Return of Organization Exempt From Income Tax

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Comment of operations Com	A Fo	r the 201	8 calendar year, or tax year beginning	, 201 8	and ending	_		, 20
Lizzaria Siziones Composition Composit	В					D Employer ide	ntification	number
Berieffy describe the organization is mission or most significant activities. THE CORPORATION IS ORGANIZED SOLELY TO SERVE AS A SUPPORTING ORGANIZATION UNDER CODE SEC 509 (A.) 3) TO THE COMMUNITY FOUNDATION OF THE OZARES. SEE SCHEDULE O For Mode of morter of independent ording members of the governing body (Part VI, line 1a). 2 Check this box Significant activities are supported inclined programs and grants (Part VIII, line 1a). 5 Total number of voluniteers (settimate if necessary). 5 Server service revenue (Part VIII, column (A), lines 5.0, 0.0. 0.0. 0.0. 0.0. 0.0. 0.0. 0.0.	B Che		LEZAH STENGER FOUNDAT:	ION		43-187	2019	
Single Supering			Doing business as					
City of town, state or province, country, and ZIP or foreign postal code SCR City of town, state or province, country, and ZIP or foreign postal code SPR INGFIELD, MO 65810 SPR INGFIELD, MO 65810 West We		Name change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E Telephone nu	mber	
SPRINGFIELD, MO 65810 SPRINGFIELD, MO 65810 I Tax-comprisation: X Springfield (No. 1)		Initial return	5051 S NATIONAL AVENUE	€	5-100	(417) 88	9-430	0
SPRINGFIELD, M0 65810			City or town, state or province, country, a	and ZIP or foreign postal code				_
Tax-exempt status X Sot(c)(3) Sot(c) V (inset no.) 4947(a)(11) or 537 This common content is a status X Sot(c)(3) Sot(c) V (inset no.) 4947(a)(11) or 537 This common content is a status X Sot(c)(3) Sot(c) V (inset no.) 4947(a)(11) or 537 This common content is a status X Sot(c)(3) Sot(c) V (inset no.) 4947(a)(11) or 537 This common content is a status X Sot(c)(3) Sot(c) V (inset no.) 4947(a)(11) or 537 This common content is a status X Sot(c)(3) This com		Amended	SPRINGFIELD, MO 65810			G Gross receipts	\$	154,848.
South State Stat								Yes X No
Website: ► N/A K Form of organization: X Corporation Trust Association Other ► L Year of tomation. 1999 M State of legal denicible: MO			5051 S NATIONAL AVE, S	STE 5-100, SPRINGFIELD	, MO 6581			d? Yes No
Form of organization X Corporation Trust Association Other L Year of formation 1999 M State of legal domicile: MO Mode Mod	I T	ax-exempt	status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," att	ach a list. (s	see instructions)
Birely describe the organization's mission or most significant activities: THE CORPORATION IS ORGANIZED SOLELY TO SERVE AS A SUPPORTING ORGANIZATION UNDER CODE SEC 509(A)(3) TO THE COMMUNITY FOUNDATION OF THE OZARKS. SEE SCHEDULE O FOR MORE DETAIL. COMMUNITY FOUNDATION OF THE OZARKS. SEE SCHEDULE O FOR MORE DETAIL.	J W	/ebsite: 🕨	N/A			. ,		
Bitefly describe the organization's mission or most significant activities: THE CORPORATION IS ORGANIZED SOLELY TO SERVE AS A SUPPORTING ORGANIZATION UNDER CODE SEC 509(A)(3) TO THE COMMUNITY FOUNDATION OF THE 02ARKS. SEE SCHEDULE 0 FOR MORE DETAIL. 2 Check this box	K F	orm of orga	anization: X Corporation Trust	Association Other >	L Year of for	mation: 1999 M	State of le	egal domicile: MO
SERVE AS A SUPPORTING ORGANIZATION UNDER CODE SEC 509 (A) (3) TO THE COMMUNITY FOUNDATION OF THE OZARKS. SEE SCHEDULE O FOR MORE DETAIL. 2 Check this box ▶	Pai							
COMMUNITY FOUNDATION OF THE OZARKS. SEE SCHEDULE O FOR MORE DETAIL.		1 Brief	ly describe the organization's mission o	r most significant activities: THE C	ORPORATION	IS ORGANIZ	ED SO	LELY TO
A Total interleated business taxable income from Form 990-T, line 38 7b 0.	9	SEI	RVE AS A SUPPORTING ORGAN	IIZATION UNDER CODE SE	C 509(A)(3) TO THE		
A Total interleated business taxable income from Form 990-T, line 38 7b 0.	nan	COI	MMUNITY FOUNDATION OF THE	OZARKS. SEE SCHEDULE	O FOR MOR	E DETAIL.		
A Total interleated business taxable income from Form 990-T, line 38 7b 0.	Ver	2 Che	ck this box 🕨 🔙 if the organization d	iscontinued its operations or dispose	ed of more than 2	25% of its net assets	3.	
A Total interleated business taxable income from Form 990-T, line 38 7b 0.	တိ						3	
A Total interleated business taxable income from Form 990-T, line 38 7b 0.	<u>م</u>	4 Num	ber of independent voting members of t	he governing body (Part VI, line 1b) .			4	4.
A Total interleated business taxable income from Form 990-T, line 38 7b 0.	iţi	5 Tota	I number of individuals employed in cale	endar year 2018 (Part V, line 2a)			5	
A Total interleated business taxable income from Form 990-T, line 38 7b 0.	Ę	6 Tota	I number of volunteers (estimate if necess	sary)			6	
8 Contributions and grants (Part VIII, line 1h).	⋖						7a	
8 Contributions and grants (Part VIII, line 1h). 145,385. 9 Program service revenue (Part VIII, line 2g). 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 6,715. 9,463. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 151,986. 154,848. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 7,300. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (D), line 25) 0. 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 109,902. 1108,427. 19 Revenue less expenses. Subtract line 18 from line 12 109,902. 1109,902. 115,727. 19 Revenue less expenses. Subtract line 18 from line 12 109,902. 1109,902. 115,727. 19 Total isasets (Part X, line 16) 9,10,339. 9,149,460. 20 Total assets (Part X, line 26) 9,10,339. 9,149,460. 21 Total liabilities (Part X, line 26) 0. 0. 0. 22 Net assets or fund balances. Subtract line 21 from line 20, 9,110,339. 9,149,460. 23 Signature Block 24 Part III Signature Block 25 Signature Block 26 Part III Signature Block 27 Part III Signature Block 28 Preparer 29 Prior print name and title 29 Prior print name and title 20 Prior Prior preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is self-employed. Prod 23430. P00423430.	_	b Net	unrelated business taxable income from	Form 990-T, line 38			7b	0.
