Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2020

OMB No. 1545-0047

Open to Public

A	For th	e 2020	calendar year, or tax year beginning	, 2020,	and ending		, 20							
_			C Name of organization			D Employer ide	entification number							
B	Check if a	applicable:	LEZAH STENGER FOUNDATI	ION		43-187	2019							
	Addr chan		Doing business as											
		e change	Number and street (or P.O. box if mail is r	not delivered to street address)	Room/suite	E Telephone n	umber							
	-	il return	5051 S NATIONAL AVENUE	5. SUITE 5-100		(417) 88	39-4300							
	-	return/	City or town, state or province, country, a			(11) / 00	// 1000							
	termi Amei	inated nded	SPRINGFIELD, MO 65810			G Gross receip	ts\$ 328,694							
	retur Appli	n ication	F Name and address of principal officer:	LEZAH STENGER		H(a) Is this a gro								
	pend	ling	5051 S NATIONAL AVE, S		MO 6591	subordinate	is?							
-	Tax a						rdinates included? Yes I							
<u>!</u>		kempt st) < (insert no.) 4947(a)(1)	or 527									
J		ite: 🕨			1		nption number							
		of organ		Association Other	L Year of fo	ormation: 1999 M	State of legal domicile: Mo							
P	art I		immary											
	1		y describe the organization's mission or				GED SOLELY TO							
Governance			VE AS A SUPPORTING ORGAN			-								
nar			MUNITY FOUNDATION OF THE											
ver	2						ts.							
		Numb	er of voting members of the governing	body (Part VI, line 1a)			3 5							
ې مې	4	Numb	er of independent voting members of the	he governing body (Part VI, line 1b)			4 4							
itie	5	Total	number of individuals employed in cale	ndar year 2020 (Part V, line 2a)			5 0							
Activities &	6	Total	number of volunteers (estimate if necess	sary)			6 5							
Ă	7a		unrelated business revenue from Part VI				7a 0							
	b	Net u	nrelated business taxable income from F	Form 990-T, Part I, line 11			7b							
						Prior Year	Current Year							
đ	8	Contri	ibutions and grants (Part VIII, line 1h)			142,7	46. 81,077							
Revenue	9		Program service revenue (Part VIII, line 2g) 0.											
eve	10		ment income (Part VIII, column (A), line			8,3	37108,514							
Ŕ	11		revenue (Part VIII, column (A), lines 5,				0. 0							
	12		revenue - add lines 8 through 11 (must			151,0	8327,437							
	13		s and similar amounts paid (Part IX, colu			10,1								
	14		its paid to or for members (Part IX, colu			- ,	0. 0							
	45		es, other compensation, employee bene				0. 0							
Expenses	16 2		ssional fundraising fees (Part IX, column				0. 0							
ben	h		fundraising expenses (Part IX, column (E	0										
ň	17					104,7	12. 83,248							
			expenses (Part IX, column (A), lines 11a			114,8								
	18		expenses. Add lines 13-17 (must equal		· · · · · - -	36,2								
	19	Rever	nue less expenses. Subtract line 18 from	i line 12		Beginning of Current								
Net Assets or Fund Balances		-				9,185,7								
Bala	20		assets (Part X, line 16)		•••••	9,105,7								
et A	21		liabilities (Part X, line 26)		•••••	0 105 7								
			ssets or fund balances. Subtract line 21	from line 20		9,185,7	31. 9,075,046							
	art II		gnature Block				<u> </u>							
Un tru	der pe e, corre	ect, and	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	officer) is based on all information of whi	ch preparer has a	nts, and to the best of any knowledge.	of my knowledge and belief, it							
Sig	ın		Signature of officer			Data								
He	-		Signature of oncer			Date								
		Ļ	ype or print name and title											
Pai	ч		Type preparer's name	Preparer's signature	Date	Check								
	parer	KYL	E G HESEMANN			self-emplo								
	e Only	, Firm's	sname ▶BKD, LLP				44-0160260							
		Firm's	address ▶910 E ST LOUIS #200/PO BO				417-865-8701							
Ma	y the	IRS d	iscuss this return with the preparer	shown above? (see instructions)			X Yes N							
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.			Form 990 (202							
JSA														

