

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 20 25

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) Room/suite
300 S. JEFFERSON AVENUE 400
 City or town, state or province, country, and ZIP or foreign postal code
SPRINGFIELD, MO 65806

D Employer identification number
23-7290968

E Telephone number
(417) 864-6199

F Name and address of principal officer: WINTER KINNE
SAME AS C ABOVE

G Gross receipts \$ 122,116,011

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

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 | 1 | Briefly describe the organization's mission or most significant activities: <u>THE COMMUNITY FOUNDATION OF THE OZARKS MISSION IS TO ENHANCE THE QUALITY OF LIFE THROUGH RESOURCE DEVELOPMENT, COMMUNITY GRANTMAKING, COLLABORATION, AND PUBLIC LEADERSHIP.</u> | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | <u>21</u> |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | <u>21</u> |
| | 5 | Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 | <u>47</u> |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | <u>754</u> |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | <u>(1,196)</u> |
| 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | <u>0</u> | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | <u>46,661,855</u> | <u>42,030,317</u> |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | <u>1,251,029</u> | <u>1,341,019</u> |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <u>9,699,330</u> | <u>13,683,551</u> |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <u>57,707,211</u> | <u>57,399,016</u> |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | <u>25,038,241</u> | <u>26,857,810</u> |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | <u>2,888,546</u> | <u>2,968,072</u> |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | <u>0</u> | <u>0</u> |
| | b | Total fundraising expenses (Part IX, column (D), line 25) <u>953,664</u> | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | <u>3,865,139</u> | <u>5,391,653</u> |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | <u>31,791,926</u> | <u>35,217,535</u> |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | <u>25,915,285</u> | <u>22,181,481</u> | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | <u>479,855,535</u> | <u>539,656,026</u> |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | <u>116,626,885</u> | <u>129,122,816</u> |

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: Winter Kinne Date: 05/15/26

WINTER KINNE, PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: BRIAN TODD Preparer's signature: BRIAN TODD Date: _____
 Check if self-employed PTIN: P00422601

Firm's name: FORVIS MAZARS, LLP Firm's EIN: 44-0160260
 Firm's address: 910 E ST LOUIS 200 PO BOX 1190, SPRINGFIELD, MO 65806-2523 Phone no.: (417) 865-8701

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2024)

Part III Statement of Program Service Accomplishments

Check 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 \$ 26,586,347 including grants of \$ 22,004,938) (Revenue \$ 1,341,019)

THE COMMUNITY FOUNDATION RECEIVES, DISTRIBUTES, AND ADMINISTERS COMPONENT FUNDS FOR CHARITABLE AND PUBLIC PURPOSES FOR THE SPRINGFIELD METROPOLITAN SERVICE AREAS (MSA) AND ITS AFFILIATE COMMUNITY FOUNDATIONS SERVING THE OZARKS AND SOUTHERN MISSOURI. THROUGH COMPETITIVE AND TARGETED FUNDING INITIATIVES AND RESOURCES, CFO INVESTS IN PROJECTS ADDRESSING ISSUES SUCH AS EDUCATION, HEALTH, ECONOMIC DEVELOPMENT, AND ENVIRONMENTAL SUSTAINABILITY.

4b (Code:) (Expenses \$ 3,235,000 including grants of \$ 3,235,000) (Revenue \$ 0)

THE COMMUNITY FOUNDATION OF THE OZARKS, IN PARTNERSHIP WITH LOCAL BANKS, MANAGES THE GRANTMAKING FOR VARIOUS FOUNDATIONS. THESE DOLLARS, DESIGNATED FOR THE SPRINGFIELD MSA AND AFFILIATE SERVICE AREAS, SUPPORT AGENCIES PROVIDING EDUCATION AND SERVING CHILDREN, LOW-INCOME FAMILIES, AND THE UNSHELTERED. IN ADDITION, OTHER UNRESTRICTED DOLLARS BOLSTER THE FOUNDATION'S DISCRETIONARY GRANTMAKING PROGRAMS, HAVING SIGNIFICANT IMPACT PARTICULARLY IN RURAL COMMUNITIES, SERVED THROUGH CFO'S NETWORK OF FIFTY-FIVE AFFILIATE FOUNDATIONS.

THIS YEAR, FUNDING SUPPORTED CAPITAL PROJECTS FOR TRUSTED COMMUNITY PARTNERS, ARTS PROGRAMMING, PROJECTS RELATED TO SUPPORTING MENTAL HEALTH ACCESS FOR CHILDREN IN RURAL COMMUNITIES, CAREER-EXPLORATION PROGRAMS, NURSING AND ALLIED HEALTH SCHOLARSHIP FUNDING, AND MULTI-YEAR PROGRAMMING RELATED TO MENTAL HEALTH (IMPROVING ACCESS AND REDUCING STIGMA).

4c (Code:) (Expenses \$ 1,617,872 including grants of \$ 1,617,872) (Revenue \$ 0)

THE COMMUNITY FOUNDATION OF THE OZARKS PROVIDES SCHOLARSHIPS, DESIGNED TO MEET THE DONORS' INTENT, FOR GRADUATING HIGH SCHOOL STUDENTS AND RETURNING ADULT LEARNERS SEEKING HIGHER EDUCATION BY CONNECTING GENEROUS DONORS WITH STUDENTS SEEKING FINANCIAL AID. APPLICANTS COMPLETE A UNIVERSAL APPLICATION, AND AWARDS ARE DISBURSED DIRECTLY TO THE EDUCATIONAL INSTITUTION FOR THE BENEFIT OF THE STUDENT. THE COMMUNITY FOUNDATION OF THE OZARKS' SCHOLARSHIP PROGRAM IS COMMITTED TO RESPECT FOR ALL PEOPLE AND DOES NOT INTEND TO DENY SERVICE BASED ON RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, AGE, ABILITY, SEXUAL ORIENTATION, GENDER IDENTITY OR VETERAN STATUS. CONDITIONS OF SCHOLARSHIP CRITERIA MAY BE SPECIFIC IF THEY DO NOT VIOLATE FEDERAL PUBLIC POLICY AS IT RELATES TO DISCRIMINATION AND IF IT DOES NOT PROVIDE PRIVATE BENEFIT TO THE DONOR OR DONOR'S FAMILY MEMBERS. THE CFO IS COMMITTED TO EQUITY AT EVERY OPPORTUNITY AND CONTINUES TO WORK TO STRENGTHEN COMMUNITIES. CFO AWARDED 883 SCHOLARSHIPS THIS PAST FISCAL YEAR.

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

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

4e Total program service expenses 31,439,219

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Section 501(c)(3) organizations. 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 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. | | |
| a 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part IV Checklist of Required Schedules *(continued)*

| | | Yes | No |
|------------|---|-----|----|
| 22 | 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> | 22 | ✓ |
| 23 | 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> | 23 | ✓ |
| 24a | 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> | 24a | ✓ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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> | 25a | ✓ |
| 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> | 25b | ✓ |
| 26 | 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> | 26 | ✓ |
| 27 | 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> | 27 | ✓ |
| 28 | 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). | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | ✓ |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | ✓ |
| c | 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> | 28c | ✓ |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | 29 | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | ✓ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | ✓ |
| 32 | 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> | 32 | ✓ |
| 33 | 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> | 33 | ✓ |
| 34 | 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> | 34 | ✓ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | ✓ |
| 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> | 35b | ✓ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | ✓ |
| 37 | 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> | 37 | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | ✓ |

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 |
|-----------|--|-----|----|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 91 |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | ✓ |

| Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i> | | Yes | No | | |
|---|--|------------|----|---|---|
| 2a | 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 | 47 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | ✓ | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | ✓ | |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | 3b | | ✓ | |
| 4a | 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 | | | ✓ |
| 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). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | ✓ |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | 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 | | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | 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 | | ✓ | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | ✓ | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | ✓ | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | ✓ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | ✓ |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | ✓ |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| 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 | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | | | |
| 15 | 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 | | | ✓ |
| 16 | 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 | | | ✓ |
| 17 | Section 501(c)(21) organizations. 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

| | | Yes | No |
|-----------|---|-------------------------------------|-------------------------------------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| | 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. | | |
| 1b | Enter the number of voting members included on line 1a, above, who are independent | | |
| 2 | 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? | | <input checked="" type="checkbox"/> |
| 3 | 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? | | <input checked="" type="checkbox"/> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | <input checked="" type="checkbox"/> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | <input checked="" type="checkbox"/> |
| 6 | Did the organization have members or stockholders? | | <input checked="" type="checkbox"/> |
| 7a | 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? | | <input checked="" type="checkbox"/> |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | <input checked="" type="checkbox"/> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | <input checked="" type="checkbox"/> | |
| b | Each committee with authority to act on behalf of the governing body? | <input checked="" type="checkbox"/> | |
| 9 | 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 | | <input checked="" type="checkbox"/> |

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

| | | Yes | No |
|------------|--|-------------------------------------|-------------------------------------|
| 10a | Did the organization have local chapters, branches, or affiliates? | <input checked="" type="checkbox"/> | |
| 10b | 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? | <input checked="" type="checkbox"/> | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | <input checked="" type="checkbox"/> | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | <input checked="" type="checkbox"/> | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | <input checked="" type="checkbox"/> | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | <input checked="" type="checkbox"/> | |
| 13 | Did the organization have a written whistleblower policy? | <input checked="" type="checkbox"/> | |
| 14 | Did the organization have a written document retention and destruction policy? | <input checked="" type="checkbox"/> | |
| 15 | 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | <input checked="" type="checkbox"/> | |
| 15b | Other officers or key employees of the organization | | <input checked="" type="checkbox"/> |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | <input checked="" type="checkbox"/> |
| 16b | 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 MO
- 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, 300 S. JEFFERSON AVENUE, SUITE 400, SPRINGFIELD, MO 65806, (417) 864-6199

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 dotted 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) WINTER KINNE PRESIDENT & CEO | 47.0 3.0 | | | ✓ | | | | 240,480 | 0 | 36,886 |
| (2) LUIS LEON EVP & CHIEF FINANCIAL OFFICER | 48.0 2.0 | | | ✓ | | | | 173,943 | 0 | 17,423 |
| (3) ALICE WINGO VICE PRESIDENT OF AFFILIATES END 05/25 | 50.0 0.0 | | | | | ✓ | | 111,243 | 0 | 20,116 |
| (4) BRIDGET DIERKS VICE PRESIDENT OF PROGRAMS END 12/24 | 50.0 0.0 | | | | | ✓ | | 109,120 | 0 | 18,521 |
| (5) ANNE MCGREGOR DIRECTOR/CHAIR | 2.0 2.0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (6) ROY HARDY, JR. DIRECTOR/VICE CHAIR | 2.0 2.0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (7) SARAH HONEYCUTT DIRECTOR/TREASURER | 2.0 1.0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (8) GAIL SMART DIRECTOR/SECRETARY | 2.0 1.0 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (9) JIMMY LILES DIRECTOR/AT-LARGE | 2.0 1.0 | ✓ | | | | | | 0 | 0 | 0 |
| (10) GARY GARWITZ DIRECTOR/AUDIT/OPERATIONS CHAIR | 2.0 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (11) KARI CREIGHTON DIRECTOR/IAB REPRESENTATIVE | 2.0 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (12) DEAN THOMPSON DIRECTOR/CHAIR EMERITUS | 2.0 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (13) ANGELA SWAN DIRECTOR | 2.0 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (14) BRAD ERWIN DIRECTOR | 2.0 0.0 | ✓ | | | | | | 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 dotted 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 | | | |
| (15) DOUG NICKELL ----- DIRECTOR | 2.0 ----- 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (16) EMILY KEMPELL ----- DIRECTOR | 2.0 ----- 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (17) GREG HOFFMAN ----- DIRECTOR | 2.0 ----- 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (18) HOLLIE ELLIOTT ----- DIRECTOR | 2.0 ----- 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (19) KRISTI MONTAGUE ----- DIRECTOR | 2.0 ----- 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (20) LAURIE EDMONDSON ----- DIRECTOR | 2.0 ----- 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (21) LYNNE MEYERKORD ----- DIRECTOR | 2.0 ----- 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (22) MARGO SPILDE ----- DIRECTOR | 2.0 ----- 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (23) MICHAEL GARRETT ----- DIRECTOR | 2.0 ----- 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (24) RICHARD CAVENDER ----- DIRECTOR | 2.0 ----- 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (25) STAN IRWIN ----- DIRECTOR | 2.0 ----- 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| 1b Subtotal | | | | | | | | 634,786 | 0 | 92,946 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0 | 0 | 0 |
| d Total (add lines 1b and 1c) | | | | | | | | 634,786 | 0 | 92,946 |

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

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 |
|---|--------------------------------------|---------------------|
| J.E. DUNN CONSTRUCTION COMPANY, 1001 LOCUST STREET, KANSAS CITY, MO 64106 | CONSTRUCTION | 3,385,167 |
| PCNET, 2026 E PHELPS, SPRINGFIELD, MO 65802 | IT SERVICES | 272,435 |
| FIDUCIENT ADVISORS, LLC, 500 W. MADISON STREET, SUITE 1700, CHICAGO, IL 60661 | INVESTMENT MANAGEMENT | 263,244 |
| DAKE WELLS ARCHITECTURE INC, 134 PARK CENTRAL SQ, STE 300, SPRINGFIELD, MO 65806 | ARCHITECTURAL FEES | 223,147 |
| BARON DESIGN AND ASSOCIATES, 3810 E. SUNSHINE, SUITE 101, SPRINGFIELD, MO 65804 | ARCHITECTURAL FEES | 130,619 |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | 5 | |

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 | |
|--|---|---|-------------------------|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 42,030,317 | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 11,133,540 | | | | |
| | h | Total. Add lines 1a-1f | | 42,030,317 | | | | |
| Program Service Revenue | 2a | MANAGEMENT FEES | Business Code 900099 | 1,201,058 | 1,201,058 | | | |
| | b | OTHER REVENUES | 900099 | 139,961 | 139,961 | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue . . | | 0 | 0 | 0 | 0 | |
| | g | Total. Add lines 2a-2f | | 1,341,019 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 9,117,903 | | | 9,117,903 | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | Gross rents | (i) Real | 345,325 | | | | |
| | | | (ii) Personal | | | | | |
| | | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | |
| | c | Rental income or (loss) | 6c | 345,325 | 0 | | | |
| | d | Net rental income or (loss) | | 345,325 | | | 345,325 | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 69,282,643 | | | | |
| | | | (ii) Other | | | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 64,715,852 | 1,143 | | | |
| | c | Gain or (loss) | 7c | 4,566,791 | (1,143) | | | |
| | d | Net gain or (loss) | | 4,565,648 | | | 4,565,648 | |
| 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| b | Less: direct expenses | 8b | | | | | | |
| c | Net income or (loss) from fundraising events | | | | | | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b | Less: direct expenses | 9b | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | Less: cost of goods sold | 10b | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11a | INVESTMENT IN PARTNERSHIPS | Business Code 901101 | (1,196) | | (1,196) | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | 0 | 0 | 0 | 0 | |
| | e | Total. Add lines 11a-11d | | (1,196) | | | | |
| 12 | Total revenue. See instructions | | 57,399,016 | 1,341,019 | (1,196) | 14,028,876 | | |