Program service revenue (Part VIII, line 2g)								
1	<u>e</u>					145,27		<u> </u>
1	en							
1	Rev.					6,71		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_ '							
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) 16 a Professional fundraising fees (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12. 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20. 31 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. Paid Preparer Preparer's signature Preparer Paid Preparer Preparer Paid Preparer Paid Preparer Paid II Print Preparer Paid Pre	-					151,98		
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16a Professional fundraising fees (Part IX, column (A), line 11e). 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 10 Total assets (Part X, line 16). 11 Total assets (Part X, line 16). 12 Total liabilities (Part X, line 26). 13 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. Paid Preparer Eims eams BRD. LLIP PrinvType preparers amme Preparer's signature Preparer Eims eams BRD. LLIP Firms eams BRD. LLIP PrinvTeen Paid Preparer (No Paid A) Preparer (No Paid A) Preparer Eims eams BRD. LLIP Firms eams BRD. LLIP								
10 Statistics, which compensation, employed exhibit of this, dother (N), line 319 0 0 0 0 0 0 0 0 0								
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 109,902. 108,427. 118 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 109,902. 115,727. 119 Revenue less expenses. Subtract line 18 from line 12. 42,084. 39,121. 110 Page 20 Total assets (Part X, line 16) 9,110,339. 9,149,460. 110 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. PrintType preparer's name Preparer's signature Date Check if PTIN Self-employed P00423430	Ses (
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 109,902. 108,427. 118 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 109,902. 115,727. 119 Revenue less expenses. Subtract line 18 from line 12. 42,084. 39,121. Beginning of Current Year End of Year	eus						0.	0.
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12. Total assets (Part X, line 16). Total liabilities (Part X, line 26). Net assets or fund balances. Subtract line 21 from line 20. 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. Print/Type preparer's name KYLE G HESEMANN Firms same BRD, Lile	Ä				<u>' · </u>	100.00	_	100 407
19 Revenue less expenses. Subtract line 18 from line 12 42,084 39,121								
Beginning of Current Year End of Year 9,110,339. 9,149,460.								
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 Paid Print/Type preparer's name KYLE G HESEMANN Preparer Firm's pame BKD LILP		19 Reve	enue less expenses. Subtract line 18 from	n line 12				
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 Paid Print/Type preparer's name KYLE G HESEMANN Preparer Firm's pame BKD LILP	ts o		(D) (D)					
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 Paid Print/Type preparer's name KYLE G HESEMANN Preparer Firm's pame BKD LILP	Bala					9,110,33		
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 Paid Print/Type preparer's name KYLE G HESEMANN Preparer Firm's pame BKD LILP	ar A					0 110 22		
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 Paid Preparer Print/Type preparer's name KYLE G HESEMANN Preparer Firm's pame BKD LILP Firm's pame BKD LILP Firm's pame BKD LILP Firm's pame BKD LILP				from line 20		9,110,33	9.	9,149,400.
Sign Here Signature of officer Type or print name and title Paid Preparer Firm's pame BKD LILP True, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Paid Print/Type preparer's name KYLE G HESEMANN Firm's pame BKD LILP Firm's pame BKD LILP Firm's pame BKD LILP			<u> </u>	is return, including accompanying school	ulas and statement	ts and to the hest of	my know	wlodge and holief it is
Here Type or print name and title Print/Type preparer's name KYLE G HESEMANN Preparer Firm's name BKD LLIP Firm's name BKD LLIP Firm's name BKD LLIP							IIIY KIIOW	wiedge and belief, it is
Here Type or print name and title Print/Type preparer's name KYLE G HESEMANN Preparer Firm's name BKD LLIP Firm's name BKD LLIP Firm's name BKD LLIP								
Here Type or print name and title Print/Type preparer's name KYLE G HESEMANN Preparer Firm's name BKD LLIP Firm's name BKD LLIP Firm's name BKD LLIP	Sign		Signature of officer			l Date		
Print/Type preparer's name KYLE G HESEMANN Preparer Firm's pame BKD, LLP Print/Type preparer's name Check if PTIN PO1423430 PO1423430	_	1 '						
Print/Type preparer's name KYLE G HESEMANN Preparer Firm's pame BKD, LLP Print/Type preparer's name Check if PTIN PO1423430 PO1423430			Type or print name and title					
Paid Preparer KYLE G HESEMANN Self-employed P00423430		Prin		Preparer's signature	Date	0	., PTIN	1
Preparer BKD, LLP	Paid						"	
Firm's Plan	Prepa	arer 💳	DUD 11D					
USE ONLY	Use (חווע ⊢	ionano p	v 1100 contractor vo 55005 05	22			
May the IDC discuss this nature with the present should be a second state of the IDC discuss this nature with the present should be a second state of the IDC discuss this natural state of the IDC discuss the IDC discuss this natural state of the IDC discuss this natural state of the IDC discuss the IDC discuss this natural state of the IDC discuss the ID	May					1 110110 110.		37
For Paperwork Reduction Act Notice, see the separate instructions. X Yes No					<u>' </u>		[