LEZAH	STENGER	FOUNDATION	

-	n 990 (202		Page 2
Pa	art III	Statement of Program Service Accomplishments	
	Data	Check if Schedule O contains a response or note to any line in this Part III	
		Jescribe the organization's mission:	
		OMOTE EDUCATION, AMATEUR ATHLETICS, AND VARIOUS OTHER CHARITABLE S DESIGNED TO MEET THE NEEDS OF THE COMMUNITY.	
	CAUSE	5 DESIGNED TO MEET THE NEEDS OF THE COMMONITY.	
2	Did the	organization undertake any significant program services during the year which were not listed on the	
2		orm 990 or 990-EZ?	Yes X No
		describe these new services on Schedule O.	
3		e organization cease conducting, or make significant changes in how it conducts, any program _	
		·?	Yes X No
		describe these changes on Schedule O.	
4		e the organization's program service accomplishments for each of its three largest program services,	
		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	cations to others,
	the tota	l expenses, and revenue, if any, for each program service reported.	
	(Code:)
		PAID TO ENABLE FOUNDATION TO OPERATE TO SERVE AS A SUPPORTING	
	-	IZATION UNDER CODE SEC 509(A)(3) TO THE COMMUNITY FOUNDATION	
	OF THE	E OZARKS, A NOT-FOR-PROFIT COMMUNITY TRUST.	
		· · · · · · · · · · · · · · · · · · ·	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		/、「**************************	/
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$))
4d	Other n	rogram services (Describe on Schedule O.)	
	(Expens		
4e		rogram service expenses ► 81,077.	
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Form	990	(2020))
	PZ	AGE	5

	LEZAH STENGER FOUNDATION 43-187	2019		
	990 (2020)		F	Page
Part	IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Tes	NO
	complete Schedule A.	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
9	<i>complete Schedule D, Part III</i> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		^
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	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.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		^
D D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1	1	1