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 |
|---|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 24,602,032 | 24,602,032 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 2,255,778 | 2,255,778 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 490,114 | 186,243 | 181,342 | 122,529 |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,896,450 | 930,817 | 654,983 | 310,650 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 93,757 | 45,864 | 32,415 | 15,478 |
| 9 | Other employee benefits | 316,252 | 151,464 | 110,061 | 54,727 |
| 10 | Payroll taxes | 171,499 | 80,604 | 60,025 | 30,870 |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | | | | |
| b | Legal | 22,062 | | 22,062 | |
| c | Accounting | 88,915 | | 88,915 | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 864,361 | | 864,361 | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 332,441 | 156,248 | 116,354 | 59,839 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 113,955 | 53,558 | 39,885 | 20,512 |
| 14 | Information technology | 310,684 | 146,022 | 108,739 | 55,923 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 186,582 | 87,693 | 65,304 | 33,585 |
| 17 | Travel | 36,946 | 17,365 | 12,931 | 6,650 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 647,987 | 304,554 | 226,795 | 116,638 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 256,104 | 120,369 | 89,636 | 46,099 |
| 23 | Insurance | 122,785 | 57,709 | 42,975 | 22,101 |
| 24 | 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.) | | | | |
| a | <u>FISCAL SPONSORSHIPS</u> | 2,105,810 | 2,105,810 | | |
| b | <u>PROFESSIONAL DEVELOPMENT</u> | 84,546 | 39,737 | 29,591 | 15,218 |
| c | <u>DUES & MEMBERSHIPS</u> | 73,131 | 34,371 | 25,596 | 13,164 |
| d | <u>PRINTING & PUBLICATIONS</u> | 67,165 | 31,567 | 23,508 | 12,090 |
| e | All other expenses | 78,179 | 31,414 | 29,174 | 17,591 |
| 25 | Total functional expenses. Add lines 1 through 24e | 35,217,535 | 31,439,219 | 2,824,652 | 953,664 |
| 26 | Joint costs. 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 |
|---|--|--------------------------|-------------|-----------------------|
| Assets | 1 Cash—non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 76,630,150 | 2 | 82,285,910 |
| | 3 Pledges and grants receivable, net | 10,925,625 | 3 | 19,228,211 |
| | 4 Accounts receivable, net | 0 | 4 | 23,316 |
| | 5 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 | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 181,746 | 9 | 189,552 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 12,318,704 | | |
| | b Less: accumulated depreciation | 10b 1,493,250 | 7,082,760 | 10c 10,825,454 |
| | 11 Investments—publicly traded securities | 344,674,961 | 11 | 378,914,815 |
| | 12 Investments—other securities. See Part IV, line 11 | 38,183,594 | 12 | 45,488,631 |
| | 13 Investments—program-related. See Part IV, line 11 | 897,040 | 13 | 1,361,045 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 1,279,659 | 15 | 1,339,092 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 479,855,535 | 16 | 539,656,026 | |
| Liabilities | 17 Accounts payable and accrued expenses | 611,227 | 17 | 600,474 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 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 | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 20,802 | 23 | 3,386,392 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 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 | 115,994,856 | 25 | 125,135,950 |
| | 26 Total liabilities. Add lines 17 through 25 | 116,626,885 | 26 | 129,122,816 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 29,426,581 | 27 | 38,294,059 |
| | 28 Net assets with donor restrictions | 333,802,069 | 28 | 372,239,151 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 363,228,650 | 32 | 410,533,210 |
| 33 Total liabilities and net assets/fund balances | 479,855,535 | 33 | 539,656,026 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 57,399,016 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 35,217,535 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 22,181,481 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 363,228,650 |
| 5 | Net unrealized gains (losses) on investments | 5 | 27,928,661 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | (2,805,582) |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 410,533,210 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1 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. | | |
| 2a 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 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"/> | |
| c 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"/> | |
| 3a 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 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. | | |

**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 for instructions and the latest information.

OMB No. 1545-0047

2024

**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 33¹/₃% 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 33¹/₃% 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 | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 36,802,533 | 38,687,284 | 48,577,606 | 46,661,855 | 42,030,317 | 212,759,595 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 36,802,533 | 38,687,284 | 48,577,606 | 46,661,855 | 42,030,317 | 212,759,595 |
| 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) | | | | | | 19,890,613 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 192,868,982 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 36,802,533 | 38,687,284 | 48,577,606 | 46,661,855 | 42,030,317 | 212,759,595 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 4,578,201 | 6,236,396 | 8,715,876 | 9,729,088 | 9,463,228 | 38,722,789 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Total support. Add lines 7 through 10 | | | | | | 251,482,384 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 5,369,321 |
| 13 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 76.69 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 81.89 % |
| 16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test—2023. 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 stop here . The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2024. 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 stop here . 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 10%-facts-and-circumstances test—2023. 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 stop here . 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 Private foundation. 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"/> |

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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (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 <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests—2024. 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 <input type="checkbox"/> | | |
| b 33 1/3% support tests—2023. 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 <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/> | | |

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 |
|-----|--|-----|----|
| 1 | 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> | | |
| 2 | 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> | | |
| 3a | 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> | | |
| 3b | 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> | | |
| 3c | 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> | | |
| 4a | 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> | | |
| 4b | 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> | | |
| 4c | 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> | | |
| 5a | 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> | | |
| 5b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| 5c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 | 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> | | |
| 7 | 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> | | |
| 8 | 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> | | |
| 9a | 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> | | |
| 9b | 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> | | |
| 9c | 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> | | |
| 10a | 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> | | |
| 10b | 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 |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a 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 A family member of a person described on line 11a above? | | |
| c 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 Part VI . | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 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 Part VI 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. | | |
| 2 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 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? | | |
| 2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 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 Part VI the role the organization's supported organizations played in this regard. | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a 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 Part VI 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 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a 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 Part VI . | | |
| 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 Part VI the role played by the organization in this regard. | | |

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 | Adjusted Net Income (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 | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount 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 | Minimum Asset Amount (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 | Distributable Amount. 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). | | |

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—provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2024 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-2024 | (iii) Distributable Amount for 2024 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2024 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2024 | | | |
| a From 2019 | | | |
| b From 2020 | | | |
| c From 2021 | | | |
| d From 2022 | | | |
| e From 2023 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2024 distributable amount | | | |
| i Carryover from 2019 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2024 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2024 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2025. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2020 | | | |
| b Excess from 2021 | | | |
| c Excess from 2022 | | | |
| d Excess from 2023 | | | |
| e Excess from 2024 | | | |

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | ----- ----- ----- | \$ 7,794,561 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ----- ----- ----- | \$ 2,191,243 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | ----- ----- ----- | \$ 1,500,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | ----- ----- ----- | \$ 1,375,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | ----- ----- ----- | \$ 1,104,269 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | ----- ----- ----- | \$ 1,001,882 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 7 | ----- ----- ----- | \$ 997,750 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | ----- ----- ----- | \$ 875,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) <small>(See instructions.)</small> | (d) Date received |
|---------------------------|--|--|----------------------|
| 2 | SECURITIES ----- ----- ----- | \$ 2,191,243 | 03/10/2025 |
| 6 | SECURITIES ----- ----- ----- | \$ 1,001,882 | 01/24/2025 |
| 7 | SECURITIES ----- ----- ----- | \$ 997,750 | 11/18/2024 |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |
| ----- | ----- ----- ----- | \$ ----- | ----- |

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

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|--|
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

SCHEDULE D (Form 990)

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value of contributions, grants, and end of year, plus two Yes/No questions.

Part II Conservation Easements

Form for Conservation Easements including questions about purpose, monitoring, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and revenue/assets.

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
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

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

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 in 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 | 236,024,310 | 216,956,948 | 192,586,626 | 214,242,659 | 154,193,913 |
| b Contributions | 3,869,987 | 8,205,100 | 15,318,410 | 17,856,827 | 25,532,249 |
| c Net investment earnings, gains, and losses | 29,056,371 | 28,390,282 | 22,510,305 | (23,790,947) | 48,633,155 |
| d Grants or scholarships | 9,791,855 | 9,433,137 | 10,980,645 | 13,378,855 | 11,700,301 |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | (1,329,049) | 8,094,883 | 2,477,748 | 2,343,058 | 2,416,357 |
| g End of year balance | 260,487,862 | 236,024,310 | 216,956,948 | 192,586,626 | 214,242,659 |

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

- a** Board designated or quasi-endowment 0.00 %
- b** Permanent endowment 47.40 %
- c** Term endowment 52.60 %

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:

| | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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 | | 435,000 | | 435,000 |
| b Buildings | | 7,174,443 | 945,708 | 6,228,735 |
| c Leasehold improvements | | | | |
| d Equipment | | 174,937 | 142,402 | 32,535 |
| e Other | | 4,534,324 | 405,140 | 4,129,184 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 10,825,454 |

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) HEDGE FUNDS | 35,723,566 | END OF YEAR MARKET VALUE |
| (B) INVESTMENT IN PARTNERSHIPS | 9,765,065 | END OF YEAR MARKET VALUE |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) | 45,488,631 | |

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) | | |
| Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) | | |

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) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | |

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 | 125,135,950 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 125,135,950 |

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 .

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.

| Return Reference - Identifier | Explanation |
|---|--|
| SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS | FOR NONPROFIT AGENCIES, AN ENDOWMENT PROVIDES ESSENTIAL STABILITY AND IS A PERMANENT SOURCE OF FUNDING. IT FACILITATES STRATEGIC USE OF FUNDS AND ALLOWS THE ORGANIZATION TO PLAN ON THE INCOME FROM ONE YEAR TO THE NEXT. AN ENDOWMENT FUND PRESENTS AN EXCELLENT OPTION FOR DONORS WHO WANT TO MAKE LEGACY OR PLANNED GIFTS. |
| SCHEDULE D, PART X, LINE 2 - UNCERTAIN TAX POSITIONS | MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS. |

**SCHEDULE F
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 38,483,922 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | 0 | 0 | | | 38,483,922 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 38,483,922 |

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

Cat. No. 50082W

Schedule F (Form 990) (Rev. 1-2025)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|---|--|--|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* **Yes** **No**

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

| Return Reference - Identifier | Explanation |
|--|---|
| SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL |

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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.

| (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 |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) 4 CALVARY QUARTET PO BOX 759, NIXA, MO 65714 | 88-4144982 | 501(C)(3) | 11,000 | | | | SPECIFIC PROGRAM |
| (2) ABOUT OUR KIDS, INC. PO BOX 375, LAMAR, MO 64756 | 20-1492167 | 501(C)(3) | 23,000 | | | | SPECIFIC PROGRAM |
| (3) ACOMPANARTE CULTURAL CENTER 1530 S GLENSTONE AVE, SPRINGFIELD, MO 65804 | 84-1793722 | 501(C)(3) | 30,000 | | | | SPECIFIC PROGRAM |
| (4) ALEX BRYANT MINISTRIES INC PO BOX 26, NIXA, MO 65714 | 84-3383612 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (5) (SEE STATEMENT) | 23-7040934 | 501(C)(3) | 25,500 | | | | SPECIFIC PROGRAM |
| (6) AMERICAN CANCER SOCIETY, INC. PO BOX 1640, HAGERSTOWN, MD 21741 | 13-1788491 | 501(C)(3) | 154,316 | | | | SPECIFIC PROGRAM |
| (7) AMERICAN HEART ASSOCIATION PO BOX 840692, DALLAS, TX 75284-0692 | 13-5613797 | 501(C)(3) | 18,315 | | | | SPECIFIC PROGRAM |
| (8) AMERICAN RED CROSS 431 18TH ST NW, WASHINGTON, DC 20006 | 53-0196605 | 501(C)(3) | 61,977 | | | | SPECIFIC PROGRAM |
| (9) ANDREAN HIGH SCHOOL 5959 BROADWAY, MERRILLVILLE, IN 46410 | 35-1046711 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (10) ANGEL WINGS EQUINE RESCUE 6600 LAWRENCE 2137, STOTTS CITY, MO 65756 | 47-1592431 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (11) ARC OF THE OZARKS 1501 E PYTHIAN, SPRINGFIELD, MO 65802 | 43-6049004 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (12) (SEE STATEMENT) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 474