Form 990 (2018) Page 2

Pa	art 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: TO PROMOTE EDUCATION, AMATEUR ATHLETICS, AND VARIOUS OTHER CHARITABLE	
	CAUSES DESIGNED TO MEET THE NEEDS OF THE COMMUNITY.	
	CAUSES DESIGNED TO MEET THE NEEDS OF THE COMMONTTI.	
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 X 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 X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$)
	FEES PAID TO ENABLE FOUNDATION TO OPERATE TO SERVE AS A SUPPORTING	
	ORGANIZATION UNDER CODE SEC 509(A)(3) TO THE COMMUNITY FOUNDATION	
	OF THE OZARKS, A NOT-FOR-PROFIT COMMUNITY TRUST.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4с	: (Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe in Schedule O.)	
4 :	(Expenses \$ including grants of \$) (Revenue \$) ■ Total program service expenses ▶ 113,722.	
4e	• Total program service expenses ► 113.722.	

Form 990 (2018) Page **3**

Part IV **Checklist of Required Schedules** No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Χ 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? If Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 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 Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Χ 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? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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? If "Yes," complete Schedule D, Part VIII........... Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E............. 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... **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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2018) Page **4**

Part	V 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? If "Yes," complete Schedule I, Parts I and III	22		X
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	23	Х	
24 2	employees? If "Yes," complete Schedule J	23	21	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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? If "Yes," complete Schedule L, Part I	25a		X
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?	25h		Х
26	If "Yes," complete Schedule L, Part I	25b		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.0	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	Х	
Part	19? Note. All Form 990 filers are required to complete Schedule O. V Statements Regarding Other IRS Filings and Tax Compliance	38		
rari	Check if Schedule O contains a response or note to any line in this Part V			
	Check is contained a coponic of note to any into in this fact v, , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
ISA		Form	990	(2018)

JSA

Form 990 (2018) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	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.			
а	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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
_	The engineering meaning are the engineering production of the engineering are the engi			
	Lines the amount of recentled enthand, [] [] [] [] [] [] [] [] [] [14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדו		
15	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
. •	If "Yes," complete Form 4720, Schedule O.			

Page 6

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		X
Sect	ion A. Governing Body and Management		V	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	2		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	4		
	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	Х	
•	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			
'a	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
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 in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	401		
	rise to conflicts?	12b		_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		21
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		X
a	The organization's CEO, Executive Director, or top management official	15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a	Х	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D	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?	16b	Х	
Secti	on C. Disclosure		•	•
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	Γ(Sec	tion 5	01(c)
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,		(-)
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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 record LEZAH STENGER 5051 S NATIONAL AVE, SUITE 5-100 SPRINGFIELD, MO 65810 417-889-4300	ls ▶		

Form **990** (2018)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	box, office or direct	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer individual trustee (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Former Former Trustee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
(1)LEZAH STENGER PRESIDENT	1.00	x		Х				0.	0.	0.	
(2)STEPHANIE MONTGOMERY	1.00	Λ		Λ				0.	0.		
SECRETARY/TREASURER	0.	X		Х				0.	0.	0.	
(3)CRISTA HOGAN	1.00							0.	0.		
DIRECTOR	0.	X						0.	0.	0.	
(4)MOREY MECHLIN	1.00										
DIRECTOR	0.	Х						0.	0.	0.	
(5)BRIAN FOGLE	1.00										
DIRECTOR	40.00	Х						0.	140,924.	35,164.	
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
<u>(13)</u>											
(14)											