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Part N Checklist of Required Schedules (continued) ver No 22 Did the organization report more than \$5.000 of grants and M 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	-	90 (2020)		F	age 4
22 Did the organization report more than \$5,000 of grants or othar assistance to or for domestic individuals on Part IX, column (A), line 27 if Yes," complete Schedule J, Part X, and M H. 21 X 23 Did the organization report and former officens, directors, invasies, key employees, and highest compensated and program (Bio 24) the organization bare is tax-exampt bond issue with an outstanding principal anount of more than \$100,000 of the year, they was issued after Doesmore's 11, 2002 if Yes," complete Schedule J, Part VI, Schedun A, Line 3, 4, or 5 about compensate integet 42 at X 24 Did the organization marks any proceeds of tax-exampt bonds beyond a temporary period exception? 24a 24 Did the organization mest any proceeds of tax-exampt bonds beyond a temporary period exception? 24d 25 Section 50((3), 50((4), 40, 40) (4), 40, 405 ((2)) (2) organization. Exit the organization mest and in an escore accel that a refunding escrew at any time during the year? 24d 25 Section 50((3), 50((4), 40, 40) (4), 40, 400 (4) (2) organization. Exit the organization regage in an excess benefit transaction with a disqualified person during the year? If Yes," complete Schedule L, Part I. 24d 26 Section 50((3), 50((4), 40, 40) (4), 400 (4) (2) organization. Exit tabus, and acception or 35% controlled ontity (ricutal texace and any of these parson? If Yes," complete Schedule L, Part II. 24d 26 Did the organization particle transaction with an excess benefit transaction with a disqualified person of any of these parson? If Yes," complete Schedule L,	Part	V Checklist of Required Schedules (continued)		Vaa	No
Part IX, column (A), line 27 II*'ses' complete Schedule I, Parts I and III,, (a) 5 a bout compensation of the organizations current and former offices, directors, trustees, key employees, and highest compensated amount of more than \$100,000 as of the last day of the year, that was issued atter December 31, 2027 IF 'Nes' complete Schedule I, III'' and the set is a structure December 31, 2027 IF 'Nes' complete Schedule I, III'' and the set is a structure December 31, 2027 IF 'Nes' complete Schedule I, III'' and the set is a structure December 31, 2027 IF 'Nes' complete Schedule I, III'' and the set is a structure December 31, 2027 IF 'Nes' complete Schedule I, II'' and the set is a structure December 31, 2027 IF 'Nes' complete Schedule I, II'' and the set is a structure December 31, 2027 IF 'Nes' complete Schedule I, II'' and the set is a structure December 31, 2027 IF 'Nes' complete Schedule I, II'' and the set is a structure December 31, 2027 IF 'Nes' complete Schedule I, II'' and the set is a structure December 31, 2027 IF 'Nes' complete Schedule I, II'' and the set is a structure December 31, 2027 IF 'Nes' complete Schedule I, II'' and the set is a structure December 31, 2027 IF 'Nes' complete Schedule I, II'' and the set is a structure December 31, 2027 IF 'Nes' complete Schedule I, II'' and the set is a structure December 31, 2027 IF 'Nes' complete Schedule I, II'' and the set is a structure December 31, 2027 IF 'Nes' complete Schedule I, II'' and the set is a structure December 31, 2027 IF 'Nes' complete Schedule I, II'' and the set is a structure December 31, 2027 IF 'Nes' complete Schedule I, II'' and the set is a structure December 31, 2027 IF 'Nes' complete Schedule I, II'' and 'I'' and 'I''' and 'I'' and 'I'' and 'I'' and 'I'' and 'I'' and '	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	
23 Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization scurrent and former officer, directors, trustees, key employees, and highest compensated employees? If "Yes" complete Schedule J. 24 Did the organization have a trax-exempt bond issue with an outstanding principal answer lines? 240 through 24 and complete Schedule J. Yon" for the Data and Yong's answer lines? 240 through 24 and complete Schedule J. 24a X. 24 Did the organization mains an escow account other than a refunding escow at any time during the year? 24a X. 24 Did the organization mains an escow account other than a refunding escow at any time during the year? 24a X. 25 Section 501(o[3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a escows benefit transaction with a disqualified person during the year? 24a X. 25 Section 501(o[3), 501(c)(4), and 501(c)(29) organizations are the ding transaction with a disqualified person during the year? 25a X. 26 Did the organization area that it engaged in an access benefit transaction with a disqualified person during the year? 25a X. 27 Did the organization area that it engaged in an excess benefit transaction with a disqualified person tay of these persons? If Yes, "complete Schedule L, Part I. 25a X. 28 Did the organization parket large and on any of these persons? If Yes," complete Schedule L, Part I. 27a X. 29 Did the organization and the analytic persons? If Yes," complete Schedule L, Part I. 27a X. 29 Did the organization proved s	22		22		х
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244 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than Sti00.000 as of the least char was issued after December 31, 2002? If 'Yes', answer lines 24 th through 24d and complete Schedule K If 'No,' or to line 25a. Did the organization mixed any proceeds of tax-exempt bonds boyond a temporary poriod exception?					
\$100.000 as of the last day of the year. That was issued after December 31, 2002? If "Yes," enswer lines 24b 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception 7. 24b 24b c Did the organization maintain an escrow account other than a refunding sector at any time during the year? 24c d Did the organization acit as an obhait of "baser for bonds outstanding at any time during the year? 24c d Did the organization acit as an obhait of "baser for bonds outstanding at any time during the year? 24c d Did the organization acit as an obhait of "baser for bonds outstanding at any time during the year? 24c d Did the organization acit as an obhait of "baser for bonds outstanding at any time during the year? 24d d Did the organization acit as an obhait of "baser for bonds outstanding at any time during the year? 24d d Did the organization acit as an obben reported on any of the organization acit as a to be reported on any of the organization acit as a to be reported or any or the organization acit report any amount on Part X, line 5 or 22, for receivables from or payables to acit current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27 Did the organization acit as a business transaction with one of the following parties (eee Schedule L, Part II. 28 A current or former officer,			23	Х	
through 244 and complete Schedule K II "No." go to line 25a. 24a X b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24b 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24c 21 Did the organization act as an 'on behaf of' issuer for bonds outstanding at any time during the year? 24c 24c 22 Did the organization act as an 'on behaf of' issuer for bonds outstanding at any time during the year? 24c 24d 23 Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Did the organization sport pyers, and that the transaction has not been reported on any of the organization sport programization sport programization sport any annount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these spectros? 25 X 27 Did the organization applicable filing thresholds, conditions, and exceptions): 27 X 28 Was the organization applicable filing thresholds, conditions, and exceptions): 27 X 29 Did the organization receive contributors of any filese schedule L, Part II 27 X 24 Was the organization applicable filing thresholds, conditions, and exceptions): 27 X 24 Was the organization r	24 a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 240 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 244 255 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a price static transaction with a disqualified person in a price static in an excess benefit transaction with a disqualified person in a price static in an excess benefit transaction with a disqualified person in a price static in an excess benefit transaction are price static in an excess benefit transaction with a disqualified person in a price static in an excess benefit transaction price Forms 990 or 930-E27 255 X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33%, controlled entity or family member of any of these persons? If Yes, "complete Schedule L, Part II. 26 X 27 Did the organization are party to a business transaction with one of the following parties (see Schedule L, Part III. 28 X 28 Was the organization reported entity of anity benefold, contributor or display thereol) in times 28a or 28b7 if "res," complete Schedule L, Part II. 28 X 29 Did the organization are party to a business transaction with one of the following parties (see Schedule L, Part III. 28 X 28 Organization area orefore more than 52,000 in non-cash contribution			24-		v
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25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 930 or 930-E27 25a X 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organization's prior Forms 930 or 930-E27 11° Viss." complete Schedule L, Part I. 25a X 25a Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons? If 'Viss," complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to any current of form or forcer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If 'Viss," complete Schedule L, Part II. 27 X 28 Was the organization papticable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II 'Viss," complete Schedule L, Part IV. 28a X 29 Did the organization receive contributions of art, historical treasures, or the similar assets, or qualified person or 100% of an entity divise and cease operations? If 'Viss," complete Schedule N, Part II. 28a X 29 Did the organization receive contributions of art, historical tressures, or organizations and that is restered and pan			24c		
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 99-E27 If "Yes," complete Schedule L, Part I. 25b X 25 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity of raminy member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part II. 26 X 28 Was the organization aparty to a busites transaction with one of the following parties (see Schedule L, Part N. 28 X 29 A target or founder, director, trustee, key employee, creator or substantial contributor? If "Yes," complete Schedule L, Part N. 28 X 29 Did the organization active more than \$25,000 in non-cash contributions? If 'Yes," complete Schedule N. 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes," complete Schedule N. 29 X 29 Did the organization receive contributions of ar, historical treasures, or qualified conservation ontributions? If 'Yes," complete S	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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-E27 25 X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, a grant selection comittee member, or to a 35% controlled entity (including an employee thereol) or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization flow of an entity disregarded as separate from the organization under Regulation sections 301.7701-2 and 301.7701-37 If Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30 X	25 a				
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Form 990 (2020)