3 Enter total number of other organizations listed in the line 1 table 3

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

Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (12) ART FEEDS PO BOX 1002, FAYETTEVILLE, AR 72702 | 27-1326336 | 501(C)(3) | 5,900 | | | | SPECIFIC PROGRAM |
| (13) ARTCENTER COLLEGE OF DESIGN 1700 LIDA STREET ROOM 264, PASADENA, CA 91103 | 95-1921340 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |
| (14) ARTCENTRAL 1110 EAST 13TH ST, CARTHAGE, MO 64836 | 43-1409998 | 501(C)(3) | 6,047 | | | | SPECIFIC PROGRAM |
| (15) ASH GROVE R-IV SCHOOL DISTRICT 100 N MAPLE LN, ASH GROVE, MO 65604 | 44-6001727 | 170(C)(1) | 56,160 | | | | SPECIFIC PROGRAM |
| (16) ASH GROVE SUNSHINE CENTER INC. PO BOX 72, 310 N PERRYMAN AVE, ASH GROVE, MO 65604 | 43-1387309 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |
| (17) AURORA R-VIII SCHOOL DISTRICT 201 SOUTH MADISON, AURORA, MO 65605 | 44-6001732 | 170(C)(1) | 31,500 | | | | SPECIFIC PROGRAM |
| (18) AUTISM SPEAKS PO BOX 37148, BOONE, IA 50037-0148 | 20-2329938 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (19) BARTON COUNTY CHAMBER FOUNDATION INC 110 W 10TH ST, LAMAR, MO 64759 | 85-1062181 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (20) BARTON COUNTY GOOD SAMARITAN 1301 PARRY ST., LAMAR, MO 64759 | 43-1465283 | 501(C)(3) | 22,000 | | | | SPECIFIC PROGRAM |
| (21) BENTONVILLE CHURCH OF CHRIST 904 N WALTON BLVD, BENTONVILLE, AR 72712 | 71-0326247 | 501(C)(3) | 30,000 | | | | SPECIFIC PROGRAM |
| (22) BIG BROTHERS BIG SISTERS OF THE OZARKS 3372 W BATTLEFIELD, SPRINGFIELD, MO 65807 | 43-0971303 | 501(C)(3) | 30,000 | | | | SPECIFIC PROGRAM |
| (23) BISHOP FENWICK HIGH SCHOOL 99 MARGIN STREET, PEABODY, MA 01960 | 56-2438553 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (24) BONEBRAKE CENTER OF NATURE AND HISTORY 601 NORTH HICKORY STREET, SALEM, MO 65560 | 43-1514904 | 501(C)(3) | 9,484 | | | | SPECIFIC PROGRAM |
| (25) BONNIEBROOK HISTORICAL SOCIETY 485 ROSE O'NEILL RD, WALNUT SHADE, MO 65771 | 51-0203806 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (26) BOOTS COURT FOUNDATION 125 S GARRISON AVE, CARTHAGE, MO 64836 | 86-3971265 | 501(C)(3) | 42,455 | | | | SPECIFIC PROGRAM |
| (27) BOYS & GIRLS CLUBS OF SPRINGFIELD 1410 N FREMONT AVE, SPRINGFIELD, MO 65802 | 44-0513659 | 501(C)(3) | 95,000 | | | | SPECIFIC PROGRAM |
| (28) BOYS AND GIRLS CLUB OF THE OZARKS 1460 BEE CREEK RD, BRANSON, MO 65616 | 43-1664669 | 501(C)(3) | 7,470 | | | | SPECIFIC PROGRAM |
| (29) BRANCHES FOR THE LAKE 980 AIRPORT ROAD, STE B, OSAGE BEACH, MO 65065 | 87-4714826 | 501(C)(3) | 47,000 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (30) BRANSON HUMANE SOCIETY 2837 SHEPHERD OF THE HILLS EXPY, BRANSON, MO 65616 | 20-5953828 | 501(C)(3) | 7,470 | | | | SPECIFIC PROGRAM |
| (31) BREAST CANCER FOUNDATION OF THE OZARKS 620 W REPUBLIC RD STE 107, SPRINGFIELD, MO 65807 | 43-1881450 | 501(C)(3) | 95,285 | | | | SPECIFIC PROGRAM |
| (32) BRIDGE OF FAITH COMMUNITY CHURCH PO BOX 1059, ROCKAWAY BEACH, MO 65740 | 20-8112523 | 501(C)(3) | 60,000 | | | | SPECIFIC PROGRAM |
| (33) BRIDGES FOR YOUTH P.O. BOX 9866, SPRINGFIELD, MO 65801 | 43-1718841 | 501(C)(3) | 35,000 | | | | SPECIFIC PROGRAM |
| (34) BRIGHT FUTURES JOPLIN 825 SOUTH PEARL STREET, JOPLIN, MO 64801 | 82-4599686 | 501(C)(3) | 50,000 | | | | SPECIFIC PROGRAM |
| (35) BURRELL BEHAVIORAL HEALTH 2885 W BATTLEFIELD RD, SPRINGFIELD, MO 65807 | 43-1081715 | 501(C)(3) | 100,000 | | | | SPECIFIC PROGRAM |
| (36) BURRELL FOUNDATION DBA BRIGHTLI FOUNDATION 2885 W BATTLEFIELD RD, SPRINGFIELD, MO 65807 | 43-1467704 | 501(C)(3) | 15,249 | | | | SPECIFIC PROGRAM |
| (37) CABIESES FOUNDATION INC 21400 SOUTH BRANCH BLVD APT 1117, ESTERO, FL 33928 | 93-1666726 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (38) CALVARY BIBLE CHURCH OF NIXA MISSOURI PO BOX 1303, NIXA, MO 65714 | 23-7219554 | 501(C)(3) | 22,950 | | | | SPECIFIC PROGRAM |
| (39) CAMDENTON R-III SCHOOL DISTRICT 119 SERVICE RD., PO BOX 1409, CAMDENTON, MO 65020 | 43-0829976 | 170(C)(1) | 10,550 | | | | SPECIFIC PROGRAM |
| (40) CAMP BARNABAS PO BOX 609, BRANSON, MO 65615 | 33-1122930 | 501(C)(3) | 100,000 | | | | SPECIFIC PROGRAM |
| (41) CAMP CH-YO-CA PO BOX 2010, WEST MONROE, LA 71294 | 27-1303282 | 501(C)(3) | 7,000 | | | | SPECIFIC PROGRAM |
| (42) CAMP HOUSE INC 2530 S MARLAN AVE, SPRINGFIELD, MO 65804 | 88-1423316 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (43) CAMP PENUJEL PO BOX 367, IRONTON, MO 63650 | 23-7318998 | 501(C)(3) | 18,000 | | | | SPECIFIC PROGRAM |
| (44) CAMP SENECA LAKE 1200 EDGEWOOD AVE, ROCHESTER, NY 14618 | 16-0743060 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (45) CAMPUS CHRISTIANS MINISTRY INC 213 E WILLIAMS ST, PITTSBURG, KS 66762 | 48-0923505 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (46) CAPE GIRARDEAU PUBLIC SCHOOLS FOUNDATION 301 N CLARK ST, CAPE GIRARDEAU, MO 63701 | 43-1666808 | 501(C)(3) | 22,975 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (47) CAPE GIRARDEAU VETERANS HOME FOUNDATION 2400 VETERANS MEMORIAL DR, CAPE GIRARDEAU, MO 63701 | 43-1701236 | 501(C)(3) | 37,500 | | | | SPECIFIC PROGRAM |
| (48) CARE CONNECTION FOR AGING SERVICES PO BOX 1078, WARRENSBURG, MO 64093 | 43-1015585 | 501(C)(3) | 13,614 | | | | SPECIFIC PROGRAM |
| (49) CARNEGIE MELLON UNIVERSITY 5000 FORBES AVENUE WARNER HALL, PITTSBURGH, PA 15213 | 25-0969449 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |
| (50) CARTHAGE CRISIS CENTER, INC 100 S MAIN ST, CARTHAGE, MO 64836 | 43-1769385 | 501(C)(3) | 5,775 | | | | SPECIFIC PROGRAM |
| (51) CARTHAGE CROSSLINES MINISTRY PO BOX 343, CARTHAGE, MO 64836 | 43-1334801 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |
| (52) CARTHAGE HISTORIC PRESERVATION, INC. PO BOX 375, CARTHAGE, MO 64836 | 43-1187404 | 501(C)(3) | 7,060 | | | | SPECIFIC PROGRAM |
| (53) CARTHAGE PUBLIC LIBRARY 612 S GARRISON, CARTHAGE, MO 64836 | 44-6005089 | 170(C)(1) | 15,041 | | | | SPECIFIC PROGRAM |
| (54) CARTHAGE R-9 SCHOOL FOUNDATION 710 LYON STREET, CARTHAGE, MO 64836 | 43-1712338 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (55) CARTHAGE R-IX SCHOOL DISTRICT 710 LYON STREET, CARTHAGE, MO 64836 | 44-6002057 | 170(C)(1) | 54,401 | | | | SPECIFIC PROGRAM |
| (56) CASA (COURT APPOINTED SPECIAL ADVOCATES) OF SOUTHWEST MISSOURI PO BOX 4853, SPRINGFIELD, MO 65808 | 43-1524185 | 501(C)(3) | 105,161 | | | | SPECIFIC PROGRAM |
| (57) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE, CLEVELAND, OH 44106 | 34-1018992 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |
| (58) CATHOLIC CHARITIES OF SOUTHERN MISSOURI 424 EAST MONASTERY STREET, SPRINGFIELD, MO 65807 | 80-0455890 | 501(C)(3) | 35,455 | | | | SPECIFIC PROGRAM |
| (59) CATHOLIC CHURCH EXTENSION SOCIETY 150 SOUTH WACKER DRIVE SUITE 2000, CHICAGO, IL 60606 | 36-6000520 | 501(C)(3) | 17,500 | | | | SPECIFIC PROGRAM |
| (60) CATHOLIC NEAR EAST WELFARE ASSOCIATION 1011 FIRST AVE, NEW YORK, NY 10022 | 13-1623929 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (61) CATHOLIC RELIEF SERVICES PO BOX 5278, TIPTON, IA 52772 | 13-5563422 | 501(C)(3) | 60,000 | | | | SPECIFIC PROGRAM |
| (62) CEDAR COUNTY LIBRARY DISTRICT 717 EAST STREET, STOCKTON, MO 65785 | 43-1693903 | 170(C)(1) | 13,235 | | | | SPECIFIC PROGRAM |
| (63) CEDAR FALLS HIGH SCHOOL 1015 DIVISION STREET, CEDAR FALLS, IA 50613 | 42-0862684 | 170(C)(1) | 7,865 | | | | SPECIFIC PROGRAM |
| (64) CEDAR HILL CEMETERY TRUST, INC. 1428 W. BUDLONG, CARTHAGE, MO 64836 | 43-1584990 | 501(C)(13) | 9,000 | | | | SPECIFIC PROGRAM |
| (65) CENTER CITY CHRISTIAN OUTREACH, INC. PO BOX 8176, SPRINGFIELD, MO 65801 | 31-1807428 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (66) CENTRAL METHODIST UNIVERSITY 411 CENTRAL METHODIST SQUARE, FAYETTE, MO 65248 | 43-0654854 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (67) CENTRE COLLEGE 600 WEST WALNUT STREET, DANVILLE, KY 40422 | 61-0444671 | 170(C)(1) | 6,000 | | | | SPECIFIC PROGRAM |
| (68) CENTS OF PRIDE PO BOX 14849, SPRINGFIELD, MO 65814 | 38-3855890 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (69) CHARLESTON R-1 SCHOOL DISTRICT PO BOX 39, CHARLESTON, MO 63834 | 43-0796733 | 170(C)(1) | 41,799 | | | | SPECIFIC PROGRAM |
| (70) CHARLESTON SOUTHERN UNIVERSITY 9200 UNIVERSITY BLVD, CHARLESTON, SC 29406 | 57-0474291 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |
| (71) CHARLIE 22 OUTDOORS 115 N MADISON ST, WEBB CITY, MO 64870 | 82-3426960 | 501(C)(3) | 34,000 | | | | SPECIFIC PROGRAM |
| (72) CHILD ADVOCACY CENTER 1033 E WALNUT ST, SPRINGFIELD, MO 65806 | 43-1729078 | 501(C)(3) | 134,107 | | | | SPECIFIC PROGRAM |
| (73) CHILDREN'S CENTER OF SOUTHWEST MISSOURI 1029 E 7TH STREET, JOPLIN, MO 64801 | 43-1740718 | 501(C)(3) | 51,457 | | | | SPECIFIC PROGRAM |
| (74) CHILDREN'S HAVEN OF SOUTHWEST MISSOURI 711 SOUTH PICHER AVENUE, JOPLIN, MO 64801 | 04-3603881 | 501(C)(3) | 49,000 | | | | SPECIFIC PROGRAM |
| (75) CHILDREN'S SMILE CENTER 601 N. 21ST STREET, OZARK, MO 65721 | 57-1196229 | 501(C)(3) | 69,342 | | | | SPECIFIC PROGRAM |
| (76) CHRIST EPISCOPAL CHURCH - SPRINGFIELD 601 E WALNUT ST, SPRINGFIELD, MO 65806 | 44-0666523 | 501(C)(3) | 50,858 | | | | SPECIFIC PROGRAM |
| (77) CHRISTIAN CAMPUS MINISTRY OF SPRINGFIELD 616 E BEAR BLVD, SPRINGFIELD, MO 65806 | 43-1172726 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (78) CHRISTIAN COUNTY LIBRARY FOUNDATION PO BOX 2023, OZARK, MO 65721 | 46-2375456 | 501(C)(3) | 9,120 | | | | SPECIFIC PROGRAM |
| (79) CHRIST'S CHURCH OF ORONOGO 22145 KAFIR ROAD, ORONOGO, MO 64855 | 43-1246782 | 501(C)(3) | 30,000 | | | | SPECIFIC PROGRAM |
| (80) CITIZENS MEMORIAL HEALTH CARE FOUNDATION 1500 N OAKLAND, BOLIVAR, MO 65613 | 43-1425356 | 501(C)(3) | 16,670 | | | | SPECIFIC PROGRAM |
| (81) CITY OF ANNAPOLIS 204 SCHOOL ST, ANNAPOLIS, MO 63620 | 43-0831522 | 170(C)(1) | 250,000 | | | | SPECIFIC PROGRAM |
| (82) CITY OF BOLIVAR 345 S MAIN ST UP BOX 9, BOLIVAR, MO 65613 | 44-6000140 | 170(C)(1) | 15,000 | | | | SPECIFIC PROGRAM |
| (83) CITY OF CHARLESTON 204 N. MAIN ST., CHARLESTON, MO 63834 | 43-6000714 | 170(C)(1) | 42,697 | | | | SPECIFIC PROGRAM |
| (84) CITY OF NEVADA 110 SOUTH ASH STREET, NEVADA, MO 64772 | 44-6000232 | 170(C)(1) | 285,235 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (85) CITY OF OZARK 205 N 1ST STREET, BOX 295, OZARK, MO 65721 | 44-6000241 | 170(C)(1) | 10,000 | | | | SPECIFIC PROGRAM |
| (86) CITY OF ROGERSVILLE PO BOX 19, ROGERSVILLE, MO 65742 | 46-2338581 | 501(C)(3) | 10,151 | | | | SPECIFIC PROGRAM |
| (87) CITY OF SEYMOUR PO BOX 247, SEYMOUR, MO 65746 | 44-6005586 | 170(C)(1) | 16,159 | | | | SPECIFIC PROGRAM |
| (88) CLINTON ANIMAL RESCUE ENDEAVOR 103 S GAIL DR, CLINTON, MO 64735 | 26-2482075 | 501(C)(3) | 6,376 | | | | SPECIFIC PROGRAM |
| (89) CLINTON METHODIST CHURCH 601 S 4TH ST, CLINTON, MO 64735 | 44-0590276 | 501(C)(3) | 45,533 | | | | SPECIFIC PROGRAM |
| (90) CLINTON SCHOOL DISTRICT 701 S 8TH ST, CLINTON, MO 64735 | 44-6001380 | 170(C)(1) | 25,000 | | | | SPECIFIC PROGRAM |