Form **990** (2018)

JSA

_	n 990 (2018)											ı	Page 8
Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and F	ligl	hest Compensat	ed Employees (c	ontinu	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	Position (do not check more than one box, unless person is both an officer and a director/trustee) of a director in the organization (W-2/1099-MISC) of trustee e e e e e e e e e e e e e e e e e e				(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	E ar com fi org an	(F) stimated mount of other npensati rom the ganizatio d relate anizatio	f on on d	
							ted						
1b	Sub-total								0.	140,924.		35,1	64.
С	Total from continuation sheets to Part VII, S	ection A						•	0.	0.			0.
	Total (add lines 1b and 1c)							<u> </u>	0.	140,924.		35,1	.64.
2	Total number of individuals (including but not reportable compensation from the organization		nose 0.		a a	DOV	e) wno	o re	ceived more than	\$100,000 of			
												Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3		X
4	For any individual listed on line 1a, is the sorganization and related organizations greater	sum of repeater than	ortab \$15	le 0	com 00?	pen	satior "Yes	າ ar ເ," ເ	nd other compens complete Schedu	sation from the le J for such	4	Х	
5	individual										4		
	for services rendered to the organization? If "Ye										5		Х
	ction B. Independent Contractors			ا ا مر	4		luo et e	** **	hat wasai:	then #400 000 =			
1	Complete this table for your five highest com compensation from the organization. Report c year.												
									/= :				

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Form **990** (2018)

Page 9

Part VIII	Statement	of	Revenue
-----------	-----------	----	---------

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from ta under sections 512-514
1a	Federated campaigns 1a				
1a b c d e f	Membership dues 1b				
С	Fundraising events 1c				
d	Related organizations 1d				
е	Government grants (contributions) 1e				
f	All other contributions, gifts, grants,				
	and similar amounts not included above . 1f 145,385.				
g	Noncash contributions included in lines 1a-1f: \$				
h		145,385.			
	Business Code				
2a					
b					
С					
d					
е					
f	All other program service revenue				
g	Total. Add lines 2a-2f	0.			T
3	Investment income (including dividends, interest,	0.400			
	and other similar amounts)	9,430.			9,43
4	Income from investment of tax-exempt bond proceeds .	0.			
5	Royalties	0.			
	(i) real (ii) resolidi				
6a	Gross rents				
b	Less: rental expenses				
C	Rental income or (loss)	0			
d	(1) 0 11 (1) 01	0.			
7a	Gross amount from sales of				
	abbotic cities and arrestnery				
b	Less: cost or other basis				
	and sales expenses				
C	Gaill of (loss)	33.			3
	Net gain or (loss)	33.			3.
8a	ğ l				
	events (not including \$				
	of contributions reported on line 1c).				
	See Fail IV, iiile 10				
b		0.			
	Gross income from gaming activities.				
Ja	See Part IV, line 19 a0.				
b	Less: direct expenses b				
C		0.			
10a	Gross sales of inventory, less returns and allowances				
b	Less: cost of goods sold b				
c	Net income or (loss) from sales of inventory	0.			
	Miscellaneous Revenue Business Code				
11a					
b					
C					
d	All other revenue				
e	Total. Add lines 11a-11d	0.			
12	Total revenue. See instructions.	154,848.			9,46

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). (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 7,300 7,300 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0. 4 Benefits paid to or for members 5 Compensation of current officers, directors, 0 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 0 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 0 11 Fees for services (non-employees): 0 a Management 0 1,980 1,980 **c** Accounting 0 **d** Lobbying 0 e Professional fundraising services. See Part IV, line 17, 0 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 0 (A) amount, list line 11g expenses on Schedule O.) 0 Advertising and promotion 12 0. 13 Office expenses 0 14 Information technology 0 . 15 Royalties 41,516. 41,516. 16 0 . 17 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 64,890. 64,890. Interest 0 . Payments to affiliates O 22 Depreciation, depletion, and amortization 0. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aADMINISTRATIVE COSTS 25 25. bMISCELLENOUS EXPENSES 16 16 С e All other expenses 115,727 113,722. 2,005 25 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) 0