Par	t V 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 <i>e-file</i> (see instructions)							
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		Х				
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		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	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		Х				
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		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
с	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							
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
	Section 501(c)(7) organizations. Enter:							
а	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.							
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).							
120	against amounts due or received from them.)	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
-	Is the organization licensed to issue qualified health plans in more than one state?	13a						
a	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							
с	Enter the amount of reserves on hand	1						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		Х				
	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		Х				
	If "Yes," complete Form 4720, Schedule O.							

Form §	290 (2020) LEZAH STENGER FOUNDATION 43-1872	2019	F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. \sim			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4			
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?	2	21	
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x
4	supervision of officers, directors, 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 sasets?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
14	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		Х
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 on Schedule O.	9	,	Х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		40-	163	X
	Did the organization have local chapters, branches, or affiliates?	10a		л
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? • Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
b 120	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
D	rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	4.0	Х	
	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Х	
Sect	ion C. Disclosure	100	21	
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-T	(500	tion 5	01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(060		01(0)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inte	rest r	olicv
-	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	s 🕨		
	LEZAH STENGER 5051 S NATIONAL AVE, SUITE 5-100 SPRINGFIELD, MO 65810 417-889-4300			
JSA		Form	990	(2020)

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	an
	Independent Co	ntra	actors								

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

(**a**)

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

				(0	C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	(do not check more than one						Reportable	Reportable	Estimated amount
	hours per week	box, unless person is both an officer and a director/trustee)						compensation from the	compensation from related	of other
	(list any						· ·	organization	organizations	compensation from the
	hours for	Individual trustee or director	nsti	Officer	Key employee	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	rect	Institutional trustee	Ë	emp	est o	ler			related organizations
	organizations below	or tr	nalt		loye					
	dotted line)	Istee	trust		e	pens				
	,		ee			Highest compensated employee				
						<u> </u>				
(1) BRIAN FOGLE	1.00									
DIRECTOR	50.00	Х						0.	175,736.	32,259.
(2) LEZAH STENGER	1.00									
PRESIDENT	0.	Х		Х				0.	0.	0.
(3) STEPHANIE MONTGOMERY	1.00									
SECRETARY/TREASURER	0.	Х		Х				0.	0.	0.
(4) CRISTA HOGAN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(5) MOREY MECHLIN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)		-								
(7)		-								
(8)										
(9)										
(10)										
<u>(11)</u>		-								
(12)										
<u>(13)</u>										
(14)										

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-	990 (2020) t VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ve	es,	and H	ligl	hest Compensat	ed Employ	/ees (d	continue		Page 8
	(A) Name and title	(B) Average hours per week (list any hours for	(do i box,	not cl unles	Pos heck ss pe d a c	C) sition more erson	e than or is both a or/truste	ne an	(D) Reportable compensation from the	(E) Reporta compensatio relate organization	ble on from d	Es arr	(F) stimated nount o other pensati	of
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		org	om the anizatio d related anization	on d
			-											
			-											
			-											
			-											
С	Sub-total Total from continuation sheets to Part VII, Total (add lines 1b and 1c)	Section A		•••	•••	•••			0.		,736. 0. ,736.			259. 0. 259.
2	Total number of individuals (including but no reportable compensation from the organizati	t limited to t		liste				re	eceived more than					
	Did the organization list any former off				isto		kov o	mn	lovee or highes	compans	ated		Yes	No
	employee on line 1a? If "Yes," complete Sche	dule J for su	ch ina	livid	ual	••		• •				3		X
	For any individual listed on line 1a, is the organization and related organizations of individual	reater than	\$15	50,0	00?	? If	"Yes	,"	complete Schedu	le J for a		4	X	
5	Did any person listed on line 1a receive of for services rendered to the organization? If '	or accrue co	mpen	sati	on	fron	n any	un	related organization	on or indivi		5		x
	tion B. Independent Contractors		10 001	ieut		101	Such	001	30//			J		
	Complete this table for your five highest co compensation from the organization. Report year.													
	(A) Name and business a	ddress							(B) Description of se	rvices	C	(C) Compens		
	Total number of independent contractors more than \$100,000 in compensation from				nite		thos	e li	isted above) who	received				

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Form	990	(2020)