| (91) COLLEGE GOLF FELLOWSHIP 5098 FOOTHILLS BLVD STE 3, ROSEVILLE, CA 95747 | 55-0798282 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (92) COLLEGE OF THE OZARKS PO BOX 17, POINT LOOKOUT, MO 65726 | 44-0556862 | 501(C)(3) | 42,000 | | | | SPECIFIC PROGRAM |
| (93) COLUMBIA UNIVERSITY 1130 AMSTERDAM AVE 100 HAMILTON HA, NEW YORK, NY 10027 | 13-5598093 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |
| (94) COMMUNITIES OF RECOVERY, INC. PO BOX 6224, BRANSON, MO 65615 | 46-1516182 | 501(C)(3) | 26,945 | | | | SPECIFIC PROGRAM |
| (95) COMMUNITY CLINIC OF SOUTHWEST MISSOURI 701 S. JOPLIN AVE., JOPLIN, MO 64801 | 43-1643962 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (96) COMMUNITY COUNSELING CENTER 402 S. SILVER SPRINGS RD., CAPE GIRARDEAU, MO 63703 | 43-1344414 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (97) COMMUNITY FOUNDATION OF CENTRAL MISSOURI 701 EAST BROADWAY, COLUMBIA, MO 65205 | 27-2930245 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (98) COMMUNITY HOSPICES OF AMERICA FOUNDATION, INC. PO BOX 447, SPRINGFIELD, MO 65801 | 74-2990817 | 501(C)(3) | 15,611 | | | | SPECIFIC PROGRAM |
| (99) COMMUNITY OUTREACH MINISTRIES PO BOX 181, BOLIVAR, MO 65613 | 26-1545304 | 501(C)(3) | 29,505 | | | | SPECIFIC PROGRAM |
| (100) COMMUNITY PARTNERSHIP OF THE OZARKS 330 N JEFFERSON AVE, SPRINGFIELD, MO 65806 | 43-1830026 | 501(C)(3) | 240,217 | | | | SPECIFIC PROGRAM |
| (101) CONGREGATION TEMPLE ISRAEL #1 RABBI ALVAN D. RUBIN DRIVE, ST LOUIS, MO 63141 | 43-0653290 | 501(C)(3) | 6,500 | | | | SPECIFIC PROGRAM |
| (102) CONNECT2CULTURE 212 WEST 7TH ST, JOPLIN, MO 64801 | 45-1779223 | 501(C)(3) | 66,500 | | | | SPECIFIC PROGRAM |
| (103) CONVOY OF HOPE 1 CONVOY DRIVE, SPRINGFIELD, MO 65802 | 68-0051386 | 501(C)(3) | 727,500 | | | | SPECIFIC PROGRAM |
| (104) COTTEY COLLEGE 1000 W AUSTIN, NEVADA, MO 64772 | 44-0545271 | 501(C)(3) | 31,710 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (105) COUNCIL ON FAMILIES IN CRISIS/ MOSS HOUSE 415 N. MAIN, NEVADA, MO 64772 | 43-1438118 | 501(C)(3) | 18,000 | | | | SPECIFIC PROGRAM |
| (106) COXHEALTH FOUNDATION PO BOX 8131, SPRINGFIELD, MO 65801 | 43-6810485 | 501(C)(3) | 98,187 | | | | SPECIFIC PROGRAM |
| (107) CREATIVE LEARNING ALLIANCE, INC PO BOX 3655, JOPLIN, MO 64803 | 82-5165061 | 501(C)(3) | 260,000 | | | | SPECIFIC PROGRAM |
| (108) CROSS TRAIL OUTFITTERS INC PO BOX 706, PLYMOUTH, NC 27962 | 45-3796623 | 501(C)(3) | 712,000 | | | | SPECIFIC PROGRAM |
| (109) CROSSLINES COMMUNITY OUTREACH PO BOX 3947, SPRINGFIELD, MO 65808 | 43-0903657 | 501(C)(3) | 315,226 | | | | SPECIFIC PROGRAM |
| (110) CROSSLINES OF MONETT PO BOX 163, MONETT, MO 65708 | 43-1357771 | 501(C)(3) | 37,500 | | | | SPECIFIC PROGRAM |
| (111) CUBA DEVELOPMENT GROUP PO BOX 242, CUBA, MO 65453 | 27-1567977 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (112) CURATORS OF THE UNIVERSITY OF MISSOURI 407 REYNOLDS ALUMNI CTR, COLUMBIA, MO 65211 | 43-6003859 | 501(C)(3) | 71,500 | | | | SPECIFIC PROGRAM |
| (113) CURATORS OF THE UNIVERSITY OF MISSOURI SPECIAL TRUST 407 REYNOLDS ALUMNI CENTER, COLUMBIA, MO 65211 | 26-6440629 | 501(C)(3) | 217,500 | | | | SPECIFIC PROGRAM |
| (114) CYSTIC FIBROSIS FOUNDATION P.O. BOX 5004, HAGERSTOWN, MD 21741 | 13-1930701 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |
| (115) DEVELOPMENTAL CENTER OF THE OZARKS 1545 E PYTHIAN, SPRINGFIELD, MO 65802 | 44-0614402 | 501(C)(3) | 35,000 | | | | SPECIFIC PROGRAM |
| (116) DIOCESE OF SPRINGFIELD-CAPE GIRARDEAU 601 S. JEFFERSON, SPRINGFIELD, MO 65806 | 44-0609997 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (117) DOGWOOD ANIMAL SHELTER, INC 1075 RUNABOUT DRIVE, OSAGE BEACH, MO 65065 | 43-1095246 | 501(C)(3) | 9,600 | | | | SPECIFIC PROGRAM |
| (118) DORDT UNIVERSITY 700 7TH ST NE, SIOUX CENTER, IA 51250 | 42-0772559 | 501(C)(3) | 11,000 | | | | SPECIFIC PROGRAM |
| (119) DOULA FOUNDATION OF MID AMERICA 1901 E MEADOWMERE ST, SPRINGFIELD, MO 65804 | 30-0046369 | 501(C)(3) | 30,000 | | | | SPECIFIC PROGRAM |
| (120) DREAM BIG LITTLE ONE 7054 NE 80TH ST, WEIR, KS 66781 | 87-3775317 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (121) DREW LEWIS FOUNDATION, INC 1126 N BROADWAY AVE, BLDG A, SPRINGFIELD, MO 65802 | 47-2991671 | 501(C)(3) | 218,669 | | | | SPECIFIC PROGRAM |
| (122) DRURY UNIVERSITY 900 NORTH BENTON AVENUE, SPRINGFIELD, MO 65802 | 44-0552049 | 501(C)(3) | 206,323 | | | | SPECIFIC PROGRAM |
| (123) DYNAMIC STRIDES THERAPY, INC. 2673 E. SAWYER ROAD, REPUBLIC, MO 65738 | 81-3551874 | 501(C)(3) | 17,000 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (124) EAGLE CREST MINISTRIES INC PO BOX 1449, GENTRY, AR 72734 | 91-2028321 | 501(C)(3) | 9,000 | | | | SPECIFIC PROGRAM |
| (125) EAST GRAND COMMUNITY SERVICES 3721 E SUNSHINE ST, SPRINGFIELD, MO 65809 | 76-0750839 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (126) ECONOMIC SECURITY CORPORATION OF SOUTHWEST AREA 1200 N MAIN, PO BOX 207, JOPLIN, MO 64801 | 43-0834199 | 501(C)(3) | 7,000 | | | | SPECIFIC PROGRAM |
| (127) EL DORADO SPRINGS R-2 SCHOOL 901 S. GRAND, EL DORADO SPRINGS, MO 64744 | 44-6001481 | 170(C)(1) | 11,507 | | | | SPECIFIC PROGRAM |
| (128) ELDON FIRST CHRISTIAN CHURCH 102 S. AURORA, ELDON, MO 65026 | 43-1028086 | 501(C)(3) | 5,275 | | | | SPECIFIC PROGRAM |
| (129) ELDON R-I SCHOOL DISTRICT 112 S PINE, ELDON, MO 65026 | 44-6002437 | 170(C)(1) | 7,750 | | | | SPECIFIC PROGRAM |
| (130) ELEVATE BRANSON 310 GREYNA ROAD, BRANSON, MO 65616 | 26-4727548 | 501(C)(3) | 145,000 | | | | SPECIFIC PROGRAM |
| (131) EMERGENCY SERVICES FOR CHILDREN 902 MCVEY, MOUNT VERNON, MO 65712 | 43-1671411 | 501(C)(3) | 6,051 | | | | SPECIFIC PROGRAM |
| (132) EMPOWER: ABILITIES 1450 W CAMBRIDGE, SPRINGFIELD, MO 65807 | 43-1383616 | 501(C)(3) | 80,000 | | | | SPECIFIC PROGRAM |
| (133) ENCOMPASS ACADEMY 2733 E BATTLEFIELD, BOX 600, SPRINGFIELD, MO 65804 | 85-1591747 | 501(C)(3) | 20,675 | | | | SPECIFIC PROGRAM |
| (134) ENERGIZE MINISTRIES INC 4419-A WALLBURG ROAD, WINSTON-SALEM, NC 27107 | 27-0472317 | 501(C)(3) | 11,000 | | | | SPECIFIC PROGRAM |
| (135) EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM, NORTHERN LIEUTENANCY PO BOX 540004, OMAHA, NE 68154 | 20-1666315 | 501(C)(3) | 16,000 | | | | SPECIFIC PROGRAM |
| (136) ETHNOS360 INC 134 MAIN DR, ROACH, MO 65787 | 39-6024926 | 501(C)(3) | 65,000 | | | | SPECIFIC PROGRAM |
| (137) EVANGEL TEMPLE CHRISTIAN CENTER 2020 E BATTLEFIELD RD, SPRINGFIELD, MO 65804 | 43-0972180 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |
| (138) EVANGEL UNIVERSITY 1111 NORTH GLENSTONE AVENUE, SPRINGFIELD, MO 65802 | 44-0589787 | 501(C)(3) | 57,500 | | | | SPECIFIC PROGRAM |
| (139) FAIR PLAY R-II SCHOOL DISTRICT 301 NORTH WALNUT, FAIR PLAY, MO 65649 | 44-6004031 | 170(C)(1) | 18,650 | | | | SPECIFIC PROGRAM |
| (140) FAITH CHRISTIAN FAMILY CHURCH PO BOX 427, EUREKA SPRINGS, AR 72632 | 71-0528646 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (141) FAITHFUL FRIENDS ANIMAL ADVOCATES 11281 E HIGHWAY 86, NEOSHO, MO 64850 | 26-3492510 | 501(C)(3) | 7,500 | | | | SPECIFIC PROGRAM |
| (142) FATHER FLANAGAN'S BOYS TOWN PO BOX 8000, BOYS TOWN, NE 68010 | 47-0376606 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (143) FELLOWSHIP BIBLE CHURCH 4855 S FARM ROAD 205, ROGERSVILLE, MO 65742 | 43-1657145 | 501(C)(3) | 50,000 | | | | SPECIFIC PROGRAM |
| (144) FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD, KANSAS CITY, MO 64129 | 44-0610626 | 501(C)(3) | 74,000 | | | | SPECIFIC PROGRAM |
| (145) FINE LINEN THEATRE 26503 COUNTY ROAD 432, SAINT JAMES, MO 65559 | 45-4124097 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (146) FIRST AND CALVARY PRESBYTERIAN CHURCH 820 E CHERRY ST, SPRINGFIELD, MO 65806 | 44-0555219 | 501(C)(3) | 52,357 | | | | SPECIFIC PROGRAM |
| (147) FIRST BAPTIST CHURCH - BOLIVAR 119 N. SPRINGFIELD AVE, BOLIVAR, MO 65613 | 44-0606423 | 501(C)(3) | 37,000 | | | | SPECIFIC PROGRAM |
| (148) FIRST CHRISTIAN CHURCH OF LAMAR 1208 WALNUT ST, LAMAR, MO 64759 | 43-1301565 | 501(C)(3) | 31,000 | | | | SPECIFIC PROGRAM |
| (149) FIRST PRESBYTERIAN CHURCH - BRANSON 420 WEST MAIN, BRANSON, MO 65616 | 44-0657717 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (150) FIRST PRESBYTERIAN CHURCH - CARTHAGE 115 W. CHESTNUT ST., CARTHAGE, MO 64836 | 44-0606868 | 501(C)(3) | 9,977 | | | | SPECIFIC PROGRAM |
| (151) FIRST PRESBYTERIAN CHURCH OF JOPLIN 509 S PEARL, JOPLIN, MO 64801 | 44-0552218 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |
| (152) FIRST UNITED METHODIST CHURCH OF CARTHAGE 617 S MAIN ST, CARTHAGE, MO 64836 | 44-0615076 | 501(C)(3) | 19,977 | | | | SPECIFIC PROGRAM |
| (153) FLORIDA SOUTHERN COLLEGE 111 LAKE HOLLINGSWORTH DRIVE, LAKELAND, FL 33801 | 59-0624401 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |
| (154) FOOD FOR THE POOR, INC. 6401 LYONS RD, COCONUT CREEK, FL 33073 | 59-2174510 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (155) FORDLAND R-III SCHOOL DISTRICT 1230 SCHOOL STREET, FORDLAND, MO 65652 | 44-6002608 | 170(C)(1) | 5,078 | | | | SPECIFIC PROGRAM |
| (156) FORSYTH COMMUNITY PRESBYTERIAN CHURCH PO BOX 486, FORSYTH, MO 65653 | 43-1317319 | 501(C)(3) | 12,500 | | | | SPECIFIC PROGRAM |
| (157) FORSYTH LIBRARY FRIENDS INC PO BOX 522, FORSYTH, MO 65653 | 43-1091486 | 501(C)(3) | 48,157 | | | | SPECIFIC PROGRAM |
| (158) FORT SCOTT COMMUNITY COLLEGE FOUNDATION 2108 SOUTH HORTON STREET, FORT SCOTT, KS 66701 | 23-7415312 | 501(C)(3) | 5,203 | | | | SPECIFIC PROGRAM |
| (159) FOSTER ADOPT CONNECT SPRINGFIELD 509 S CAVALIER, SPRINGFIELD, MO 65802 | 43-1895965 | 501(C)(3) | 35,000 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (160) FOSTERING HOPE PO BOX 243, CARL JUNCTION, MO 64834 | 38-3944078 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (161) FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS 1610 E SUNSHINE ST, SPRINGFIELD, MO 65804 | 43-1560366 | 501(C)(3) | 48,000 | | | | SPECIFIC PROGRAM |
| (162) FRANCISCAN UNIVERSITY 1235 UNIVERSITY BLVD., STEUBENVILLE, OH 43952 | 34-0714818 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (163) FREED-HARDEMAN UNIVERSITY 158 EAST MAIN STREET, HENDERSON, TN 38340 | 62-0518288 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |
| (164) FREEMAN FOUNDATION 804 COLUMBIA, HELENA, AR 72342 | 81-2848926 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |
| (165) FREEMAN HEALTH SYSTEM PO BOX 4769, JOPLIN, MO 64803 | 43-1704371 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |
| (166) FRIENDS OF ABILITIES FIRST 3216 S. NATIONAL AVE., SPRINGFIELD, MO 65807 | 27-5438649 | 501(C)(3) | 11,653 | | | | SPECIFIC PROGRAM |
| (167) FRIENDS OF HICKORY COUNTY HEALTH DEPARTMENT PO BOX 21, HERMITAGE, MO 65668 | 47-1206725 | 501(C)(3) | 8,000 | | | | SPECIFIC PROGRAM |
| (168) FRIENDS OF ST. AVIPS INC 2174 N. LOMA LINDA DR., LOMA LINDA, MO 64804 | 43-1339582 | 501(C)(3) | 9,440 | | | | SPECIFIC PROGRAM |
| (169) FRIENDS OF THE BOAT PO BOX 143, GAMALIEL, AR 72537 | 92-2935834 | 501(C)(3) | 37,235 | | | | SPECIFIC PROGRAM |
| (170) FRIENDS OF THE GARDEN 2400 S SCENIC, SPRINGFIELD, MO 65807 | 43-1898848 | 501(C)(3) | 44,200 | | | | SPECIFIC PROGRAM |