Form 990 (2018) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response o	r not	e to any line in this Pa	art X		
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,570.	1	2,549.
	2	Savings and temporary cash investments			6,964.	2	5,202.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net		0.	4	0.	
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest co					
			0.	5	0.		
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu	0	-	0		
ts	_	organizations (see instructions). Complete Part II of Sche			140, 200		140 200
Assets	7	Notes and loans receivable, net			149,209.	7	149,209.
As	8	Inventories for sale or use			0.	8	0.
	9	Prepaid expenses and deferred charges			0.	9	0.
	10 a	Land, buildings, and equipment: cost or		0 001 502			
			10a		0 050 005		0 001 502
		Less: accumulated depreciation			8,950,897.		
	11	Investments - publicly traded securities			0.		0.
	12	Investments - other securities. See Part IV, line 11			0.	'-	0.
	13	Investments - program-related. See Part IV, line 11		0.	13	0.	
	14	Intangible assets	0.	17	0.		
	15	Other assets. See Part IV, line 11			699.		717.
	16	Total assets. Add lines 1 through 15 (must equal			9,110,339.		9,149,460.
	17	Accounts payable and accrued expenses			0.	.,	0.
	18	Grants payable			0.	10	0.
	19	Deferred revenue			0.	19	0.
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0.	21	0.
es	22	Loans and other payables to current and for	rmer	officers, directors,			
Liabilities		trustees, key employees, highest compen-					
ab		disqualified persons. Complete Part II of Schedule	L		0.	22	0.
	23	Secured mortgages and notes payable to unrelate	ed thir	d parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated to	hird p	arties	0.	24	0.
	25	Other liabilities (including federal income tax, I	oayab	oles to related third			
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			0.		0.
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl 34.	k here X and			
anc	27	Unrestricted net assets			9,110,339.	27	9,149,460.
Fund Balances	28	Temporarily restricted net assets			0.	28	0.
pu	29	Permanently restricted net assets		<u></u> <u>.</u>	0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔛 and			
	30	Capital stock or trust principal, or current funds .				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	ipmer	nt fund		31	
Net Assets	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Net	33	Total net assets or fund balances			9,110,339.	33	9,149,460.
_	34	Total liabilities and net assets/fund balances			9,110,339.	34	9,149,460.
							Form 990 (2018)

Form **990** (2018)

Page **12** Form 990 (2018)

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			54,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2			15,7 39,1			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,1	10,3	39.		
5	Net unrealized gains (losses) on investments	5				0.		
6	Donated services and use of facilities	6				0.		
7	Investment expenses	7				0.		
8	Prior period adjustments	8				0.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		9,1	49,4	60.		
Part								
	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: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in					
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		· · -	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a					
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght					
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	nt?	2c				
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in					
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in					
	the Single Audit Act and OMB Circular A-133?		∟	3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b				

SCHEDULE A (Form 990 or 990-EZ)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 43-1872019

LEZ	HAS	STENGER	FOUNDATION					43-187203	19
Pa	rt I	Reason	for Public Cha	rity Status (All o	organizations must o	complet	e this pa	art.) See instructions	
The	orga	anization is	not a private fou	ndation because it	t is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school d	escribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3					rganization described				
4		A medical	research organiz	zation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the
			name, city, and st		•				. ,
5			-		a college or universit	ty owne	d or ope	rated by a governme	ntal unit described in
		section 17	0(b)(1)(A)(iv). (C	Complete Part II.)	-		-		
6		A federal,	state, or local go	vernment or gove	rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7		An organiz	zation that norma	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described i	in section 170(b)	(1)(A)(vi). (Compl	lete Part II.)				
8		A commun	ity trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricult	ural research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or universi	ty or a non-land-	grant college of a	griculture (see instruct	tions). E	nter the i	name, city, and state of	the college or
		university:							
10		receipts fro support fro acquired b	om activities rela om gross investm y the organizatio	ited to its exempt for ment income and u on after June 30, 1	functions - subject to nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exception ome (less Complete		n 331/3 %of its
11	37	•	•	•	usively to test for publi	-			
12	X	Ū	ū	•	•			e functions of, or to c	, , ,
								section 509(a)(2). S	
	_	_		=				zation and complete lin	=
а				·		•		orted organization(s),	
			•	. ,	• • • •		ajority of	the directors or truster	es of the
		¬ ··	0 0	•	te Part IV, Sections A				anda) haa haadaa
b	_			-				supported organization	
	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.								
_	Г			=				n with and functional	ly intograted with
С								n with, and functional	iy integrated with,
			=		ns). You must comple				end organization(a)
d	_		-			-		ection with its support oution requirement and	- : :
			•		omplete Part IV, Sect	•		· ·	an allenliveness
е		¬ ·	,	•	•			hat it is a Type I, Type II	I. Typo III
-	_		_		tionally integrated sup				і, туре ііі
f	Fn		-	l organizations		porting t	Jigailizai	IOH.	
				-	orted organization(s).				
			ted organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	``		3	``	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))	Yes	ment?	instructions)	instructions)
						1.00			
(A)	MOS	FDN OZK	S	23-7290968	7	Х		0.	0.
(B)									
(C)									
(D)									
(E)									
Tota	al								

