111 E. BROOKSIDE SPRINGFIELD, MO 65807	31-6001642	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
SPRINGFIELD CATHOLIC SCHOOLS 2340 S EASTGATE AVE SPRINGFIELD, MO 65809	44-0619146	170(C)(1)	36,665.	0.			SPECIFIC PROGRAM
SPRINGFIELD CENTERS FOR DYSLEXIA AND LEARNING - 1000 E PRIMROSE ST, SUITE 540 - SPRINGFIELD, MO 65807	47-4081640	501(C)(3)	35,000.	0.			SPECIFIC PROGRAM
SPRINGFIELD DAILY CITIZEN, INC. 901 S NATIONAL SPRINGFIELD, MO 65897	87-2276466	501(C)(3)	80,000.	0.			SPECIFIC PROGRAM
SPRINGFIELD DREAM CENTER 829 WEST ATLANTIC ST. SPRINGFIELD, MO 65803	05-0574634	501(C)(3)	44,564.	0.			SPECIFIC PROGRAM
SPRINGFIELD GREENE COUNTY PARKS DEPT - 840 N BOONVILLE - SPRINGFIELD, MO 65802	44-6000268	170(C)(1)	20,000.	0.			SPECIFIC PROGRAM
SPRINGFIELD LITTLE THEATRE 311 E WALNUT SPRINGFIELD, MO 65806	43-0893064	501(C)(3)	47,000.	0.			SPECIFIC PROGRAM

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SPRINGFIELD POLICE DEPARTMENT 321 EAST CHESTNUT SPRINGFIELD, MO 65802	44-6000268	170(C)(1)	8,250.	0.			SPECIFIC PROGRAM
SPRINGFIELD R-12 PUBLIC SCHOOLS 1359 E ST LOUIS ST SPRINGFIELD, MO 65802	44-6005539	170(C)(1)	33,229.	0.			SPECIFIC PROGRAM
SPRINGFIELD REGIONAL ARTS COUNCIL 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	43-1225541	501(C)(3)	98,394.	0.			SPECIFIC PROGRAM
SPRINGFIELD SYMPHONY ORCHESTRA 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	43-0797224	501(C)(3)	12,292.	0.			SPECIFIC PROGRAM
SPRINGFIELD VICTORY MISSION PO BOX 2884 SPRINGFIELD, MO 65801	43-1345089	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
SPRINGFIELD VISUAL ARTS ALLIANCE PO BOX 3066 SPRINGFIELD, MO 65808	43-1528545	501(C)(3)	7,175.	0.			SPECIFIC PROGRAM
SPRINGFIELD-GREENE COUNTY LIBRARY DISTRICT - 4653 SOUTH CAMPBELL - SPRINGFIELD, MO 65810	05-0534215	170(C)(1)	7,740.	0.			SPECIFIC PROGRAM
SPRINGFIELD-GREENE COUNTY PUBLIC LIBRARY FOUNDATION - 4653 S CAMPBELL AVE - SPRINGFIELD, MO 65810	43-1655656	501(C)(3)	23,591.	0.			SPECIFIC PROGRAM
ST. AGNES CATHEDRAL 533 S JEFFERSON SPRINGFIELD, MO 65806	44-0581498	501(C)(3)	20,000.	0.			SPECIFIC PROGRAM

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ST. ANN CATHOLIC SCHOOL 7231 MISSION ROAD PRAIRIE VILLAGE, KS 66208	48-0650538	170(C)(1)	15,000.	0.			SPECIFIC PROGRAM
ST. JOHN'S LUTHERAN CHURCH - MONETT - 23237 HWY H - MONETT, MO 65708	43-0900098	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	22,477.	0.			SPECIFIC PROGRAM
ST. LOUIS UNIVERSITY FINANCIAL AID OFFICE ST. LOUIS, MO 63103	43-0654872	501(C)(3)	18,000.	0.			SPECIFIC PROGRAM
ST. MARY'S CATHOLIC CHURCH 200 FRONT ST PIERCE CITY, MO 65723	43-0920029	501(C)(3)	20,000.	0.			SPECIFIC PROGRAM
ST. PATRICK PARISH 17 ST. PATRICK LANE ROLLA, MO 65401	43-0653455	501(C)(3)	84,000.	0.			SPECIFIC PROGRAM
ST. PATRICK'S CATHOLIC CHURCH 638 WEST D AVENUE KINGMAN, KS 67068	48-0543796	501(C)(3)	9,795.	0.			SPECIFIC PROGRAM
ST. PAUL'S UNITED METHODIST CHURCH OF JOPLIN - 2423 WEST 26TH STREET - JOPLIN, MO 64804	43-1149608	501(C)(3)	108,611.	0.			SPECIFIC PROGRAM
ST. SUSANNE'S CATHOLIC CHURCH 700 W SLOAN MT. VERNON, MO 65712	43-1693914	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM

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ST. VINCENT DE PAUL EDUCATIONAL FOUNDATION - 302 DOWLING DRIVE - PERRYVILLE, MO 63775	43-1294513	501(C)(3)	11,770.	0.			SPECIFIC PROGRAM
STATE HISTORICAL SOCIETY OF MISSOURI - 605 ELM STREET - COLUMBIA, MO 65201	43-6035196	501(C)(3)	200,000.	0.			SPECIFIC PROGRAM
STATE TECHNICAL COLLEGE OF MISSOURI - FINANCIAL AID OFFICE - LINN, MO 65051	43-1292397	501(C)(3)	47,563.	0.			SPECIFIC PROGRAM
STOCKTON R-1 SCHOOL DISTRICT 906 SOUTH ST STOCKTON, MO 65785	44-6001498	170(C)(1)	5,143.	0.			SPECIFIC PROGRAM
TANEYHILLS COMMUNITY LIBRARY 200 S. 4TH STREET BRANSON, MO 65616	51-0161765	501(C)(3)	15,973.	0.			SPECIFIC PROGRAM
TEXAS COUNTY FOOD PANTRY 102A E STATE ROUTE 17 HOUSTON, MO 65483	43-1566581	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
THE ASSOCIATION FOR THE BLIND 1680 EAST LOMBARD SPRINGFIELD, MO 65802	80-0280486	501(C)(3)	26,111.	0.			SPECIFIC PROGRAM
THE BRIDGE - A CHRISTIAN CHURCH 800 S MAIN CARTHAGE, MO 64836	43-1127807	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
THE DREAM FACTORY, INC. PO BOX 719 OSAGE BEACH, MO 65065	61-1192721	501(C)(3)	66,250.	0.			SPECIFIC PROGRAM

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THE FORGOTTEN INITIATIVE 1357 N BROAD CREEK L STRAFFORD, MO 65757	35-1902841	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
THE GIDEONS INTERNATIONAL PO BOX 140800 NASHVILLE, TN 37214	36-2270051	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
THE KITCHEN, INC. 730 N GLENSTONE AVE SPRINGFIELD, MO 65802	43-1384531	501(C)(3)	331,886.	0.			SPECIFIC PROGRAM
THE LADUE EDUCATION FOUNDATION 9703 CONWAY ROAD ST LOUIS, MO 63124	20-4762875	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
THE REBOUND FOUNDATION PO BOX 14482 SPRINGFIELD, MO 65814	47-2695903	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
THE SAINTS ACADEMY 111 NEW BALCH STREET BEVERLY, MA 01915	45-3264587	170(C)(1)	20,000.	0.			SPECIFIC PROGRAM
THE SARARA FOUNDATION 1031 33RD STREET DENVER, CO 80205	82-2386824	501(C)(3)	89,682.	0.			SPECIFIC PROGRAM
THE UNITED METHODIST CHURCH OF THE RESURRECTION - 13720 ROE AVE - LEAWOOD, KS 66224	48-1107898	501(C)(3)	8,000.	0.			SPECIFIC PROGRAM
THE WARRIOR'S JOURNEY 3003 E CHESTNUT EXPRESSWAY SUITE 20 SPRINGFIELD, MO 65802	75-2772633	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM

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TLC STUDENT FUND PO BOX 132 MARSHFIELD, MO 65706	46-1374478	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
TRAILSPRING, INC. SUITE 150 SPRINGFIELD, MO 65804	46-2819749	501(C)(3)	95,654.	0.			SPECIFIC PROGRAM
TRIAD UNITED ROWING ASSOCIATION 1107 JOHNSON STREET HIGH POINT, NC 27262	46-0635108	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
TRI-COUNTY LEVEE DISTRICT 6 HIGHWAY EE RHINELAND, MO 65069	43-6214459	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
TRINITY-BY-THE-COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	8,500.	0.			SPECIFIC PROGRAM
UJIMA LANGUAGE AND LITERACY 918 E CALHOUN ST. SPRINGFIELD, MO 65802	30-1005791	501(C)(3)	12,294.	0.			SPECIFIC PROGRAM
UNITED METHODIST CHURCH OF SALEM, MISSOURI - 801 EAST SCENIC RIVERS BLVD. - SALEM, MO 65560	43-0731516	501(C)(3)	28,000.	0.			SPECIFIC PROGRAM
UNITED MINISTRIES IN HIGHER EDUCATION - 1146 E CHERRY ST - SPRINGFIELD, MO 65807	51-0155226	501(C)(3)	30,142.	0.			SPECIFIC PROGRAM
UNITY OF SPRINGFIELD 2214 EAST SEMINOLE SPRINGFIELD, MO 65804	43-0863083	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM

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UNIVERSITY OF ARKANSAS TREASURER'S OFFICE SCHOLARSHIP PROCESSING - FAYETTEVILLE, AR 72701	47-0872543	170(C)(1)	15,000.	0.			SPECIFIC PROGRAM
UNIVERSITY OF DALLAS FINANCIAL AID OFFICE IRVING, TX 75062	75-0926755	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
UNIVERSITY OF INDIANAPOLIS 1400 E HANNA AVE INDIANAPOLIS, IN 46227	35-0868107	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
UNIVERSITY OF MARY 7500 UNIVERSITY DRIVE BISMARCK, MO 58504	45-0273403	501(C)(3)	25,000.	0.			SPECIFIC PROGRAM
UNIVERSITY OF MISSOURI - TIGER SCHOLARSHIP FUND - MIZZOU ARENA - COLUMBIA, MO 65211	26-6440629	501(C)(3)	60,000.	0.			SPECIFIC PROGRAM
UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE - 407 REYNOLDS ALUMNI CENTER - COLUMBIA, MO 65211	26-6440629	170(C)(1)	10,000.	0.			SPECIFIC PROGRAM
UNIVERSITY OF MISSOURI-COLUMBIA MO FINANCIAL AID OFFICE COLUMBIA, MO 65211	43-6003859	170(C)(1)	53,500.	0.			SPECIFIC PROGRAM
UNIVERSITY OF MISSOURI-KANSAS CITY MO - FINANCIAL AID OFFICE - KANSAS CITY, MO 64110	43-6003859	170(C)(1)	10,000.	0.			SPECIFIC PROGRAM
UNIVERSITY OF NOTRE DAME FINANCIAL AID OFFICE NOTRE DAME, IN 46556	35-0868188	170(C)(1)	17,000.	0.			SPECIFIC PROGRAM