Par	t VII						
		Check if Schedule O contains a respon	se or note to an				· · · · · · · · · · · · · · · · · · ·
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
Αn An	С	Fundraising events 1c					
lar Gift	d	Related organizations 1d					
ini,	е	Government grants (contributions) 1e					
r Si	f	All other contributions, gifts, grants,					
but		and similar amounts not included above 1f	81,077.				
ē	g	Noncash contributions included in					
and		lines 1a-1f		01.055			
	n	Total. Add lines 1a-1f	Business Code	81,077.			
e		-	Busilless Code				
, vic	2a						
Sei	b						
ne Vel	c						
2 B B B B B B B B B B B B B B B B B B B	a						
Program Service Revenue	e f	All other program service revenue					
	g	Total. Add lines 2a-2f	►	0.			
	3	Investment income (including dividends,					
	•	other similar amounts).		7,617.			7,617
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u></u> ▶	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a	240,000.				
enue	b	Less: cost or other basis					
		and sales expenses 7b 29.	356,102.				
Re	С	Gain or (loss) 7c -29.	-116,102.				
er	d	Net gain or (loss)	<u></u>	-116,131.			-116,131
Other Rev	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses		0.			
	c	Net income or (loss) from fundraising events.					
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	h	Less: direct expenses	0.				
	b c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
	iva	returns and allowances 10a	0.				
	b	Less: cost of goods sold 10b	0.				
	c	Net income or (loss) from sales of inventory		0.			
s			Business Code				
le eou	11a						
ent	b						
ev le	с						
Miscellaneous Revenue	d	All other revenue					
<	-	Total. Add lines 11a-11d	►	0.			
	<u>е</u> 12	Total revenue. See instructions					-108,514

Section 501(c)(3) and 501(c)(4) organizations mus	t complete all columns	. All other organization	ns must complete colu	mn (A).
Check if Schedule O contains a respo	onse or note to any line	e in this Part IX		
Do not include amounts reported on lines 6b, 7b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	0.			
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
0 Payroll taxes	0.			
1 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	2,110.		2,110.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
9 Other. (If line 11g amount exceeds 10% of line 25, column	0.			
(A) amount, list line 11g expenses on Schedule O.)	0.			
12 Advertising and promotion	0.			
13 Office expenses	0.			
I4 Information technology	0.			
5 Royalties	42,317.	42,317.		
6 Occupancy	42,317.			
7 Travel				
8 Payments of travel or entertainment expenses	0.			
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	37,210.	37,210.		
20 Interest	37,210.	57,210.		
1 Payments to affiliates		1 660		
2 Depreciation, depletion, and amortization	1,550.	1,550.		
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a ^{ADMINISTRATIVE} COSTS	61.		61.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	83,248.	81,077.	2,171.	
26 Joint costs. Complete this line only if the				
organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here				
following SOP 98-2 (ASC 958-720)	0			

0.

following SOP 98-2 (ASC 958-720)

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art X				
	Check if Schedule O contains a response or note to any line in this Pa	art X		<u> </u>
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,470.	1	3,280
2	Savings and temporary cash investments.	1,406.	2	16,364
3	Pledges and grants receivable, net	0.	3	(
4	Accounts receivable, net.	0.	4	C
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	(
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	(
7	Notes and loans receivable, net	149,209.	7	138,750
7 8	Inventories for sale or use	0.	8	(
9	Prepaid expenses and deferred charges	0.	-	(
-	Land, buildings, and equipment: cost or other			
loa	basis. Complete Part VI of Schedule D 10a 8,915,808.			
h	Less: accumulated depreciation	9,031,911.	100	8,915,808
11	Investments - publicly traded securities.	0.		(
12	Investments - other securities. See Part IV, line 11	0.		(
12		0.	12	(
	Investments - program-related. See Part IV, line 11	0.		
14	Intangible assets	735.	17	84-
15	Other assets. See Part IV, line 11	9,185,731.		9,075,046
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	
17	Accounts payable and accrued expenses	0.		(
18	Grants payable	0.		(
19	Deferred revenue.	0.	10	(
20	Tax-exempt bond liabilities.	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	(
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	~~	
23	Secured mortgages and notes payable to unrelated third parties	0.	25	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	(
26	Total liabilities. Add lines 17 through 25	0.	26	
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	9,185,731.	27	9,075,040
28	Net assets with donor restrictions.	0.		(
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
24	Retained earnings, endowment, accumulated income, or other funds			
31	Total net assets or fund balances	9,185,731.	31	9,075,046
32			32	
33	Total liabilities and net assets/fund balances	9,185,731.	33	9,075,046 Form 990 (202

	GERNARD	
LEZAH	STENGER	FOUNDATION

Form 99	90 (2020)			Paç	ge 12
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		27,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		83,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		10,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,1	85,7	
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 on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	9,0	75,0	46.
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	<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
	Schedule O.				х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		
	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		2b		Х
b	Were the organization's financial statements audited by an independent accountant?		20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ted on a			
	Separate basis, consolidated basis, or both.				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-	2c		
	the audit, review, or compilation of its financial statements and selection of an independent accounta		20		
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xplain on			
2-		rth in the			
sa	As a result of a federal award, was the organization required to undergo an audit or audits as set fo Single Audit Act and OMB Circular A-133?	in mine	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao the			
U	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•	3b		
	required addit of addite, explain why on conclude of and describe any steps taken to undergo such a		1 0 2		

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.