| (171) FRIENDS OF THE SPRINGFIELD ART MUSEUM 1111 E. BROOKSIDE DRIVE, SPRINGFIELD, MO 65807 | 43-1476636 | 501(C)(3) | 35,000 | | | | SPECIFIC PROGRAM |
| (172) FRIENDS OF THE ZOO 3043 N FORT ST, SPRINGFIELD, MO 65803 | 23-7096596 | 501(C)(3) | 33,951 | | | | SPECIFIC PROGRAM |
| (173) GASCONADE COUNTY R-I SCHOOL DISTRICT - HERMANN 170 BLUE PRIDE DRIVE, HERMANN, MO 65041 | 43-6015434 | 170(C)(1) | 5,400 | | | | SPECIFIC PROGRAM |
| (174) GAY AND LESBIAN COMMUNITY CENTER OF THE OZARKS 518 E COMMERCIAL ST, SPRINGFIELD, MO 65803 | 43-1753837 | 501(C)(3) | 60,000 | | | | SPECIFIC PROGRAM |
| (175) GILLIOZ THEATRE 325 PARK CENTRAL EAST, SPRINGFIELD, MO 65806 | 47-3527059 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (176) GLENDALE CHRISTIAN CHURCH 2110 S BLACKMAN RD, SPRINGFIELD, MO 65809 | 43-1021709 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (177) GLENDALE HIGH SCHOOL BASEBALL 2727 S INGRAM MILL RD, SPRINGFIELD, MO 65804 | 83-3544428 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (178) GLOBAL FREEDOM CONCEPTS INC. 31 SKYLINE DRIVE, LAKE MARY, FL 32746 | 27-1778932 | 501(C)(3) | 12,000 | | | | SPECIFIC PROGRAM |
| (179) GOD'S RESORT PO BOX 4981, JOPLIN, MO 64803 | 26-0766685 | 501(C)(3) | 22,500 | | | | SPECIFIC PROGRAM |
| (180) GOLDEN CITY R-III SCHOOL DISTRICT 1208 WALNUT STREET, GOLDEN CITY, MO 64748 | 44-6002728 | 170(C)(1) | 56,000 | | | | SPECIFIC PROGRAM |
| (181) GOLDEN VALLEY MEMORIAL HOSPITAL FOUNDATION, INC. 1600 N. 2ND STREET, CLINTON, MO 64735 | 43-1509160 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (182) GOOD DADS 205 WEST WALNUT STREET SUITE 10, SPRINGFIELD, MO 65806 | 47-4457647 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (183) GOOD NEWS PRODUCTIONS PO BOX 222, JOPLIN, MO 64802 | 43-1067086 | 501(C)(3) | 14,000 | | | | SPECIFIC PROGRAM |
| (184) GOOD SAMARITAN BOYS RANCH PO BOX 617, BRIGHTON, MO 65617 | 44-6006077 | 501(C)(3) | 29,689 | | | | SPECIFIC PROGRAM |
| (185) GOOD SHEPHERD LUTHERAN CHURCH 8975 COUNTY LANE 170, CARTHAGE, MO 64836 | 43-1454432 | 501(C)(3) | 6,354 | | | | SPECIFIC PROGRAM |
| (186) GORDON COLLEGE 255 GRAPEVINE COLLEGE, WENHAM, MA 01984 | 04-2104258 | 501(C)(3) | 35,000 | | | | SPECIFIC PROGRAM |
| (187) GRACE EPISCOPAL CHURCH PO BOX 596, CARTHAGE, MO 64836 | 44-0608719 | 501(C)(3) | 17,000 | | | | SPECIFIC PROGRAM |
| (188) GRADY'S CLASSROOM 4412 E MILWAUKEE ST, JANESVILLE, WI 53546 | 84-4697127 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (189) GREENE COUNTY MEDICAL EXAMINER'S OFFICE 916 NORTH CAMPBELL AVENUE, SPRINGFIELD, MO 65802 | 44-6000506 | 170(C)(1) | 11,800 | | | | SPECIFIC PROGRAM |
| (190) GREENE COUNTY MEDICAL SOCIETY ALLIANCE 4730 S NATIONAL AVE STE A1, SPRINGFIELD, MO 65810 | 43-1863022 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (191) GREENE COUNTY MEDICAL SOCIETY FOUNDATION 4730 S NATIONAL, SUITE A1, SPRINGFIELD, MO 65810 | 44-0662319 | 501(C)(3) | 5,318 | | | | SPECIFIC PROGRAM |
| (192) GREENE COUNTY SENIOR BOARD 940 N. BOONVILLE AVE ROOM 210, SPRINGFIELD, MO 65802 | 37-1709405 | 501(C)(3) | 40,000 | | | | SPECIFIC PROGRAM |
| (193) GREENFIELD R-IV SCHOOL DISTRICT 410 COLLEGE, GREENFIELD, MO 65661 | 44-6005439 | 170(C)(1) | 11,000 | | | | SPECIFIC PROGRAM |
| (194) GYN CANCERS ALLIANCE 3039 S FORT AVE STE A, SPRINGFIELD, MO 65807 | 43-1943170 | 501(C)(3) | 40,000 | | | | SPECIFIC PROGRAM |
| (195) HABITAT FOR HUMANITY 322 W LAMAR ST, AMERICUS, GA 31709 | 91-1914868 | 501(C)(3) | 17,500 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (196) HABITAT FOR HUMANITY OF SPRINGFIELD, MISSOURI, INC. 2410 S SCENIC AVE, SPRINGFIELD, MO 65807 | 43-1470360 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (197) HALFWAY R-III SCHOOL DISTRICT 2150 HIGHWAY 32, HALFWAY, MO 65663 | 44-6001400 | 170(C)(1) | 8,142 | | | | SPECIFIC PROGRAM |
| (198) HARDING UNIVERSITY HU BOX 10770, SEARCY, AR 72149 | 71-0236896 | 501(C)(3) | 18,000 | | | | SPECIFIC PROGRAM |
| (199) HARMONY HOUSE PO BOX 3541, SPRINGFIELD, MO 65808 | 43-1082063 | 501(C)(3) | 55,000 | | | | SPECIFIC PROGRAM |
| (200) HARRY M. CORNELL ARTS & ENTERTAINMENT COMPLEX 212 WEST 7TH ST, JOPLIN, MO 64801 | 84-2831061 | 501(C)(3) | 85,000 | | | | SPECIFIC PROGRAM |
| (201) HAVEN OF THE OZARKS ANIMAL SANCTUARY 9617 FARM RD 2190, WASHBURN, MO 65772 | 43-1721978 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (202) HEARTLAND REGIONAL LIBRARY FOUNDATION PO BOX 231, VIENNA, MO 65502 | 92-2982673 | 501(C)(3) | 7,757 | | | | SPECIFIC PROGRAM |
| (203) HEARTLIGHT MINISTRIES FOUNDATION PO BOX 480, HALLSVILLE, TX 75650 | 20-3179800 | 501(C)(3) | 50,000 | | | | SPECIFIC PROGRAM |
| (204) HEBREW COLLEGE 1860 WASHINGTON STREET, NEWTON, MA 02466 | 04-2104300 | 501(C)(3) | 12,000 | | | | SPECIFIC PROGRAM |
| (205) HERMANN FIRE COMPANY NO. 1 214 E 2ND ST, HERMANN, MO 65041 | 43-6110006 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (206) HIGHER POWER GARAGE 711 N SCHIFFERDECKER AVE, JOPLIN, MO 64801 | 85-0605889 | 501(C)(3) | 75,000 | | | | SPECIFIC PROGRAM |
| (207) HILL CITY CHURCH 2050 E TRAFFICWAY, SPRINGFIELD, MO 65802 | 81-1584612 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (208) HISTORY MUSEUM ON THE SQUARE PO BOX 2963, SPRINGFIELD, MO 65801 | 51-0148860 | 501(C)(3) | 80,000 | | | | SPECIFIC PROGRAM |
| (209) HOLIDAY CENTRAL OF MOUNT VERNON 14868 LAWRENCE 1137, MOUNT VERNON, MO 65712 | 84-2693286 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (210) HOLY TRINITY CATHOLIC CHURCH - SPRINGFIELD 2818 E BENNETT ST, SPRINGFIELD, MO 65804 | 43-0889012 | 501(C)(3) | 30,500 | | | | SPECIFIC PROGRAM |
| (211) HOPE 4 YOU BREAST CANCER FOUNDATION, INC. PO BOX 816, JOPLIN, MO 64802 | 20-8899490 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (212) HOPE CITY CHURCH 1258 JAGUAR RD, JOPLIN, MO 64804 | 47-4369277 | 501(C)(3) | 5,700 | | | | SPECIFIC PROGRAM |
| (213) HOPE COUNSELING CENTER 1232 BRANSON HILLS PKWY SUITE 104, BRANSON, MO 65616 | 94-3467834 | 501(C)(3) | 83,470 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (214) HOPE HOUSE OF MILLER COUNTY, INC P.O. BOX 2381, LAKE OZARK, MO 65049 | 46-0482599 | 501(C)(3) | 9,000 | | | | SPECIFIC PROGRAM |
| (215) HOPE INTERNATIONAL 227 GRANITE RUN DR SUITE 250, LANCASTER, PA 17601 | 23-2836648 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (216) HOPEDALE BAPTIST CHURCH 5370 N STATE HWY NN, OZARK, MO 65721 | 43-1303966 | 501(C)(3) | 8,000 | | | | SPECIFIC PROGRAM |
| (217) HOUSE OF MIRACLES MINISTRIES 1629 OAKTRAIL LANE, ST. CLAIR, MO 63077 | 43-1857647 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (218) HOUSTON R-1 SCHOOL DISTRICT 206 W SPRUCE, HOUSTON, MO 65483 | 44-6001408 | 170(C)(1) | 11,531 | | | | SPECIFIC PROGRAM |
| (219) HOWELL VALLEY SCHOOL 6461 STATE ROUTE ZZ, WEST PLAINS, MO 65775 | 12-5399450 | 501(C)(3) | 13,500 | | | | SPECIFIC PROGRAM |
| (220) HUMANE SOCIETY OF SOUTHWEST MISSOURI 3161 W NORTON RD, SPRINGFIELD, MO 65803 | 44-0665046 | 501(C)(3) | 214,320 | | | | SPECIFIC PROGRAM |
| (221) IDOLS ASIDE MINISTRIES INC 222 KENTUCKY AVE STE 107, PADUCAH, KY 42003 | 26-3803093 | 501(C)(3) | 11,000 | | | | SPECIFIC PROGRAM |
| (222) IMMACULATE CONCEPTION CATHOLIC CHURCH 208 S HOPE ST, SUITE 102, JACKSON, MO 63755 | 43-0653357 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (223) IMMANUEL LUTHERAN CHURCH OF LOCKWOOD 212 W 4TH ST BOX H, LOCKWOOD, MO 65682 | 44-0577124 | 501(C)(3) | 55,894 | | | | SPECIFIC PROGRAM |
| (224) IMPACT FAITH MINISTRY INTERNATIONAL 1218 S TOWER ST, NEVADA, MO 64772 | 82-2780336 | 501(C)(3) | 107,000 | | | | SPECIFIC PROGRAM |
| (225) INSPIRING WARRIORS GOLF 7921 LINKS WAY, PORT SAINT LUCIE, FL 34986 | 20-0667507 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |
| (226) ISABEL'S HOUSE 2750 W. BENNETT, SPRINGFIELD, MO 65802 | 20-4574229 | 501(C)(3) | 76,318 | | | | SPECIFIC PROGRAM |
| (227) JAMES RIVER BASIN PARTNERSHIP 2754 S CAMPBELL AVE, SPRINGFIELD, MO 65807 | 31-1613753 | 501(C)(3) | 5,065 | | | | SPECIFIC PROGRAM |
| (228) JAMES RIVER CHURCH 6100 N 19TH ST, OZARK, MO 65721 | 43-1564676 | 501(C)(3) | 10,888 | | | | SPECIFIC PROGRAM |
| (229) JASPER COUNTY CASA 2421 E 20TH ST, JOPLIN, MO 64804 | 82-3934601 | 501(C)(3) | 60,000 | | | | SPECIFIC PROGRAM |
| (230) JASPER COUNTY YOUTH FAIR, INC. 2408 GRAND AVE 220, PO BOX 1061, CARTHAGE, MO 64836 | 20-2833959 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (231) JEFFERSON FRANKLIN COMMUNITY ACTION CORPORATION PO BOX 920, HILLSBORO, MO 63050 | 43-0827872 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (232) JEWISH FEDERATION OF ST. LOUIS 12 MILLSTONE CAMPUS DR, ST LOUIS, MO 63146 | 43-0652643 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (233) JIMS TEAM 4 DIABETES 10956 JOHNSON ST NE, MINNEAPOLIS, MN 55434 | 87-3209358 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (234) JOPLIN AREA CATHOLIC SCHOOLS 930 PEARL STREET, JOPLIN, MO 64801 | 39-6063415 | 501(C)(3) | 22,216 | | | | SPECIFIC PROGRAM |
| (235) JOPLIN AREA HABITAT FOR HUMANITY 5201 N MAIN ST, JOPLIN, MO 64801 | 43-1524876 | 501(C)(3) | 50,000 | | | | SPECIFIC PROGRAM |
| (236) JOPLIN DISTRICT CHURCH OF THE NAZARENE 2014 GRAND AVE, CARTHAGE, MO 64836 | 48-6108802 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (237) JOPLIN POLICE DEPARTMENT 303 E 3RD ST, JOPLIN, MO 64801 | 44-6000196 | 170(C)(1) | 8,531 | | | | SPECIFIC PROGRAM |
| (238) JOPLIN SCHOOLS FOUNDATION PO BOX 128, JOPLIN, MO 64802 | 43-1664927 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |
| (239) JOYFUL JOURNEYS INC 555 WOODLANDS DR., TAHLEQUAH, OK 74464 | 84-4225351 | 501(C)(3) | 75,000 | | | | SPECIFIC PROGRAM |
| (240) JUNIOR ACHIEVEMENT IN SOUTHWEST MISSOURI - A DISTRICT OPERATION OF JUNIOR ACHIEVEMENT OF GREATER ST. LOUIS 900 N. BENTON, SPRINGFIELD, MO 65802 | 43-0652112 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (241) KANAKUK MINISTRIES 1353 LAKESHORE DRIVE, BRANSON, MO 65616 | 43-1815310 | 501(C)(3) | 50,000 | | | | SPECIFIC PROGRAM |
| (242) KANSAS CITY UNIVERSITY 1750 INDEPENDENCE AVE, KANSAS CITY, MO 64106 | 44-0545280 | 501(C)(3) | 30,000 | | | | SPECIFIC PROGRAM |
| (243) KANSAS MASONIC FOUNDATION INC 221 SW 33RD ST SUITE 100, TOPEKA, KS 66611-2431 | 48-6127355 | 501(C)(3) | 6,507 | | | | SPECIFIC PROGRAM |
| (244) KANSAS STATE UNIVERSITY 1601 VATTIER STREET, MANHATTAN, KS 66506 | 48-0771751 | 170(C)(1) | 6,000 | | | | SPECIFIC PROGRAM |
| (245) KBY CONGREGATIONS TOGETHER, INC. PO BOX 23170, BROOKLYN, NY 11202-3170 | 57-1199898 | 501(C)(3) | 30,000 | | | | SPECIFIC PROGRAM |
| (246) KICKING BEAR FOUNDATION 2015 WARD AVE #111, LA CROSSE, WI 54601 | 84-1634016 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (247) KIDS ACROSS AMERICA 2036 TIMBERLAKE RD, BRANSON, MO 65616 | 83-1966879 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (248) K-LIFE OF SPRINGFIELD PO BOX 14796, SPRINGFIELD, MO 65809 | 43-1538224 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (249) KOINONIA CHRISTIAN CAMPUS MINISTRY 1602 N DUQUESNE RD, JOPLIN, MO 64801 | 43-1243719 | 501(C)(3) | 6,800 | | | | SPECIFIC PROGRAM |