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VERONA CHRISTIAN CHURCH 113 W ADAMS ST VERONA, MO 65769	80-0540851	501(C)(3)	30,000.	0.			SPECIFIC PROGRAM
VICTIM CENTER, INC. 815 W TAMPA ST SPRINGFIELD, MO 65802	43-1149629	501(C)(3)	30,000.	0.			SPECIFIC PROGRAM
VICTORY MISSION + MINISTRY 1610 N. BROADWAY AVE SPRINGFIELD, MO 65803	43-1345089	501(C)(3)	52,477.	0.			SPECIFIC PROGRAM
VISION CARTHAGE 221 W. 4TH STREET, SUITE 15 CARTHAGE, MO 64836	45-4306952	501(C)(3)	10,800.	0.			SPECIFIC PROGRAM
VISION REHABILITATION CENTER OF THE OZARKS - 1661 W. ELFINDALE ST. - SPRINGFIELD, MO 65807	27-2017276	501(C)(3)	16,000.	0.			SPECIFIC PROGRAM
VITA NOVA VILLAGE 407 ISLINGTON PL JOPLIN, MO 64801	87-3838394	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
VITAE FOUNDATION PO BOX 791 JEFFERSON CITY, MO 65102	43-1138252	501(C)(3)	22,500.	0.			SPECIFIC PROGRAM
VIVA CUBA, INC. PO BOX H CUBA, MO 65453	43-1589547	501(C)(3)	23,000.	0.			SPECIFIC PROGRAM
WALDEN UNIVERSITY FINANCIAL AID OFFICE MINNEAPOLIS, MN 55401	65-0353783	170(C)(1)	6,000.	0.			SPECIFIC PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALNUT STREET THEATRE ASSOCIATION PO BOX 225 BOLIVAR, MO 65613	50-0005360	501(C)(3)	22,000.	0.			SPECIFIC PROGRAM
WASHINGTON UNIVERSITY FINANCIAL AID OFFICE ST. LOUIS, MO 63130	43-0653611	501(C)(3)	51,500.	0.			SPECIFIC PROGRAM
WASHINGTON UNIVERSITY - MEDICAL SCHOOL - WEST CAMPUS/CAMPUS BOX 1247 - ST LOUIS, MO 63130	43-0653611	501(C)(3)	9,782.	0.			SPECIFIC PROGRAM
WATERSHED COMMITTEE OF THE OZARKS 2400 E VALLEY WATER MILL RD SPRINGFIELD, MO 65803	43-1531628	501(C)(3)	20,000.	0.			SPECIFIC PROGRAM
WEBSTER COUNTY VICTIM ASSISTANCE PROGRAM - 216 S. CRITTENDEN - MARSHFIELD, MO 65706	39-2065013	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
WESTMINSTER PRESBYTERIAN CHURCH 1551 E PORTLAND SPRINGFIELD, MO 65804	44-0602350	501(C)(3)	15,600.	0.			SPECIFIC PROGRAM
WILLARD R-II SCHOOL DISTRICT 500 E KIME ST WILLARD, MO 65781	44-6004826	170(C)(1)	6,000.	0.			SPECIFIC PROGRAM
WILLIAM JEWELL COLLEGE FINANCIAL AID OFFICE LIBERTY, MO 64068	44-0545914	170(C)(1)	6,000.	0.			SPECIFIC PROGRAM
WILLIAMS BAPTIST UNIVERSITY FINANCIAL AID OFFICE WALNUT RIDGE, AR 72476	71-0240677	170(C)(1)	6,000.	0.			SPECIFIC PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINGS OF HOPE 18370 WINGS OF HOPE BLVD ST. LOUIS, MO 63005	43-0909606	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
WOMEN'S MEDICAL RESPITE PO BOX 385 SPRINGFIELD, MO 65801	47-4631889	501(C)(3)	10,000.	0.			SPECIFIC PROGRAM
WONDERLAND CAMP 18591 MILLER CIR. ROCKY MOUNT, MO 65072	43-0965327	501(C)(3)	6,000.	0.			SPECIFIC PROGRAM
WOODLAND HILLS FAMILY CHURCH 3953 GREEN MOUNTAIN DR BRANSON, MO 65616	03-0449853	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
WORLD SERVE INTERNATIONAL PO BOX 3437 SPRINGFIELD, MO 65808	43-1535009	501(C)(3)	15,000.	0.			SPECIFIC PROGRAM
WRIGHT COUNTY HISTORICAL SOCIETY PO BOX 313 HARTVILLE, MO 65667	43-1487164	501(C)(3)	25,394.	0.			SPECIFIC PROGRAM
YORK UNIVERSITY FINANCIAL AID OFFICE YORK, NE 68467	47-0418641	501(C)(3)	200,000.	0.			SPECIFIC PROGRAM

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	957	1,750,045.	0.		
BENEVOLENCE AND DISASTER RELIEF	975	1,168,613.	0.		