OMB No. 1545-0047 2 2

		nt of the Treasury evenue Service)	Go to www.irs.go	/Form990 for instruction	ons and t	he latest i	nformation.	Inspection		
Nam	e of t	he organization						Employer identifi	cation number		
LE:	ZAH	STENGER FO						43-18720			
	rt I				•			art.) See instructions	S		
	orga		•		is: (For lines 1 through			,			
1					tion of churches desc						
2					. (Attach Schedule E						
3		-	-		rganization described						
4			-	-	conjunction with a nos	spital des	scribed ir	n section 170(b)(1)(A)	(III). Enter the		
5		hospital's nam		state:							
5		-	-	Complete Part II.)	a college of utiliversi	y owned	u or ope	aleu by a governme			
6					rnmental unit describe	d in sect	ion 170(b)(1)(Δ)(v)			
7									om the general public		
-		-		(1)(A)(vi). (Compl		pport in	enn a ge				
8					b)(1)(A)(vi). (Complete	Part II.)					
9		-				-	operated	in conjunction with a	land-grant college		
		-	-	-			-	name, city, and state of			
		university:						-	-		
10 11		receipts from a support from g acquired by th	anization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross its from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its rt from gross investment income and unrelated business taxable income (less section 511 tax) from businesses ed by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) ganization organized and operated exclusively to test for public safety. See section 509(a)(4).								
12	Х	•	•	•	•	•			arry out the purposes		
		of one or more	e publicly su	pported organizati	ons described in sec	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).		
		Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete lir	nes 12e, 12f, and 12g.		
а		X Type I. A su	pporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving		
		the supporte	d organizatio	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the		
	_	_ supporting o	rganization. Y	/ou must complet	e Part IV, Sections A	and B.					
b		🔄 Type II. A su	upporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having		
			-		-	the sam	e persor	is that control or man	age the supported		
	_			-	, Sections A and C.						
С								n with, and functional	ly integrated with,		
			•		s). You must comple						
d			-			-		ection with its suppor			
			•	• •	omplete Part IV, Sect	•		ution requirement and	an allentiveness		
е	Г		•	,	•			nat it is a Type I, Type I			
C			-		ionally integrated sup				i, iype ili		
f	En			organizations			ngamza		1		
g				•	orted organization(s).						
	(i) N	ame of supported o	rganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
(A)	сом	FDN OZKS		23-7290968	7	x		0.	0.		
		PDN 02R5		23 7290900	1	21		0.	0.		
(B)											
(C)											
(D)											
(E)											
Tota	al										
For	Paper	work Reduction A	ct Notice, see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2020		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and 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).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		1	1	1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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	see instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u></u>				
Sec	tion C. Computation of Public Sup	•	-			1 1	
14	Public support percentage for 2020 (li						%
15	Public support percentage from 2019						%
16a	331/3% support test - 2020. If the org	-					
_	box and stop here. The organization q						
b	331/3% support test - 2019. If the org						
47-	this box and stop here . The organization			-			
17a	10%-facts-and-circumstances test - 2		•				
	10% or more, and if the organization					•	•
	Part VI how the organization meets			•			
h	organization						
a			•				
	15 is 10% or more, and if the organiz in Part VI how the organization meets						
	•			•			
10	organization. Private foundation. If the organization						
18	•						
	instructions	<u></u>					· · · * 🗀

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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

(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						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 0040	(1-) 0047	(-) 0040	(-1) 0040	(-) 0000	(0) T-+-1
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6 Gross income from interest, dividends,						
IVa	payments received on securities loans,						
	rents, royalties, and income from similar						
h	Sources						
U	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
~	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.						
	C <i>Y</i>						
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,						
10	and 12.)						
14	First 5 years. If the Form 990 is fo	L	on's first, secon	d. third. fourth.	or fifth tax ve	ar as a section	501(c)(3)
••	organization, check this box and stop here	-					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2020 (line 8			mn (f))		15	%
16	Public support percentage from 2019 Sche	edule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	It Income Perc	centage				
17	Investment income percentage for 2020 (li	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2019	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2020. If the o	rganization did r	not check the bo	ox on line 14, a	nd line 15 is mo	ore than 331/3%	, and line
	17 is not more than 331/3%, check thi	s box and stop	here. The organ	nization qualifies	as a publicly su	upported organiza	ation . ►
b	331/3% support tests - 2019. If the org	anization did not	check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	zation
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,			
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Page 3

Yes No

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4c

5a

5b

5c

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9b

9c

10a

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 line 10b below.*
 - **b** 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.)