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|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (250) KVC BEHAVIORAL HEALTHCARE MISSOURI 1212 W LOMBARD ST, SPRINGFIELD, MO 65806 | 44-0565392 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (251) KVC MISSOURI 13160 CR 3610, PO BOX 189, ST. JAMES, MO 65559 | 43-0681471 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (252) LAFAYETTE HOUSE 1809 S CONNOR AVE, JOPLIN, MO 64804 | 43-1170015 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (253) LAKE REGIONAL HEALTH CENTER FOUNDATION 54 HOSPITAL DR, OSAGE BEACH, MO 65065 | 43-1481318 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (254) LAKELAND SCHOOL DISTRICT 12530 LAKELAND SCHOOL DR, DEEPWATER, MO 64740 | 43-1042567 | 170(C)(1) | 10,000 | | | | SPECIFIC PROGRAM |
| (255) LAMAR COMMUNITY BETTERMENT COUNCIL 801 EAST 12TH, LAMAR, MO 64759 | 43-1316277 | 501(C)(3) | 12,500 | | | | SPECIFIC PROGRAM |
| (256) LAMAR R-1 SCHOOL DISTRICT 202 W 7TH ST, LAMAR, MO 64759 | 44-6003166 | 170(C)(1) | 66,042 | | | | SPECIFIC PROGRAM |
| (257) LAMAR UNITED METHODIST CHURCH 900 POPLAR ST, LAMAR, MO 64759 | 43-0948056 | 501(C)(3) | 135,000 | | | | SPECIFIC PROGRAM |
| (258) LEADERSHIP SPRINGFIELD 610A E BATTLEFIELD RD #234, SPRINGFIELD, MO 65807 | 43-1473595 | 501(C)(3) | 68,225 | | | | SPECIFIC PROGRAM |
| (259) LEAST OF THESE, INC 1720 JAMES RIVER RD, OZARK, MO 65721 | 43-1867039 | 501(C)(3) | 75,000 | | | | SPECIFIC PROGRAM |
| (260) LEGAL SERVICES OF SOUTHERN MISSOURI 3130 S DELAWARE AVE, SPRINGFIELD, MO 65804 | 43-1106228 | 501(C)(3) | 28,322 | | | | SPECIFIC PROGRAM |
| (261) LESTER E COX MEDICAL CENTERS 3525 S NATIONAL AVE, SUITE 204, SPRINGFIELD, MO 65807 | 44-0577118 | 501(C)(3) | 48,433 | | | | SPECIFIC PROGRAM |
| (262) LIFE HOUSE CENTER 11 N. CLARK ST., PO BOX 695, SULLIVAN, MO 63080 | 82-2051500 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (263) LIFE TEEN INC PO BOX 117299, ATLANTA, GA 30368 | 86-0602592 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (264) LIFE360 CHURCH 2220 W CHESTERFIELD BLVD, SPRINGFIELD, MO 65807 | 43-6109754 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |
| (265) LIFECHOICES HEALTH NETWORK 531 E 7TH ST, JOPLIN, MO 64801 | 43-1518912 | 501(C)(3) | 20,512 | | | | SPECIFIC PROGRAM |
| (266) LINCOLN COUNCIL FOR COMMUNITY BETTERMENT INC PO BOX 17, LINCOLN, MO 65338 | 35-2241981 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |
| (267) L-LIFE FOOD PANTRY PO BOX 2023, LEBANON, MO 65536 | 27-2819212 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (268) LOCKWOOD R1 SCHOOL DISTRICT 400 W 4TH ST, LOCKWOOD, MO 65682 | 44-6003265 | 170(C)(1) | 50,000 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (269) LOGAN-ROGERSVILLE FIRE PROTECTION DISTRICT 1675 NORTH MISSOURI BLVD., ROGERSVILLE, MO 65742 | 43-1481421 | 501(C)(3) | 6,720 | | | | SPECIFIC PROGRAM |
| (270) LONE PINE CONSERVATION FOUNDATION 2437 E SUNSET ST, SPRINGFIELD, MO 65804-3360 | 88-2349872 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (271) LOST AND FOUND GRIEF CENTER PO BOX 3008, SPRINGFIELD, MO 65808 | 43-1896981 | 501(C)(3) | 102,500 | | | | SPECIFIC PROGRAM |
| (272) LUTHERAN FAMILY & CHILDREN SERVICES OF MISSOURI 2130 N GLENSTONE, SPRINGFIELD, MO 65803 | 43-0652650 | 501(C)(3) | 25,455 | | | | SPECIFIC PROGRAM |
| (273) MAKE A WISH MISSOURI & KANSAS 13523 BARRETT PARKWAY DR SUITE 241, BALLWIN, MO 63021 | 43-1550697 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (274) MANSFIELD R-IV SCHOOL DISTRICT 316 W OHIO AVE, MANSFIELD, MO 65704 | 44-6004986 | 170(C)(1) | 100,000 | | | | SPECIFIC PROGRAM |
| (275) MARION C. EARLY R-V SCHOOL DISTRICT 5305 S MAIN ST, MORRISVILLE, MO 65710 | 44-6001489 | 170(C)(1) | 580,000 | | | | SPECIFIC PROGRAM |
| (276) MARSHFIELD R1 SCHOOL DISTRICT 170 STATE HWY DD, MARSHFIELD, MO 65706 | 44-6006015 | 170(C)(1) | 139,923 | | | | SPECIFIC PROGRAM |
| (277) MAYO CLINIC 200 FIRST STREET SW, ROCHESTER, MN 55905 | 41-1506440 | 501(C)(3) | 60,000 | | | | SPECIFIC PROGRAM |
| (278) MERAMEC REGIONAL PLANNING COMMISSION 4 INDUSTRIAL DR, ST JAMES, MO 65559 | 12-5606850 | 170(C)(1) | 59,148 | | | | SPECIFIC PROGRAM |
| (279) MERCY HEALTH FOUNDATION SOUTHWEST MISSOURI/KANSAS 100 MERCY WAY, SUITE 220, JOPLIN, MO 64804 | 27-0906136 | 501(C)(3) | 45,000 | | | | SPECIFIC PROGRAM |
| (280) MERCY HEALTH FOUNDATION SPRINGFIELD 1235 E CHEROKEE, SPRINGFIELD, MO 65804 | 32-0195818 | 501(C)(3) | 12,187 | | | | SPECIFIC PROGRAM |
| (281) MERCY HOME FOR BOYS AND GIRLS 1140 WEST JACKSON BLVD, CHICAGO, IL 60607 | 36-2171726 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |
| (282) MFHA FOUNDATION PO BOX 207, MIDDLEBURG, VA 20118 | 54-1999844 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (283) MID-AMERICA ARTS ALLIANCE 2018 BALTIMORE AVE, KANSAS CITY, MO 64108 | 23-7303693 | 501(C)(3) | 21,000 | | | | SPECIFIC PROGRAM |
| (284) MIDAMERICA NAZARENE UNIVERSITY 2030 EAST COLLEGE WAY, OLATHE, KS 66062 | 48-0730814 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |
| (285) MINNEAPOLIS FOUNDATION 80 SOUTH EIGHTH STREET, MINNEAPOLIS, MN 55402 | 41-6029402 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (286) MIRACLE OF NAZARETH INTERNATIONAL FOUNDATION 3119 S SCENIC AVE STE A, SPRINGFIELD, MO 65807 | 35-2046656 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (287) MISSION GATE CHRISTIAN CENTER PO BOX 6644, CHESTERFIELD, MO 63006 | 43-1446430 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (288) MISSION UNIVERSITY 628 EAST KEARNEY STREET, SPRINGFIELD, MO 65803 | 44-0567840 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |
| (289) MISSOURI EMPOWERMENT PROJECT 2407 S CAMPBELL AVE, SPRINGFIELD, MO 65807 | 93-3285980 | 501(C)(3) | 55,000 | | | | SPECIFIC PROGRAM |
| (290) MISSOURI FORGET-ME-NOT HORSE RESCUE AND SANCTUARY 981 HERITAGE RD, LINN CREEK, MO 65052 | 45-3787871 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (291) MISSOURI PRAIRIE FOUNDATION PO BOX 200, COLUMBIA, MO 65205 | 23-7120753 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (292) MISSOURI SOUTHERN FOUNDATION 3950 E NEWMAN ROAD, JOPLIN, MO 64801 | 43-0907114 | 501(C)(3) | 89,370 | | | | SPECIFIC PROGRAM |
| (293) MISSOURI SOUTHERN STATE UNIVERSITY 3950 NEWMAN ROAD, JOPLIN, MO 64801 | 43-0813540 | 501(C)(3) | 79,951 | | | | SPECIFIC PROGRAM |
| (294) MISSOURI STATE CHAPTER, P.E.O. 17900 E 25TH ST. CT. S., INDEPENDENCE, MO 64057 | 44-0629403 | 501(C)(3) | 16,500 | | | | SPECIFIC PROGRAM |
| (295) MISSOURI STATE UNIVERSITY FOUNDATION 300 S JEFFERSON AVE, SUITE 100, SPRINGFIELD, MO 65806 | 43-1234200 | 501(C)(3) | 771,297 | | | | SPECIFIC PROGRAM |
| (296) MISSOURI UNIVERSITY OF SCIENCE AND TECHNOLOGY 1201 N. STATE ST., ROLLA, MO 65409 | 88-0648273 | 170(C)(1) | 23,077 | | | | SPECIFIC PROGRAM |
| (297) MISSOURI'S NATIONAL VETERANS MEMORIAL 1172 VETERANS MEMORIAL PARKWAY, PERRYVILLE, MO 63775 | 82-1659973 | 501(C)(3) | 131,000 | | | | SPECIFIC PROGRAM |
| (298) MONETT COMMUNITY OUTREACH 502 BOND ST, MONETT, MO 65708 | 45-3936275 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (299) MONETT R-1 710 9TH ST, MONETT, MO 65708 | 44-6001429 | 170(C)(1) | 5,271 | | | | SPECIFIC PROGRAM |
| (300) MORRISVILLE CEMETERY ASSOCIATION 1043 HWY 215, MORRISVILLE, MO 65710 | 44-0667307 | 501(C)(13) | 10,179 | | | | SPECIFIC PROGRAM |
| (301) MOUNT VERNON R-V SCHOOL DISTRICT 730 S LANDRUM ST, MT. VERNON, MO 65712 | 44-6003597 | 170(C)(1) | 36,835 | | | | SPECIFIC PROGRAM |
| (302) MOUNTAIN GROVE R-III SCHOOL DISTRICT PO BOX 806, MOUNTAIN GROVE, MO 65711 | 44-6004985 | 170(C)(1) | 6,000 | | | | SPECIFIC PROGRAM |
| (303) MUSTARD SEED NETWORK PO BOX 32, ORONOGO, MO 64855 | 81-5362685 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (304) NATIONAL ASSEMBLY OF STATE ARTS AGENCIES 1200 18TH STREET, NW SUITE 1100, WASHINGTON, DC 20036 | 62-0913689 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (305) NATIONAL AVENUE CHRISTIAN CHURCH 1515 S NATIONAL, SPRINGFIELD, MO 65804 | 44-0593005 | 501(C)(3) | 11,000 | | | | SPECIFIC PROGRAM |
| (306) NETWORK FOR STRONG COMMUNITIES 8050 WATSON RD SUITE 240, ST. LOUIS, MO 63119 | 43-1752694 | 501(C)(3) | 160,000 | | | | SPECIFIC PROGRAM |
| (307) NEVADA REGIONAL MEDICAL CENTER FOUNDATION 800 SOUTH ASH, NEVADA, MO 64772 | 43-1714385 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |
| (308) NEW COVENANT ACADEMY 3304 S COX RD, SPRINGFIELD, MO 65807 | 43-1226560 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |
| (309) NEW YORK UNIVERSITY 383 LAFAYETTE STREET, NEW YORK, NY 10003 | 13-5562308 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |
| (310) NEWBORNS IN NEED 1740 S. GLENSTONE AVE, SUITE S, SPRINGFIELD, MO 65804 | 43-1808983 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (311) NIXA POLICE DEPARTMENT PO BOX 395, NIXA, MO 65714 | 44-6005734 | 170(C)(1) | 5,971 | | | | SPECIFIC PROGRAM |
| (312) NIXA R-II SCHOOL DISTRICT 301 S MAIN ST, NIXA, MO 65714 | 44-6003670 | 170(C)(1) | 6,139 | | | | SPECIFIC PROGRAM |
| (313) NORTHSTAR INTERNATIONAL ACADEMY INC 5740 GETWELL RD, BLDG 2-A, SOUTHAVEN, MS 38672 | 26-2112480 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |
| (314) NORTHWESTERN UNIVERSITY 1801 HINMAN AVENUE, EVANSTON, IL 60208 | 36-2167817 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |
| (315) NOURISHKC PO BOX 10337, KANSAS CITY, MO 64171 | 43-1525298 | 501(C)(3) | 6,500 | | | | SPECIFIC PROGRAM |
| (316) OATS, INC. 2501 MAGUIRE BLVD., COLUMBIA, MO 65201 | 43-1016961 | 501(C)(3) | 5,415 | | | | SPECIFIC PROGRAM |
| (317) OKLAHOMA BAPTIST UNIVERSITY 500 WEST UNIVERSITY STREET, SHAWNEE, OK 74804 | 73-0579264 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (318) OLIN-SANG-RUBY UNION INSTITUTE 600 LAC LA BELLE DRIVE, OCONOMOWOC, WI 53066 | 13-1663143 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (319) OSAGE PRAIRIE YMCA | 43-1706486 | 501(C)(3) | 60,000 | | | | SPECIFIC PROGRAM |
| (320) OTC FOUNDATION 1001 E CHESTNUT EXPY, SPRINGFIELD, MO 65802 | 43-1753974 | 501(C)(3) | 274,006 | | | | SPECIFIC PROGRAM |
| (321) OUR LADY OF THE LAKE CATHOLIC CHURCH 2411 BAGNELL DAM BLVD, LAKE OZARK, MO 65049 | 43-0865888 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (322) OUTPOST FOUNDATION 24500 CENTER RIDGE RD STE 170, WESTLAKE, OH 44145 | 47-3844245 | 501(C)(3) | 12,900 | | | | SPECIFIC PROGRAM |
| (323) OZARK CHRISTIAN COLLEGE 1111 NORTH MAIN, JOPLIN, MO 64801 | 44-6005108 | 501(C)(3) | 29,000 | | | | SPECIFIC PROGRAM |
| (324) OZARK EMPIRE FAIR FOUNDATION 3001 N GRANT AVE, SPRINGFIELD, MO 65803 | 55-0855326 | 501(C)(3) | 40,000 | | | | SPECIFIC PROGRAM |
| (325) OZARK FIRE PROTECTION DISTRICT PO BOX 917, OZARK, MO 65721 | 43-1527958 | 501(C)(3) | 14,000 | | | | SPECIFIC PROGRAM |
| (326) OZARK GREENWAYS PO BOX 50733, SPRINGFIELD, MO 65805 | 43-1525122 | 501(C)(3) | 157,000 | | | | SPECIFIC PROGRAM |
| (327) OZARK LAND TRUST 2131 WEST REPUBLIC ROAD #124, SPRINGFIELD, MO 65807 | 43-1304715 | 501(C)(3) | 21,355 | | | | SPECIFIC PROGRAM |
| (328) OZARK TRAILS COUNCIL, SCOUTING AMERICA 1616 S EASTGATE, SPRINGFIELD, MO 65809 | 44-0546294 | 501(C)(3) | 53,000 | | | | SPECIFIC PROGRAM |
| (329) OZARKS' COIN CLUB PO BOX 3913, SPRINGFIELD, MO 65808 | 45-3155292 | 501(C)(4) | 40,010 | | | | SPECIFIC PROGRAM |
| (330) OZARKS COUNSELING CENTER 614 SOUTH AVE, SPRINGFIELD, MO 65806 | 44-0595115 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (331) OZARKS FAMILY YMCA - SEYMOUR BRANCH 1 YMCA DRIVE, MOUNTAIN GROVE, MO 65711 | 43-1617662 | 501(C)(3) | 28,950 | | | | SPECIFIC PROGRAM |
| (332) OZARKS FILM FOUNDRY 1330 S MARYLAND AVE, SPRINGFIELD, MO 65807 | 93-2522025 | 501(C)(3) | 22,500 | | | | SPECIFIC PROGRAM |
| (333) OZARKS FOOD HARVEST PO BOX 5746, SPRINGFIELD, MO 65801 | 43-1426384 | 501(C)(3) | 230,000 | | | | SPECIFIC PROGRAM |
| (334) OZARKS KAT AND K9 SHELTER PO BOX 338, SUNRISE BEACH, MO 65079 | 43-1529661 | 501(C)(3) | 5,500 | | | | SPECIFIC PROGRAM |
| (335) OZARKS LITERACY COUNCIL 900 N BENTON AVE, SPRINGFIELD, MO 65802 | 43-1162068 | 501(C)(3) | 49,450 | | | | SPECIFIC PROGRAM |
| (336) OZARKS PUBLIC TELEVISION 901 SOUTH NATIONAL AVE, SPRINGFIELD, MO 65807 | 44-6000308 | 170(C)(1) | 169,229 | | | | SPECIFIC PROGRAM |
| (337) OZARKS REGIONAL YMCA 417 S JEFFERSON AVE, SPRINGFIELD, MO 65806 | 44-0545283 | 501(C)(3) | 130,836 | | | | SPECIFIC PROGRAM |
| (338) OZARKS TECHNICAL COMMUNITY COLLEGE 1001 EAST CHESTNUT EXPRESSWAY, SPRINGFIELD, MO 65802 | 43-1549458 | 170(C)(1) | 6,000 | | | | SPECIFIC PROGRAM |
| (339) OZARKS TEEN CHALLENGE PO BOX 2066, BRANSON WEST, MO 65737 | 59-2479228 | 501(C)(3) | 40,000 | | | | SPECIFIC PROGRAM |
| (340) OZARKS WATER WATCH: UPPER WHITE RIVER BASIN FOUNDATION P.O. BOX 636, KIMBERLING CITY, MO 65686 | 43-1942991 | 501(C)(3) | 76,000 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (341) PARKINSON'S GROUP OF THE OZARKS 1136 E ST LOUIS ST, SPRINGFIELD, MO 65806 | 43-1828981 | 501(C)(3) | 14,070 | | | | SPECIFIC PROGRAM |
| (342) PERRY COUNTY COMMUNITY TASK FORCE 21 S MAIN ST, PERRYVILLE, MO 63775 | 43-1785839 | 501(C)(3) | 10,455 | | | | SPECIFIC PROGRAM |
| (343) PERRY COUNTY SCHOOL DISTRICT 32 326 COLLEGE STREET, PERRYVILLE, MO 63775 | 43-1816334 | 501(C)(3) | 14,000 | | | | SPECIFIC PROGRAM |
| (344) PFLAG SPRINGFIELD/SWMO 405 N JEFFERSON AVE, SPRINGFIELD, MO 65806 | 43-1712253 | 501(C)(3) | 93,000 | | | | SPECIFIC PROGRAM |
| (345) PHELPS HEALTH FOUNDATION PO BOX 261, ROLLA, MO 65402 | 43-1696258 | 501(C)(3) | 40,000 | | | | SPECIFIC PROGRAM |
| (346) POLK COUNTY GENEALOGICAL SOCIETY PO BOX 632, BOLIVAR, MO 65613 | 43-1813850 | 501(C)(3) | 10,589 | | | | SPECIFIC PROGRAM |
| (347) POPLAR BLUFF SCHOOL DISTRICT R1 1110 NORTH WESTWOOD BLVD, POPLAR BLUFF, MO 63901 | 43-0792268 | 170(C)(1) | 8,000 | | | | SPECIFIC PROGRAM |
| (348) POST PIGEON EDU INC 4469 S PARKHILL AVE, SPRINGFIELD, MO 65810 | 99-2119885 | 501(C)(3) | 40,000 | | | | SPECIFIC PROGRAM |
| (349) POWER OF HOPE EQUESTRIAN CENTER 3 FARM HOUSE LN, STEELVILLE, MO 65565 | 86-3510264 | 501(C)(3) | 45,000 | | | | SPECIFIC PROGRAM |
| (350) PPS FOUNDATION FOR WOMEN IN NEED INC PO BOX 4626, SPRINGFIELD, MO 65808 | 16-1662132 | 501(C)(3) | 8,569 | | | | SPECIFIC PROGRAM |
| (351) PRAISE ASSEMBLY 3535 N GLENSTONE, SPRINGFIELD, MO 65803 | 43-1118238 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (352) PREGNANCY CARE CENTER 1342 E PRIMROSE STE C, SPRINGFIELD, MO 65804 | 43-1786978 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (353) PREGNANCY CARE CENTER OF THE MERRIMACK VALLEY INC 151 WARREN STREET, SUITE 200, LOWELL, MA 01852 | 22-2630861 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (354) PRESTON ROBERT TISCH BRAIN TUMOR CENTER BOX 3624 DUMC, DURHAM, NC 27710 | 56-0532129 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |
| (355) PROCLAIM HIS NAME MINISTRIES, INC 12813 N COOPER RIDGE RD, SKIATOOK, OK 74070 | 82-3857837 | 501(C)(3) | 75,000 | | | | SPECIFIC PROGRAM |
| (356) PROGRESS AND ACTION THROUGH COMMUNITY EFFORT 805 MAIN STREET, CASSVILLE, MO 65625 | 43-1615979 | 501(C)(3) | 55,500 | | | | SPECIFIC PROGRAM |
| (357) PROJECT RESCUE FOUNDATION PO BOX 922, SPRINGFIELD, MO 65801 | 45-5374961 | 501(C)(3) | 100,000 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (358) RAPHA INTERNATIONAL PO BOX 1569, JOPLIN, MO 64802-1569 | 27-2523416 | 501(C)(3) | 50,000 | | | | SPECIFIC PROGRAM |
| (359) RAZORBACK FOUNDATION 1295 S. RAZORBACK RD STE. A., FAYETTEVILLE, AR 72701 | 71-0540644 | 501(C)(3) | 90,000 | | | | SPECIFIC PROGRAM |
| (360) RECOVERY RESOURCES, INC. 1735 CEDAR DR., CASSVILLE, MO 65625 | 32-0398372 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (361) REDEEMER LUTHERAN CHURCH 920 S ALTA LN, OLATHE, KS 66061 | 23-7060227 | 501(C)(3) | 12,800 | | | | SPECIFIC PROGRAM |
| (362) RENEW MISSOURI 501 FAY STREET, SUITE 206, COLUMBIA, MO 65201 | 81-3229949 | 501(C)(3) | 35,000 | | | | SPECIFIC PROGRAM |