Page 2 Schedule A (Form 990 or 990-EZ) 2018

Par	Support Schedule for Orga (Complete only if you checked Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or if ti	ne organizatio	n failed to qua		
Sac	tion A. Public Support	is to quality di	ider the tests	noted below, p	nease comple	to r art iii.j		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and	(a) 2014	(b) 2013	(6) 2010	(u) 2017	(6) 2010	(i) Total	
•	membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
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).							
<u>_6</u>	Public support. Subtract line 5 from line 4							
	tion B. Total Support	4 > 0044	4.0045	() 0040	(1) 00 (7	() 2242		
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (s					12		
13 	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>						
Sec	tion C. Computation of Public Sup					T T		
14	Public support percentage for 2018 (li						%	
15	Public support percentage from 2017						%	
16a	331/3% support test - 2018. If the or							
	box and stop here. The organization q							
b	331/3% support test - 2017. If the organization							
170	this box and stop here . The organizati	•		•				
17a	10%-facts-and-circumstances test - 2018. 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.							
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization in Part VI how the organization	2017. If the organization meets	ganization did r s the "facts-an	ot check a box d-circumstances	on line 13, 16 " test, check t	a, 16b, or 17a, his box and st	and line op here.	
18	supported organization						▶ □	

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **3**

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	Amounts included on lines 1, 2, and 3						
. u	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						
8 8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_		(4) 20	(2) 20:0	(0) 20 10	(4) 20 11	(0, 20.0	(1) 10101
9 10 a	Amounts from line 6. 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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 five years. If the Form 990 is form	-					
	organization, check this box and stop here						▶ 🔃
	tion C. Computation of Public Supp			(0)		T T	
15	Public support percentage for 2018 (line 8,					. 15	%
16	Public support percentage from 2017 Sche					16	%
	tion D. Computation of Investmen					T . T	
17	Investment income percentage for 2018 (lin						%
18	Investment income percentage from 2017						%
19 a	331/3% support tests - 2018. If the org	-					
	17 is not more than 331/3%, check this			•	• •	• • •	<u> </u>
b	331/3% support tests - 2017. If the orga						
	line 18 is not more than 331/3 %, check			-			. —
20	Private foundation. If the organization	did not check	a box on line	14. 19a. or 19b	o, check this be	ox and see insti	ructions

JSA 8E1221 1.000 Schedule A (Form 990 or 990-EZ) 2018 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **b** 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?
- c 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? If "Yes," provide detail in **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a 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)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
g by			
	1	Х	
ıs ed			
	2		X
er	3a		Х
id ie			
	3b		
3)			
	3с		
If			
	4a		X
n n			
	4b		
n ed 3)			
	4c		
s," N n;			
'n			
	5a		Х
ly			
.,	5b		
	5с		
o d or			
	6		X
or :y			
-	7		X
?	8		Х
e ed			
	9a		X
h	9b		X
fit			
	9с		X
n d			
	10a		X
to	10b		

Page 5 Schedule A (Form 990 or 990-EZ) 2018

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported	_	X	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Λ	
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.	2		Х
Secti	on C. Type II Supporting Organizations			
3001	on o. Type ii oupporting organizations		Yes	No
4	Were a majority of the arganization's directors or trustoes during the tax year also a majority of the directors		103	110
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).	1		
Secti	on 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?	1		
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).	2		
3	By reason of the relationship described in (2), 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.			
2 1		3		
	on 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 ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetru	ctione)	
·	The diganization supported a governmental entity. Describe in Fait of now you supported a government entity (see	msuu	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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? Provide details in Part VI.	3a		
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.	3b		

Schedule A (Form 990 or 990-EZ) 2018 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
		•	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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 (explain in detail in Part VI):			
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 1-1/2% 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 .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 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 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Page 7 Schedule A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	ection D - Distributions						
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014						
С	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
-	Section D, line 7:						
a	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h						
Ū	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
•	and 4c.						
8	Breakdown of line 7:						
	Excess from 2014						
a b	Excess from 2015						
C	Excess from 2016						
d	Excess from 2017						
	Excess from 2018						
е	LAUGOS HUIII ZUTU						

Schedule A (Form 990 or 990-EZ) 2018

Part V

Schedule A (Form 990 or 990-EZ) 2018 Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,

lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART I, LINE 11(G), COLUMN (I)

SUPPORTED ORGANIZATION:

THE FULL NAME OF THE SUPPORTED ORGANIZATION IS COMMUNITY FOUNDATION OF

THE OZARKS.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

LEZAH STENGER FOUNDATION 43-1872019 Organization type (check one): Filers of: Section: X 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** $\lfloor exttt{X}
floor$ 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	e of the organization	Employer identification fumber
_	ZAH STENGER FOUNDATION	43-1872019
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
D	art II Conservation Easements.	
Г	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		f a historically important land area
		f a historically important land area
		f a certified historic structure
2	Preservation of open space	be form of a concernation
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	Held at the End of the Tax Year
	easement on the last day of the tax year.	
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ted by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	ervation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sectio	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ	evenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educ public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	ation, or research in furtherance of
L		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ	
	public service, provide the following amounts relating to these items:	ation, or researon in future affect of
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
•	Revenue included on Form 990, Part VIII, line 1	
a h	Assets included in Form 990 Part X	• • • • • • • • • • • • • • • • • • •