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Part	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in line 11a above?	11b		Х
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truction	1S).		
а		The organization satisfied the Activities Test. Complete line 2 below.				
b		The organization is the parent of each of its supported organizations. Complete line 3 below.				
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr <u>uc</u>	tions).	
•	A	the Test Assess free or end of the law	Y	′es	N	
2	Activities Test. Answer lines 2a and 2b below.					
-		what articly all of the arranization's activities during the tay year directly further the events humanes of				

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

s regard. 3b Schedule A (Form 990 or 990-EZ) 2020 PAGE 19

2a

2b

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization	g trust on	Nov. 20, 1970 (<i>expla</i>	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check berg if the current year is the organization's first as a non-functional		· · · · · · · · · · · · · · · · · · ·	·

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedu	le A (Form 990 or 990-EZ) 2020				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; PartIII, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, SectionB, 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

2020

Employer identification number

43-1872019

LEZAH STENGER FOUNDATION

Organization	tvi	ne (check	one	۱·
Organization	ιyμ	JE (CHECK	ULIE,	/.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

0096578

SCHEDULE	D
(Form 990)	

SCHEDULE D (Form 990)			ntal Financial S			OMB No. 1545-0047
(organization answered "\ 9, 10, 11a, 11b, 11c, 11d, 1		b	2020
Den	artment of the Treasury		Attach to Form 990.			Open to Public
Inte	rnal Revenue Service	Go to www.irs.gov/For	rm990 for instructions and	d the latest informa		Inspection
	e of the organization				Employer identificat	
_	ZAH STENGER FC				43-187201	L9
Pa		tions Maintaining Donor Advise			Accounts.	
	Complete	if the organization answered "Y			(h) Euroda and	other econusts
_			(a) Donor advised f	unds	(b) Funds and	
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4 5		t end of year on inform all donors and donor ac	wiscre in writing that the	ha assats hald in	donor advisod	
5	•	nization's property, subject to the or	•			Yes No
6	-	on inform all grantees, donors, and	-	-		
Ŭ	-	purposes and not for the benefit of				
		issible private benefit?				Yes No
Ρ		tion Easements.				
	Complete	if the organization answered "Y	es" on Form 990, Par	t IV, line 7.		
1	Purpose(s) of con	servation easements held by the or	ganization (check all that	apply).		
	Preservation	n of land for public use (for example, rea	creation or education)	Preservation of	a historically imp	portant land area
		f natural habitat		Preservation of	a certified histor	ic structure
		n of open space				
2		through 2d if the organization held	a qualified conservation	n contribution in th		
		ast day of the tax year.			Held at the	End of the Tax Year
а		onservation easements			2a	
b		ricted by conservation easements .			2b	
C		vation easements on a certified his			2c	
d		vation easements included in (c) a				
2		sted in the National Register			2d	nization during the
3		rvation easements modified, transf	erred, released, extingu	isned, or termina	aled by the orga	anization during the
4	tax year ►	where property subject to conserva	ntion assement is located			
5		ation have a written policy regard			n handling of	
Ū		orcement of the conservation easer				
6		hours devoted to monitoring, inspecti				
	▶		3,	,		3 • • 9 • • 9
7	Amount of expens	es incurred in monitoring, inspecting	g, handling of violations, a	and enforcing con	servation easem	ents during the year
	▶\$			-		2.
8	Does each conserv	vation easement reported on line 2(d) above satisfy the requir	ements of sectior	n 170(h)(4)(B)(i)	
)(4)(B)(ii)?				Yes No
9		be how the organization reports cor				nt and
		d include, if applicable, the text of th	_	ization's financial	statements that of	describes the
_		ounting for conservation easements				
Pa		tions Maintaining Collections of if the organization answered "Y			Similar Assets.	
1a	If the organization of art, historical t service, provide in	elected, as permitted under FASB reasures, or other similar assets Part XIII the text of the footnote to i	B ASC 958, not to repo held for public exhibition its financial statements t	rt in its revenue on, education, o hat describes the	statement and b r research in fu se items.	alance sheet works rtherance of public
b		elected, as permitted under FASE				

art, historical treasures, or other similar assets held for public exhibition, education, or research in furth provide the following amounts relating to these items:	nerance of public service,
(i) Revenue included on Form 990, Part VIII, line 1	▶\$
(ii) Assets included in Form 990 Part X	▶ ¢

	(ii) Assets included in Form 990, Part X
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X