| (363) RESCUE ONE 2000 S STEWART AVE, SPRINGFIELD, MO 65804 | 46-5050383 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (364) ROCKHURST UNIVERSITY 1100 ROCKHURST ROAD, KANSAS CITY, MO 64110 | 44-0545813 | 170(C)(1) | 11,000 | | | | SPECIFIC PROGRAM |
| (365) ROLLA CHAPTER OF BETA SIGMA PSI CHARITABLE FOUNDATION 3112 WILLIAMSBURG WAY, JEFFERSON CITY, MO 65109-5732 | 90-0420298 | 501(C)(3) | 12,000 | | | | SPECIFIC PROGRAM |
| (366) RONALD MCDONALD HOUSE CHARITIES OF THE OZARKS 949 E PRIMROSE ST, SPRINGFIELD, MO 65807 | 43-1371143 | 501(C)(3) | 35,000 | | | | SPECIFIC PROGRAM |
| (367) ROTARY BACKPACK AND CHARITABLE FUND 11016 COUNTY ROAD 8630, WEST PLAINS, MO 65775 | 33-2477188 | 501(C)(3) | 66,317 | | | | SPECIFIC PROGRAM |
| (368) ROTARY FOUNDATION 14280 COLLECTIONS CENTER DR, CHICAGO, IL 60693 | 36-3245072 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (369) SACRED HEART CATHOLIC CHURCH 1405 W FAIR PLAY ST., BOLIVAR, MO 65613 | 44-0639956 | 501(C)(3) | 50,000 | | | | SPECIFIC PROGRAM |
| (370) SALEM AREA COMMUNITY BETTERMENT ASSOCIATION PO BOX 190, SALEM, MO 65560 | 43-1677891 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (371) SALVATION ARMY 1424 NORTHEAST EXPY NE, BROOKHAVEN, GA 30329 | 58-0660607 | 501(C)(3) | 42,516 | | | | SPECIFIC PROGRAM |
| (372) SALVATION ARMY 5550 PRAIRIE STONE PARKWAY, HOFFMAN ESTATES, IL 60192 | 36-2167910 | 501(C)(3) | 61,960 | | | | SPECIFIC PROGRAM |
| (373) SALVATION ARMY 1130 HAMPTON AVE, ST. LOUIS, MO 63139 | 22-2406433 | 501(C)(3) | 473,187 | | | | SPECIFIC PROGRAM |
| (374) SALVATION ARMY - COFFEYVILLE, KANSAS PO BOX 514, COFFEYVILLE, KS 67337 | 13-5562351 | 501(C)(3) | 7,715 | | | | SPECIFIC PROGRAM |
| (375) SALVATION ARMY - DENT COUNTY 1200 W. ROLLA ROAD, PO BOX 190, SALEM, MO 65560 | 44-0545998 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (376) SAMARITAN'S PURSE INTERNATIONAL RELIEF PO BOX 3000, BOONE, NC 28607 | 58-1437002 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |
| (377) SARCOXIE CEMETERY ASSOCIATION PO BOX 541, SARCOXIE, MO 64862 | 44-0603750 | 501(C)(3) | 8,707 | | | | SPECIFIC PROGRAM |
| (378) SAXONY LUTHERAN FOUNDATION 7029 MAIN STREET BOX 105, FROHNA, MO 63748 | 99-0620910 | 501(C)(3) | 17,000 | | | | SPECIFIC PROGRAM |
| (379) SAXONY LUTHERAN HIGH SCHOOL 2004 SAXONY DRIVE, JACKSON, MO 63755 | 43-1862728 | 501(C)(3) | 12,000 | | | | SPECIFIC PROGRAM |
| (380) SCENIC MISSOURI INC 607 DOUGHERTY TERRACE DR, BALLWIN, MO 63021 | 43-1654735 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (381) SCHOOL SISTERS OF NOTRE DAME 320 EAST RIPA AVE, ST. LOUIS, MO 63125 | 36-4508721 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (382) SCHWEITZER CHURCH 2747 E SUNSHINE, SPRINGFIELD, MO 65804 | 43-0864708 | 501(C)(3) | 111,500 | | | | SPECIFIC PROGRAM |
| (383) SEEDBED INC 415 BRIDGE ST, FRANKLIN, TN 37064 | 86-3295151 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (384) SHARE IT FORWARD 2800 W HWY 76 COUNTY BLVD, BRANSON, MO 65616 | 20-1582086 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (385) SHEPHERD MINISTRIES 400 MAITLAND AVENUE, ALTAMONTE SPRINGS, FL 32701 | 59-2978350 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (386) SHOW-ME CHRISTIAN YOUTH HOME 24302 MAHIN RD, PO BOX 6, LA MONTE, MO 65337 | 43-1861323 | 501(C)(3) | 1,000,000 | | | | SPECIFIC PROGRAM |
| (387) SHRINERS HOSPITALS FOR CHILDREN PO BOX 31356, TAMPA, FL 33631 | 04-2121377 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (388) SISTERS OF SAINTS CYRIL & METHODIUS 1002 RAILROAD ST, DANVILLE, PA 17821 | 24-0795486 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (389) SMITTY'S MID WEST BOXING GYM 648 S SCENIC AVE., SPRINGFIELD, MO 65802 | 46-1559762 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (390) SOUTH CAMPBELL AVENUE BAPTIST CHURCH 935 SOUTH CAMPBELL AVE, SPRINGFIELD, MO 65806 | 20-1660294 | 501(C)(3) | 11,285 | | | | SPECIFIC PROGRAM |
| (391) SOUTHWEST BAPTIST UNIVERSITY 1600 UNIVERSITY AVENUE, BOLIVAR, MO 65613 | 44-0567385 | 501(C)(3) | 67,500 | | | | SPECIFIC PROGRAM |
| (392) SOUTHWEST MISSOURI COMMUNITY ALLIANCE 1601 S WALL AVE, JOPLIN, MO 64804-0670 | 43-1801349 | 501(C)(3) | 65,000 | | | | SPECIFIC PROGRAM |
| (393) SOUTHWEST MISSOURI INDIAN CENTER 543 S. SCENIC, SPRINGFIELD, MO 65802 | 43-1109227 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (394) SPECIAL OLYMPICS MISSOURI 305 SPECIAL OLYMPICS DR, JEFFERSON CITY, MO 65101 | 23-7328374 | 501(C)(3) | 15,780 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (395) SPIVA CENTER FOR THE ARTS 212 W 7TH ST, JOPLIN, MO 64801 | 44-6006139 | 501(C)(3) | 65,000 | | | | SPECIFIC PROGRAM |
| (396) SPRINGFIELD ART MUSEUM 840 N BOONVILLE AVE, SPRINGFIELD, MO 65802 | 31-6001642 | 501(C)(3) | 100,000 | | | | SPECIFIC PROGRAM |
| (397) SPRINGFIELD BLACK TIE PO BOX 10921, SPRINGFIELD, MO 65808 | 26-4389769 | 501(C)(3) | 11,000 | | | | SPECIFIC PROGRAM |
| (398) SPRINGFIELD CATHOLIC SCHOOLS 2340 S EASTGATE AVE, SPRINGFIELD, MO 65809 | 44-0619146 | 170(C)(1) | 31,000 | | | | SPECIFIC PROGRAM |
| (399) SPRINGFIELD COMMUNITY GARDENS 1126A N BROADWAY AVE, SPRINGFIELD, MO 65802 | 27-1883334 | 501(C)(3) | 74,924 | | | | SPECIFIC PROGRAM |
| (400) SPRINGFIELD DREAM CENTER 829 WEST ATLANTIC ST., SPRINGFIELD, MO 65803 | 05-0574634 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (401) SPRINGFIELD GREENE COUNTY PUBLIC LIBRARY FOUNDATION 4653 S CAMPBELL AVE, SPRINGFIELD, MO 65810 | 43-1655656 | 501(C)(3) | 136,089 | | | | SPECIFIC PROGRAM |
| (402) SPRINGFIELD LITTLE THEATRE 311 E WALNUT, SPRINGFIELD, MO 65806 | 43-0893064 | 501(C)(3) | 60,000 | | | | SPECIFIC PROGRAM |
| (403) SPRINGFIELD R-12 PUBLIC SCHOOLS 1359 E ST LOUIS ST, SPRINGFIELD, MO 65802 | 44-6005539 | 170(C)(1) | 25,000 | | | | SPECIFIC PROGRAM |
| (404) SPRINGFIELD REGIONAL ARTS COUNCIL 411 N SHERMAN PKWY, SPRINGFIELD, MO 65802 | 43-1225541 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (405) SPRINGFIELD SISTER CITIES ASSOCIATION 2400 S SCENIC AVE, SPRINGFIELD, MO 65807 | 43-1363524 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (406) SPRINGFIELD SYMPHONY ORCHESTRA 411 N SHERMAN PKWY, SPRINGFIELD, MO 65802 | 43-0797224 | 501(C)(3) | 32,525 | | | | SPECIFIC PROGRAM |
| (407) SPRINGFIELD-GREENE COUNTY HEALTH DEPARTMENT 227 E CHESTNUT EXPY, SPRINGFIELD, MO 65802 | 44-6000268 | 170(C)(1) | 27,000 | | | | SPECIFIC PROGRAM |
| (408) SPRINGFIELD-GREENE COUNTY LIBRARY DISTRICT 4653 SOUTH CAMPBELL, SPRINGFIELD, MO 65810 | 05-0534215 | 170(C)(1) | 7,774 | | | | SPECIFIC PROGRAM |
| (409) ST CROIX VALLEY FOUNDATION 1830 HANLEY RD STE 200, HUDSON, WI 54016 | 41-1817315 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (410) ST. AGNES CATHEDRAL 533 S JEFFERSON, SPRINGFIELD, MO 65806 | 44-0581498 | 501(C)(3) | 270,000 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (411) ST. ANN CATHOLIC SCHOOL 7231 MISSION ROAD, PRAIRIE VILLAGE, KS 66208 | 48-0650538 | 170(C)(1) | 10,000 | | | | SPECIFIC PROGRAM |
| (412) ST. ELIZABETH ANN SETON CHURCH 2200 W REPUBLIC RD, SPRINGFIELD, MO 65807 | 26-4638421 | 501(C)(3) | 7,500 | | | | SPECIFIC PROGRAM |
| (413) ST. JOHN'S PREPARATORY SCHOOL 72 SPRING STREET, DANVERS, MA 01923 | 04-2104875 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (414) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE, MEMPHIS, TN 38105 | 62-0646012 | 501(C)(3) | 43,516 | | | | SPECIFIC PROGRAM |
| (415) ST. LOUIS UNIVERSITY 1 NORTH GRAND BLVD, ROOM 121, ST. LOUIS, MO 63103 | 43-0654872 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |
| (416) ST. MARY'S CATHOLIC CHURCH 200 FRONT ST, PIERCE CITY, MO 65723 | 43-0920029 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (417) ST. PATRICK PARISH 17 ST. PATRICK LANE, ROLLA, MO 65401 | 43-0653455 | 501(C)(3) | 145,000 | | | | SPECIFIC PROGRAM |
| (418) ST. PATRICK'S CATHOLIC CHURCH 638 WEST D AVENUE, KINGMAN, KS 67068 | 48-0543796 | 501(C)(3) | 9,874 | | | | SPECIFIC PROGRAM |
| (419) ST. PAUL'S LITTLE BLESSINGS PRESCHOOL AND DAY CARE 205 W. JEFFERSON ST., COLE CAMP, MO 65325 | 44-6013654 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |
| (420) ST. PAUL'S UNITED METHODIST CHURCH OF JOPLIN 2423 WEST 26TH STREET, JOPLIN, MO 64804 | 43-1149608 | 501(C)(3) | 76,414 | | | | SPECIFIC PROGRAM |
| (421) ST. SUSANNE'S CATHOLIC CHURCH 700 W SLOAN, MT. VERNON, MO 65712 | 43-1693914 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (422) ST. VINCENT DE PAUL CATHOLIC CHURCH 1913 RITTER DR, CAPE GIRARDEAU, MO 63701 | 43-0653577 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |
| (423) ST. VINCENT DE PAUL EDUCATIONAL FOUNDATION 302 DOWLING DRIVE, PERRYVILLE, MO 63775 | 43-1294513 | 501(C)(3) | 14,000 | | | | SPECIFIC PROGRAM |
| (424) STANFORD UNIVERSITY 355 GALVEZ ST MONTAG HALL, STANFORD, CA 94305 | 94-1156365 | 501(C)(3) | 11,000 | | | | SPECIFIC PROGRAM |
| (425) STARS AND STRIPES MUSEUM 17377 STARS AND STRIPES WAY,, BLOOMFIELD, MO 63825 | 43-1597579 | 501(C)(3) | 22,500 | | | | SPECIFIC PROGRAM |
| (426) STATE HISTORICAL SOCIETY OF MISSOURI 605 ELM STREET, COLUMBIA, MO 65201 | 43-6035196 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (427) STATE TECHNICAL COLLEGE OF MISSOURI 1 TECHNOLOGY DRIVE, LINN, MO 65051 | 43-1292397 | 501(C)(3) | 26,940 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (428) STEELVILLE AREA HISTORICAL SOCIETY PO BOX 893, STEELVILLE, MO 65565 | 43-1611961 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (429) STOCKTON COMMUNITY DEVELOPMENT CORPORATION 5 PUBLIC SQUARE, STOCKTON, MO 65785 | 47-0927756 | 501(C)(3) | 75,000 | | | | SPECIFIC PROGRAM |
| (430) SUTTER PRESBYTERIAN CHURCH 3500 FEE FEE RD, BRIDGETON, MO 63044 | 43-0666776 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (431) TEAMMATES IN MINISTRY 1637 RED FOX RUN SW, LILBURN, GA 30047 | 36-4547005 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (432) TEXAS COUNTY LIBRARY FOUNDATION 191-A NORTH FIRST ST, HOUSTON, MO 65483 | 20-0423841 | 501(C)(3) | 52,204 | | | | SPECIFIC PROGRAM |
| (433) THE ASSOCIATION FOR THE BLIND 1680 EAST LOMBARD, SPRINGFIELD, MO 65802 | 80-0280486 | 501(C)(3) | 22,333 | | | | SPECIFIC PROGRAM |
| (434) THE BRANSON ARTS COUNCIL, INC. PO BOX 2004, BRANSON, MO 65615 | 43-1606888 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |
| (435) THE FREEDOM 13 552 ELM CREEK DR, WENTZVILLE, MO 63385 | 87-4691628 | 501(C)(3) | 12,500 | | | | SPECIFIC PROGRAM |
| (436) THE GATHERING TREE, INC PO BOX 2364, SPRINGFIELD, MO 65801 | 46-1371575 | 501(C)(3) | 150,000 | | | | SPECIFIC PROGRAM |
| (437) THE KITCHEN, INC. 730 N GLENSTONE AVE, SPRINGFIELD, MO 65802 | 43-1384531 | 501(C)(3) | 147,403 | | | | SPECIFIC PROGRAM |
| (438) THE REBOUND FOUNDATION PO BOX 14482, SPRINGFIELD, MO 65814 | 47-2695903 | 501(C)(3) | 35,500 | | | | SPECIFIC PROGRAM |
| (439) THE ROLLA MISSION 708 N. MAIN STREET, ROLLA, MO 65401 | 46-4727775 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (440) THE SAINTS ACADEMY 111 NEW BALCH STREET, BEVERLY, MA 01915 | 45-3264587 | 170(C)(1) | 20,000 | | | | SPECIFIC PROGRAM |
| (441) THE UNITED METHODIST CHURCH OF THE RESURRECTION 13720 ROE AVE, LEAWOOD, KS 66224 | 48-1107898 | 501(C)(3) | 9,000 | | | | SPECIFIC PROGRAM |
| (442) THE VENUES CHURCH PO BOX 14097, SPRINGFIELD, MO 65814 | 46-1740911 | 501(C)(3) | 43,653 | | | | SPECIFIC PROGRAM |
| (443) THE VICTIM CENTER, INC. 815 W TAMPA ST, SPRINGFIELD, MO 65802 | 43-1149629 | 501(C)(3) | 66,145 | | | | SPECIFIC PROGRAM |
| (444) THE WARRIOR'S JOURNEY 3555 N GLENSTONE AVE, SPRINGFIELD, MO 65803 | 75-2772633 | 501(C)(3) | 22,000 | | | | SPECIFIC PROGRAM |
| (445) TLC STUDENT FUNDS PO BOX 132, MARSHFIELD, MO 65706 | 46-1374478 | 501(C)(3) | 8,000 | | | | SPECIFIC PROGRAM |
| (446) TRAILSPRING, INC. 405 N JEFFERSON, SPRINGFIELD, MO 65806 | 46-2819749 | 501(C)(3) | 146,824 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (447) TRINITY LUTHERAN CHURCH - SPRINGFIELD 1415 S HOLLAND AVE, SPRINGFIELD, MO 65807 | 44-0590451 | 501(C)(3) | 30,000 | | | | SPECIFIC PROGRAM |
| (448) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, 5TH FLOOR (FRAN, PHILADELPHIA, PA 19104-6205 | 23-1352685 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (449) UJIMA LANGUAGE AND LITERACY 918 E CALHOUN ST., SPRINGFIELD, MO 65802 | 30-1005791 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (450) UNITED METHODIST CHURCH OF SALEM, MISSOURI 801 EAST SCENIC RIVERS BLVD., SALEM, MO 65560 | 43-0731516 | 501(C)(3) | 28,000 | | | | SPECIFIC PROGRAM |
| (451) UNITED MINISTRIES IN HIGHER EDUCATION 1146 E CHERRY ST, SPRINGFIELD, MO 65807 | 51-0155226 | 501(C)(3) | 20,286 | | | | SPECIFIC PROGRAM |
| (452) UNITED WAY OF THE OZARKS 320 N JEFFERSON, SPRINGFIELD, MO 65806 | 44-0552047 | 501(C)(3) | 46,000 | | | | SPECIFIC PROGRAM |
| (453) UNIVERSITY OF CENTRAL MISSOURI PO BOX 800, WARRENSBURG, MO 64093 | 43-1181566 | 501(C)(3) | 16,000 | | | | SPECIFIC PROGRAM |
| (454) UNIVERSITY OF DALLAS 1845 E NORTHGATE DR, IRVING, TX 75062 | 75-0926755 | 501(C)(3) | 6,000 | | | | SPECIFIC PROGRAM |
| (455) UNIVERSITY OF NOTRE DAME 128 MCKENNA HALL, NOTRE DAME, IN 46556 | 35-0868188 | 170(C)(1) | 18,000 | | | | SPECIFIC PROGRAM |
| (456) UNIVERSITY OF OKLAHOMA FOUNDATION 100 TIMBERDELL ROAD, NORMAN, OK 73019 | 73-6091755 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (457) UNIVERSITY OF ROCHESTER PO BOX 270032, ROCHESTER, NY 14627 | 16-0743209 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (458) VALLE SCHOOLS FOUNDATION, INC. PO BOX 255, STE. GENEVIEVE, MO 63670 | 43-1211002 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (459) VERITAS ENRICHMENT INC 165 SOUTHWOODS WAY, BRANSON, MO 65616 | 84-2146010 | 501(C)(3) | 75,000 | | | | SPECIFIC PROGRAM |
| (460) VERONA CHRISTIAN CHURCH 113 W ADAMS ST, VERONA, MO 65769 | 80-0540851 | 501(C)(3) | 13,500 | | | | SPECIFIC PROGRAM |
| (461) VERONA R-VII SCHOOL DISTRICT PO BOX 7, VERONA, MO 65769 | 44-6004656 | 170(C)(1) | 10,000 | | | | SPECIFIC PROGRAM |
| (462) VICTORY MISSION + MINISTRY PO BOX 2884, SPRINGFIELD, MO 65801 | 43-1345089 | 501(C)(3) | 61,516 | | | | SPECIFIC PROGRAM |
| (463) VITA NOVA VILLAGE 407 ISLINGTON PL, JOPLIN, MO 64801 | 87-3838394 | 501(C)(3) | 75,000 | | | | SPECIFIC PROGRAM |
| (464) VITAE FOUNDATION PO BOX 791, JEFFERSON CITY, MO 65102 | 43-1138252 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (465) WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE, ST. LOUIS, MO 63130 | 43-0653611 | 501(C)(3) | 74,987 | | | | SPECIFIC PROGRAM |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (466) WATERED GARDENS 531 KENTUCKY AVE, JOPLIN, MO 64801 | 20-2586821 | 501(C)(3) | 35,000 | | | | SPECIFIC PROGRAM |
| (467) WATERSHED COMMITTEE OF THE OZARKS INC 2400 E VALLEY WATER MILL RD, SPRINGFIELD, MO 65803 | 43-1531628 | 501(C)(3) | 26,180 | | | | SPECIFIC PROGRAM |
| (468) WEBB CITY R-VII PUBLIC SCHOOLS 411 NORTH MADISON, WEBB CITY, MO 64870 | 44-6004739 | 170(C)(1) | 7,500 | | | | SPECIFIC PROGRAM |
| (469) WEST ST. FRANCOIS COUNTY R-IV SCHOOL DISTRICT 1124 MAIN STREET, LEADWOOD, MO 63653 | 43-6001937 | 170(C)(1) | 16,952 | | | | SPECIFIC PROGRAM |
| (470) WHITEFIELD ACADEMY 1 WHITEFIELD DRIVE SE, MABLETON, GA 30126 | 48-1166142 | 501(C)(3) | 25,000 | | | | SPECIFIC PROGRAM |
| (471) WILLARD R-II SCHOOL DISTRICT 500 E KIME ST, WILLARD, MO 65781 | 44-6004826 | 170(C)(1) | 11,000 | | | | SPECIFIC PROGRAM |
| (472) WOMEN'S MEDICAL RESPITE PO BOX 385, SPRINGFIELD, MO 65801 | 47-4631889 | 501(C)(3) | 232,175 | | | | SPECIFIC PROGRAM |
| (473) WONDERLAND CAMP 18591 MILLER CIR., ROCKY MOUNT, MO 65072 | 43-0965327 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (474) WOUNDED WARRIOR PROJECT P.O. BOX 758516, TOPEKA, KS 66675 | 20-2370934 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |
| (475) WYCLIFFE SEED COMPANY 220 WESTWAY PL STE 100, ARLINGTON, TX 76018 | 33-0838929 | 501(C)(3) | 20,000 | | | | SPECIFIC PROGRAM |
| (476) YELLOWSTONE FOREVER PO BOX 1857, BOZEMAN, MT 59771-1857 | 47-5427975 | 501(C)(3) | 10,000 | | | | SPECIFIC PROGRAM |
| (477) YOUNG LIFE OZARK MOUNTAIN PO BOX 892, BRANSON, MO 65615 | 84-0385934 | 501(C)(3) | 15,000 | | | | SPECIFIC PROGRAM |