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

NONPROFIT ORGANIZATIONS WHO RECEIVE FUNDING FROM COMPETITIVE GRANT CYCLES  
ARE REQUIRED TO COMPLETE GRANT CONTRACTS AND SUBMIT REPORTS DETAILING USE  
OF FUNDS NO LESS THAN ANNUALLY.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**COMMUNITY FOUNDATION OF THE OZARKS, INC.**

Employer identification number

**23-7290968**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRIAN FOGLE PRESIDENT & CEO	(i)	189,180.	20,653.	0.	9,890.	24,946.	244,669.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LUIS LEON CHIEF FINANCIAL OFFICER	(i)	133,289.	5,631.	0.	6,929.	10,503.	156,352.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**COMMUNITY FOUNDATION OF THE OZARKS, INC.**

Employer identification number

**23-7290968**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	<b>X</b>	<b>271</b>	<b>17,580,463.</b>	<b>FMV</b>
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( <b>BONDS</b> )	<b>X</b>	<b>1</b>	<b>33,794.</b>	<b>FMV</b>
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part V, Donee Acknowledgement .....

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		<b>X</b>
31	<b>X</b>	
32a	<b>X</b>	
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

DONATED SECURITIES ARE SENT TO THE COMMUNITY FOUNDATION'S PROFESSIONAL INVESTMENT ADVISORS, WHO SELL THE SECURITIES AND PLACE THE PROCEEDS IN THE FOUNDATIONS INVESTMENT PORTFOLIO.

FORM 990, SCHEDULE M, PART I, COLUMN (B)

CONTRIBUTIONS ARE LISTED AS TOTAL NUMBER OF CONTRIBUTIONS.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO ADMINISTER FUNDS FOR DONORS AND AGENCIES AND PROVIDE GRANTMAKING  
SERVICES TO NONPROFITS IN SOUTHERN MISSOURI

FORM 990, PART VI, SECTION B, LINE 11B:

PROCESS TO REVIEW FORM 990: (1) DRAFT OF THE FORM 990 IS REVIEWED BY THE  
CHIEF FINANCIAL OFFICER, (2) AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT  
REVIEWS THE FORM WITH AUDIT COMMITTEE AND CHIEF EXECUTIVE OFFICER, (3) THE  
AUDIT COMMITTEE CHAIR REVIEWS FORM 990 WITH EXECUTIVE COMMITTEE, AND (4)  
THE AUDIT COMMITTEE CHAIR REVIEWS FORM 990 WITH THE BOARD OF DIRECTORS WHO  
THEN VOTES TO ACCEPT THE RECOMMENDATION PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST FORMS MUST BE COMPLETED BY BOARD MEMBERS AND STAFF

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMPENSATION COMMITTEE, COMPRISED OF A SUBSET OF THE  
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, DEVELOPS AN ANNUAL  
PERFORMANCE APPRAISAL FOR THE PRESIDENT/CEO AND RECOMMENDS ANY SALARY  
INCREASE AND BONUS TO THE FULL EXECUTIVE COMMITTEE FOR APPROVAL. COMPARABLE  
DATA FOR THE PRESIDENT/CEO SALARY IS DETERMINED BY THE COUNCIL ON  
FOUNDATIONS' ANNUAL SALARY SURVEY AND LOCAL AND REGIONAL MARKET INFORMATION  
FROM MISSOURI AND ILLINOIS AND INCLUDED ON THE FOUNDATION'S SALARY  
SCHEDULE.

THE COMPENSATION PROCESS FOR OTHER OFFICERS AND KEY EMPLOYEES IS BASED ON  
ANNUAL PERFORMANCE APPRAISALS CONDUCTED BY THE PRESIDENT/CEO. SALARY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

ADJUSTMENTS ARE BASED ON PERFORMANCE AND USE A SALARY MATRIX INFORMED BY THE ANNUAL BUDGETING PROCESS. THE FOUNDATION'S SALARY SCALE IS DETERMINED BY THE COUNCIL ON FOUNDATIONS' ANNUAL SALARY SURVEY AND LOCAL AND REGIONAL MARKET INFORMATION FROM MISSOURI AND ILLINOIS. ALL STAFF-RELATED SALARY DETERMINATIONS USE A SIMILAR PROCESS CONDUCTED BY DEPARTMENT HEADS WITH ADJUSTMENTS RECOMMENDED TO THE PRESIDENT/CEO FOR FINAL APPROVAL.