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ng Collections	of Art, Histo	rical Trea	asures, o	r Other	Similar Assets (d	continued)
3	Using the organization's acquisition							
	collection items (check all that app	ly):						
а	Public exhibition		d	Loan or	r exchang	e progran	าร	
b	Scholarly research		e	Other				
С	Preservation for future gene	rations						
4	Provide a description of the organ	nization's collecti	ons and expl	ain how th	ney furthe	r the org	anization's exemp	t purpose in Part
	XIII.							
5	During the year, did the organization	n solicit or receiv	e donations o	of art, histo	rical treas	ures, or o	ther similar	
	assets to be sold to raise funds rath	ner than to be ma	intained as pa	art of the o	rganizatio	n's collec	tion? [Yes No
Pa	rt IV Escrow and Custodial A	rrangements.					_	
	Complete if the organiza	tion answered '	"Yes" on For	m 990, Pa	art IV, line	e 9, or re	ported an amour	nt on Form
	990, Part X, line 21.							
1 a	Is the organization an agent, truste							
	included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement i	n Part XIII and co	omplete the fo	llowing tabl	e:			
							Amount	
С	Beginning balance					;		
d	Additions during the year					I		
е	Distributions during the year					,		
f	Ending balance				1f			
2a	Did the organization include an am							Yes No
	If "Yes," explain the arrangement i	n Part XIII. Checl	k here if the e	xplanation I	has been p	provided c	on Part XIII	
Pa	rt V Endowment Funds.		ш./ ш	000 D	t 1\	- 40		
	Complete if the organiza							
		(a) Current year	(b) Prid	or year	(c) Two ye	ars back	(d) Three years back	(e) Four years back
1 a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage			e (line 1g, d	column (a)) held as:		
а	Board designated or quasi-endown		%					
b	Permanent endowment >	%	0.4					
С	Temporarily restricted endowment		%					
٥-	The percentages on lines 2a, 2b, a			.4: 414 -	. ما اما مس		-t	
3a	Are there endowment funds not in	the possession c	or the organiza	ation that a	ire neid ai	na aamini	stered for the	Yes No
	organization by:							
	(i) unrelated organizations							3a(i) 3a(ii)
h	(ii) related organizations If "Yes" on line 3a(ii), are the relate							3b
ь 4	Describe in Part XIII the intended u	· ·	•					30
	rt VI Land, Buildings, and Equ	inment	iization s endo	willelit lulit	us.			
ı a	Complete if the organize	ation answered	"Yes" on Fo	rm 990, P	art IV, lin	e 11a. S	ee Form 990, Pa	rt X, line 10.
	Description of property	(a) Cos	st or other basis	(b) Cost or	other basis	(c) Acci	umulated (d) Book value
	Land	,	vestment) 3,991,783.	(oth	161)	depre	ciation	8,991,783.
b	Buildings		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					3,221,03.
D	Leasehold improvements					1		
d	Equipment.					1		
	Other							
	I. Add lines 1a through 1e. (Column		orm 990. Part	X. column	(B), line 1	Oc.)	•	8,991,783.

Page 3 Schedule D (Form 990) 2018

Part VII	Investments - Other Securities. Complete if the organization answered	l "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) Financia	al derivatives		
	-held equity interests		
(3) Other_			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	# 1		
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		l "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)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
		scription	(b) Book value
(1)	.,		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
_(9)			
	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)	
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	е
(1) Feder	ral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	•	
	or uncertain tax positions. In Part XIII, provide the		e organization's financial statements that reports the
			if the text of the footnote has been provided in Part XIII

PAGE 29

Schedule D (Form 990) 2018 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	-
C	Recoveries of prior year grants	-
d	Other (Describe in Part XIII.)	-
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Reto Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information.	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	

JSA 8E1271 1.000

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2018

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number
LEZAH STENGER FOUNDATION						43-187201	L9
Part I General Information on Grants a	and Assistanc	е				•	
 Does the organization maintain records to the selection criteria used to award the gr. Describe in Part IV the organization's product 	ants or assistand	e?					X Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipien		-			•		es" on Form 990,
(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 noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY FOUNDATION OF THE OZARKS							
425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	7,300.				GENERAL SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations	•	•					1.

JSA

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

Schedule I (Form 990) (2018)

LEZAH STENGER FOUNDATION 43-1872019

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
3					
4					
5					
3					
7					

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

SCHEDULE I, PART I, LINE 2

MONITORING OF GRANT FUNDS:

THE ONLY GRANT RECIPIENT IS THE COMMUNITY FOUNDATION OF THE OZARKS (CFO)

WHICH IS THE SUPPORTED ORGANIZATION OF THE LEZAH STENGER FOUNDATION.

BRIAN FOGLE IS ON THE BOARD AND THE CFO AND OF THE LEZAH STENGER

FOUNDATION AND THEREFORE MONITORS THE GRANTS TO ENSURE THAT THEY ARE USED

FOR THE INTENDED PROPER PURPOSE.

Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

Compensation InformationFor 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. **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

LEZAH STENGER FOUNDATION

Employer identification number

43-1872019

Part	Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	4.		
_	explain	1b		
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?	2		
3	Indicate which, if any, of the following the filing 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. Compensation committee Independent compensation consultant Form 990 of other organizations Written employment contract Compensation survey or study Approval by the board or compensation committee			
4 a	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: Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
Ū	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

LEZAH STENGER FOUNDATION 43-1872019

Schedule J (Form 990) 2018 Page 2

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.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
BRIAN FOGLE	(i)	0.	0.	0.	0.	0.	0.	0.
1DIRECTOR	(ii)	140,924.	0.	0.	14,787.	20,377.	176,088.	0.
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
42	(ii)							
12	(i)							
13	(ii)							
13	(i)							
14	(ii)							
14	(i)							
15	(ii)							
10	(i)							
_16	(ii)							
-10	1/		I					

LEZAH STENGER FOUNDATION 43-1872019

Schedule J (Form 990) 2018

Part | Supplemental Information

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

Schedule J (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

43-1872019

LEZAH STENGER FOUNDATION

FORM 990, PART I, LINE 1

ORGANIZATION'S MISSION:

THE CORPORATION IS ORGANIZED SOLELY TO SERVE AS A SUPPORTING ORGANIZATION UNDER CODE SEC. 509(A)(3) TO THE COMMUNITY FOUNDATION OF THE OZARKS, A NOT-FOR-PROFIT COMMUNITY TRUST. THROUGH SUPPORT OF THE COMMUNITY FOUNDATION OF THE OZARKS, THIS CORPORATION SEEKS TO PROMOTE EDUCATION, AMATEUR ATHLETICS, AND VARIOUS OTHER CHARITABLE CAUSES DESIGNED TO MEET THE NEEDS OF THE COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 2

OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE RELATIONSHIPS:

LEZAH STENGER AND STEPHANIE MONTGOMERY, BOTH OFFICERS OF THE

ORGANIZATION, HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINES 6 & 7A MEMBERS OF THE BOARD:

THE COMMUNITY FOUNDATION OF THE OZARKS, THE SUPPORTED ORGANIZATION,
APPROVES A MAJORITY (THREE OUT OF FIVE) OF THE BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 8B

COMMITTEES:

THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

Name of the organization

LEZAH STENGER FOUNDATION

Employer identification number

43-1872019

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

REVIEW OF FORM 990:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION. THE RETURN IS REVIEWED BY THE PRESIDENT OR TREASURER AND, PRIOR TO FILING, A COPY IS FURNISHED TO ALL BOARD MEMBERS.

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

DOCUMENT DISCLOSURE:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO BE VIEWED UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

 \blacktriangleright 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
2018
Open to Public Inspection

Name of the organization

LEZAH STENGER FOUNDATION

Employer identification number
43-1872019

(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 controllin entity
1)						
2)						
3)						
4)						
5)						
6)						

Part II 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.

(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	contr	g) 512(b)(13) rolled :ity?
					Yes	No
CHAR SUPPORT	MO	501(C)(3)	7	N/A		X
						ĺ
						ĺ
	Primary activity	Primary activity Legal domicile (state or foreign country)	Primary activity Legal domicile (state or foreign country) Exempt Code section	Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3))	Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) entity Direct controlling entity	or foreign country) (if section 501(c)(3)) entity contrept Yes

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

Schedule R (Form 990) 2018

JSA

43-1872019

Schedule R (Form 990) 2018

Identification of Relat						nswered "Yes"	on Form	n 990, Part IV,	line 34,	
because it had one or	more related orga	anizatior	ns treated as a p	eartnership during the	e tax year.					
		1								

	(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?				oroportionate Code V - UBI		eral or aging tner?	(k) Percentage ownership
			oounity)		,			Yes	No		Yes	No			
<u>(1)</u>															
(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)(1 controlle entity?
<u>(1)</u>								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2018

Schedule R ((Form 990) 2018	Page 3
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990. Part IV, line 34, 35b, or 36.	

Not	te: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Χ
b	Gift, grant, or capital contribution to related organization(s)	1b	Х	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		
a.	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s).	1h		Х
i	Exchange of assets with related organization(s).	1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s).	1j		Х
,	2000 of identition, equipment, or extend account relation (6), 111111111111111111111111111111111111			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		X
·	onaling of paid employees with related organization(s)			
n	Reimbursement paid to related organization(s) for expenses	1p		Х
4	Reimbursement paid by related organization(s) for expenses	1q		Х
ч	Trenibulsement paid by related organization(5) for expenses 1111111111111111111111111111111111	- 4		
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		X
2			ls.	
	(a) (b) (c)	(d)		
	Name of related organization Transaction type (a-s) Amount involved Method amount involved Amount involved Amount involved Amount involved	of det unt inv		ng
	type (a-5)	unt mi	oiveu	
(1)				
(2)				
(3)				
<u> </u>				

(5)

Schedule R (Form 990) 2018

(6)

(4)

Page 4

Schedule R (Form 990) 2018

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	(b) (c) Primary activity Legal domicile (state or foreign country)		501	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Dispro	(h) portionate cations?	of Schedule K-1 (Form 1065)	man	(j) eral or aging iner?	ownership	
			sections 512-514)	Yes	No			Yes	No		Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Page 5

Part VII Supplemental Information

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