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

| Return Reference - Identifier | Explanation |
|--|---|
| SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS | 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. |
| (5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | AMERICAN CANCER SOCIETY - SPRINGFIELD AREA PO BOX 28566, ST. LOUIS, MO 63146 |

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

Part I Questions Regarding Compensation

| | Yes | No |
|---|-----------|----|
| <p>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.</p> <p> <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) </p> | | |
| <p>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</p> | 1b | |
| <p>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?</p> | 2 | |
| <p>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.</p> <p> <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 </p> | | |
| <p>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:</p> | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | 4a | ✓ |
| <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> | 4b | ✓ |
| <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4c | ✓ |
| <p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> | | |
| <p>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:</p> | | |
| <p>a The organization?</p> | 5a | ✓ |
| <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p> | 5b | ✓ |
| <p>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:</p> | | |
| <p>a The organization?</p> | 6a | ✓ |
| <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p> | 6b | ✓ |
| <p>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</p> | 7 | ✓ |
| <p>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</p> | 8 | ✓ |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | |

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 | WINTER KINNE PRESIDENT & CEO | (i) 226,860 | 13,209 | 411 | 11,895 | 24,991 | 277,366 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | LUIS LEON EVP & CHIEF FINANCIAL OFFICER | (i) 149,787 | 23,712 | 444 | 7,692 | 9,731 | 191,366 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 4 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 5 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 6 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 7 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 8 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 9 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 10 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 11 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 12 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 13 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 14 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 15 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 16 | | (i) | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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 | ✓ | 192 | 11,133,540 | MARKET VALUE |
| 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 () | | | | |
| 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 | 0 |
|----|---|----|---|

| | Yes | No |
|-----|-----|----|
| 30a | | ✓ |
| 31 | ✓ | |
| 32a | | ✓ |
| 33 | | |

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.

| Return Reference - Identifier | Explanation |
|---|--|
| SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS | SECURITIES - PUBLICLY TRADED - NUMBER OF ITEMS CONTRIBUTED |

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

| Return Reference - Identifier | Explanation | | | | | | | | | | |
|--|---|-----------------|------------|----------------------------|-------|------------------------------|----------|---------------|-------------|--------------|--------------------|
| FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY | (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, LINE 12C - CONFLICT OF INTEREST POLICY | ANNUALLY, EACH BOARD AND COMMITTEE MEMBER, OFFICER, AND KEY EMPLOYEE IS ASKED TO REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE AN UPDATED DISCLOSURE. THE INFORMATION IS MADE AVAILABLE TO THE BOARD CHAIR AND IS USED TO ENSURE THAT SHOULD A CONFLICT ARISE, THE BOARD OR COMMITTEE MEMBER INVOLVED IN THE DECISION SHOULD ABSTAIN FROM VOTING OR PARTICIPATION. | | | | | | | | | | |
| FORM 990, PART VI, LINE 15A - & 15B - COMPENSATION REVIEW POLICY | 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 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, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC | THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS AND MOST RECENT FORM 990 (EXCLUDING SCHEDULE B) AND THE PREVIOUS TWO FISCAL YEARS APPROVED 990S AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION BY GOING TO WWW.CFOZARKS.ORG/WHO-WE-ARE/TAXLEGAL-INFO . | | | | | | | | | | |
| FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES | <table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>INVESTMENT IN PARTNERSHIPS</td> <td>1,196</td> </tr> <tr> <td>ANNUITY ACTUARIAL ADJUSTMENT</td> <td>- 28,117</td> </tr> <tr> <td>TRANSFERS OUT</td> <td>- 2,778,661</td> </tr> <tr> <td>TOTAL</td> <td>- 2,805,582</td> </tr> </tbody> </table> | (a) Description | (b) Amount | INVESTMENT IN PARTNERSHIPS | 1,196 | ANNUITY ACTUARIAL ADJUSTMENT | - 28,117 | TRANSFERS OUT | - 2,778,661 | TOTAL | - 2,805,582 |
| (a) Description | (b) Amount | | | | | | | | | | |
| INVESTMENT IN PARTNERSHIPS | 1,196 | | | | | | | | | | |
| ANNUITY ACTUARIAL ADJUSTMENT | - 28,117 | | | | | | | | | | |
| TRANSFERS OUT | - 2,778,661 | | | | | | | | | | |
| TOTAL | - 2,805,582 | | | | | | | | | | |

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

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 |
|---|-------------------------|--|---------------------|---------------------------|---|
| (1) CFO-SGF (23-7290968) 300 S. JEFFERSON AVENUE, SUITE 400, SPRINGFIELD, MO 65806 | REAL ESTATE | MO | 398,325 | 11,051,533 | COMMUNITY FOUNDATION OF THE OZARKS, INC |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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 |
| (1) COMMUNITY FOUNDATION OF THE OZARKS STOCK TRUST (71-6225763) 300 S. JEFFERSON AVENUE, SUITE 400, SPRINGFIELD, MO 65806 | GRANTMAKING | MO | 501(C)(3) | 12 TYPE I | COMMUNITY FOUNDATION OF THE OZARKS, INC | ✓ | |
| (2) LEZAH STENGER FOUNDATION (43-1872019) 5051 S NATIONAL AVE, SPRINGFIELD, MO 65810 | GRANTMAKING | MO | 501(C)(3) | 12 TYPE I | COMMUNITY FOUNDATION OF THE OZARKS, INC | ✓ | |
| (3) OZARKS CHARITABLE REAL ESTATE FOUNDATION (41-2086647) 300 S. JEFFERSON AVENUE, SUITE 400, SPRINGFIELD, MO 65806 | GRANTMAKING | MO | 501(C)(3) | 12 TYPE I | COMMUNITY FOUNDATION OF THE OZARKS, INC | ✓ | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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 | |
| (1) (SEE STATEMENT) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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 |
| (1) (SEE STATEMENT) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

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 |
|--|-----|----|
| 1 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? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | ✓ |
| b Gift, grant, or capital contribution to related organization(s) | | ✓ |
| c Gift, grant, or capital contribution from related organization(s) | ✓ | |
| d Loans or loan guarantees to or for related organization(s) | | ✓ |
| e Loans or loan guarantees by related organization(s) | | ✓ |
| f Dividends from related organization(s) | | ✓ |
| g Sale of assets to related organization(s) | | ✓ |
| h Purchase of assets from related organization(s) | | ✓ |
| i Exchange of assets with related organization(s) | | ✓ |
| j Lease of facilities, equipment, or other assets to related organization(s) | | ✓ |
| k Lease of facilities, equipment, or other assets from related organization(s) | | ✓ |
| l Performance of services or membership or fundraising solicitations for related organization(s) | ✓ | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | ✓ |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | ✓ | |
| o Sharing of paid employees with related organization(s) | ✓ | |
| p Reimbursement paid to related organization(s) for expenses | | ✓ |
| q Reimbursement paid by related organization(s) for expenses | | ✓ |
| r Other transfer of cash or property to related organization(s) | | ✓ |
| s Other transfer of cash or property from related organization(s) | | ✓ |

2 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 | 79,274 | FMV |
| (2) | OZARKS CHARITABLE REAL ESTATE FOUNDATION | C | 158,342 | FMV |
| (3) | | | | |
| (4) | | | | |
| (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.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512–514) | (e) Are all partners section 501(c)(3) organizations? | | (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 | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Part III

Identification of Related Organizations Taxable as a Partnership (continued)

| (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 | |
| (1) WOODS CAPITAL GROUP, LLC (33-1035937) 703 EAST COLLEGE STREET, BOLIVAR, MO 65613 | INVESTMENT | MO | N/A | N/A | N/A | N/A | | | N/A | | | N/A |

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

| (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 |
| (1) CHARITABLE REMAINDER TRUST (6) | CHARITABLE TRUST | MO | COMMUNITY FOUNDATION OF THE OZARKS, INC | | | | | ✓ | |
| (2) ESTHER L. BLINN REVOCABLE LIVING TRUST (41-7018098) PO BOX 8960, SPRINGFIELD, MO 65801 | CHARITABLE TRUST | MO | COMMUNITY FOUNDATION OF THE OZARKS, INC | TRUST | 2,591 | 508,025 | 100.00 | ✓ | |