FORM 990, PART VI, SECTION C, LINE 18:

THE MOST RECENT FORM 990 (EXCLUDING SCHEDULE B) AND FORM 990-T AND THE PREVIOUS TWO FISCAL YEARS ARE AVAILABLE FOR PUBLIC INSPECTION BY GOING TO [WWW.CFOZARKS.ORG/WHO-WE-ARE/TAX-LEGAL-INFO](http://WWW.CFOZARKS.ORG/WHO-WE-ARE/TAX-LEGAL-INFO).

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ANNUITY ACTUARIAL ADJUSTMENT	428,287.
RECLASSIFICATION TO AGENCY FUNDS	-262,495.
TRANSFERS IN	30,828.
TOTAL TO FORM 990, PART XI, LINE 9	196,620.

FORM 990, PART XIII, LINE 2C

NO CHANGE FROM PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE OZARKS, INC.**

**Employer identification number**  
**23-7290968**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COMMUNITY FOUNDATION OF THE OZARKS STOCK TRUST - 71-6225763, 425 E TRAFFICWAY, SPRINGFIELD, MO 65806	THE FOUNDATION RECEIVES AND DISTRIBUTES FUNDS FOR CHARITABLE PURPOSES	MISSOURI	501(C)(3)	LINE 12B, II	COMMUNITY FOUNDATION OF THE OZARKS, INC.	X	
LEZAH STENGER FOUNDATION - 43-1872019 5051 S NATIONAL AVE SPRINGFIELD, MO 65810	ORGANIZED AS A SUPPORTING ORGANIZATION FOR THE COMMUNITY FOUNDATION	MISSOURI	501(C)(3)	LINE 12B, II	COMMUNITY FOUNDATION OF THE OZARKS, INC.	X	
OZARKS CHARITABLE REAL ESTATE FOUNDATION LLC - 41-2086647, P.O. BOX 8960, SPRINGFIELD, MO 65807	THE FOUNDATION RECEIVES AND DISTRIBUTES FUNDS FOR CHARITABLE PURPOSES	MISSOURI	501(C)(3)	LINE 12B, II	COMMUNITY FOUNDATION OF THE OZARKS, INC.	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WOODS CAPITAL GROUP, LLC - 33-1035937, 703 EAST COLLEGE STREET, BOLIVAR, MO 65613	INVESTMENT	MO	N/A	N/A	0.	0.		X	N/A	X		.00%

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUST - 33-6105597 P.O. BOX 8960 SPRINGFIELD, MO 65801	INVESTMENT	MO		TRUST			100%		X
CHARITABLE REMAINDER TRUST - 43-6741681 P.O. BOX 8960 SPRINGFIELD, MO 65801	INVESTMENT	MO		TRUST			100%		X
CHARITABLE REMAINDER TRUST - 43-6741682 P.O. BOX 8960 SPRINGFIELD, MO 65801	INVESTMENT	MO		TRUST			100%		X
CHARITABLE REMAINDER UNITRUST - 27-6544927 P.O. BOX 8960 SPRINGFIELD, MO 65801	INVESTMENT	MO		TRUST			100%		X
CHARITABLE REMAINDER TRUST - 85-6231564 P.O. BOX 8960 SPRINGFIELD, MO 65801	INVESTMENT	MO		TRUST			100%		X

[illegible]

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	1a	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	1b	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	1c	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	1d	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	1e	X
<b>f</b> Dividends from related organization(s) .....	1f	X
<b>g</b> Sale of assets to related organization(s) .....	1g	X
<b>h</b> Purchase of assets from related organization(s) .....	1h	X
<b>i</b> Exchange of assets with related organization(s) .....	1i	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	1j	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	1k	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	1l	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	1m	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	1n	X
<b>o</b> Sharing of paid employees with related organization(s) .....	1o	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	1p	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	1q	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	1r	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	1s	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY FOUNDATION OF THE OZARKS STOCK TRUST	C	1,490,941.	FMV
(2) OZARKS CHARITABLE REAL ESTATE FOUNDATION	C	1,571,011.	FMV
(3) LEZAH STENGER FOUNDATION	C	167,000.	FMV
(4) OZARKS CHARITABLE REAL ESTATE FOUNDATION	B	16,026.	FMV
(5)			
(6)			



**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.