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For Paperwork Reduction	Act Notice, see	the Instructions for Fo	rm 990.	
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Sche	dule D (Form 990) 2020											Pa	ge 2
Ра	rt III Organizations Maintaini	ng Colle	ections of	Art, Histo	rical Tre	easures	s, or	Other	Similar A	ssets (d	continue	d)	
3	Using the organization's acquisition collection items (check all that app		sion, and	other recor	ds, checl	k any o	f the	follow	ving that m	nake sigr	ificant us	se of	its
а	Public exhibition	· y /·		d	loan	or excha	ande	progra	m				
b	Scholarly research			e	Other			program					
c	Preservation for future gene	rations		•									—
4	Provide a description of the organ		collections	s and expla	ain how t	they fur	ther	the or	ganization's	s exempt	t purpose	e in F	Part
-					Carl Line				. ()				
5	During the year, did the organization										Vee		N
Po	assets to be sold to raise funds rath rt IV Escrow and Custodial A			aineu as pa		organiza	ation	s collec			Yes		No
Fa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.			es" on For	m 990, F	Part IV,	line	9, or r	eported a	n amour	nt on For	m	
12	Is the organization an agent, trus		odian or o	ther interm	odiary fo	or contr	ributi	one or	other ass	ate not			
īa	included on Form 990, Part X?				-					_	Yes		No
b	If "Yes," explain the arrangement in	n Part XII	ll and com	nlata tha fol	lowing tak	nle:	• • •			••• -	103		NO
Ň	in res, explain the analycinent i				iowing tai	JIC.				Amount			
с	Beginning balance						1c			7 into and			
о А	Additions during the year						1d						
e	Distributions during the year						1e						
f	Ending balance						1f						
' 2a	Did the organization include an am							stodial	account lia	hility?	Yes		No
	If "Yes," explain the arrangement in									-		H	
	rt V Endowment Funds.				planation		onpr	ovided					
ı a	Complete if the organiza	ation ans	wered "Ye	es" on For	m 990. F	Part IV.	line	10.					
			rrent year	(b) Prio		(c) Two			(d) Three ye	ears back	(e) Four y	ears ba	ack
10	Paginning of year balance	(1)			,				(.,		(,, ,, ,		
1a ⊾	Beginning of year balance												
b	Contributions												
С	Net investment earnings, gains,												
Ь	and losses												
d	Other expenditures for facilities												
e	and programs												
f	Administrative expenses												
g	End of year balance												
2 2	Provide the estimated percentage	of the cu	rrent vear	and balance	a (line 1a	column	(2))	hald as					
a	Board designated or quasi-endown		irent year	%	e (inte i g,	column	(a))		•				
b	Permanent endowment			_									
с		%											
	The percentages on lines 2a, 2b, a	and 2c sh	ould equal	100%.									
3a	Are there endowment funds not in		-		tion that	are held	d and	d admir	nistered for	the			
	organization by:										Y	es	No
	(i) Unrelated organizations										3a(i)		
	(ii) Related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	ed organi	zations liste	ed as require	ed on Sch	edule R	?				3b		
4	Describe in Part XIII the intended u	uses of th	ne organiza	ation's endo	wment fui	nds.							
Ра	rt VI Land, Buildings, and Equ	uipment.					l'a a	44- (о	000 D-	nt V. Lin a	40	
	Complete if the organization of property	ation ans			m 990, (b) Cost		·		1				
				r other basis stment)		or other ba other)	300		cumulated eciation	(a) Book valu	6	
1a	Land		8,9	915,808.							8,91	5,80)8.
b	Buildings												
с	Leasehold improvements												
d	Equipment.												
	Other												
Tota	I. Add lines 1a through 1e. (Column	(d) mus	t equal Fori	m 990, Part	X, colum	n (B), lin	ne 10	c.)			8,91	5,80)8.

Schedule D (Form 990) 2020

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Schedule D (F	Form 990) 2020			Page
Part VII	Investments - Other Securities.			_
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financi	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
Part VIII				
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(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.
	(a) De:	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.)	<u></u>	
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
1.		tion of liability		(b) Book value
	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		Þ	
			the encoderation of the encoder state of the	

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

LEZAH	STENGER	FOUNDATION

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 2a 2 2 2 4 Other (Describe in Part XIII.). 2c 3 Subtract line 2a from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.). 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 5 7 Total revenue. Add lines 5 and 4c. (This must equal Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 2a 2a 2 Amounts included on li	Schedu	le D (Form 990) 2020		Page 4
1 Total revenue, gains, and other but not on Form 990, Part VIII, line 12: 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 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 7b a Add lines 4a and 4b c Add lines 4a and 4b c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) c Amounts included on Iine 1 but not on Form 990, Part VIII, line 12.) c Add lines 4a and 4b c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) c Subtract line 2e from line 1 d Amounts included on Iine 1 but not on Form 990, Part I, line 12.) c Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of	Part		rn.	
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d Other (Describe in Part XIII.) 2d 2e e Add lines 2a through 2d	С	Recoveries of prior year grants		
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b Prior year adjustments 2b 2c c Other losses 2d 2d d Other (Describe in Part XIII.) 2d 2d e Add lines 2a through 2d 2d 2d 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII.) 4c 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5				
c Other losses. 2c 2d d Other (Describe in Part XIII.) 2d 2e e 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: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	b			
d Other (Describe in Part XIII.) 2d 2e e 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: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5				
e 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: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5				
3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5			2e	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 4c 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	-	0		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>). 5	-			
b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	-			
c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 5				
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	c c		4c	
	5		5	
	Part			

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

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2020

SCH	EDULE J	Compen	sation Information	0	//B No. ⁻	1545-0	047
(Forn	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬៣	20	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line :	23.	ZU	20)
	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest information.		pen to Inspo		
	of the organization			Employer identification			11
LEZZ	AH STENGER	FOUNDATION		43-1872019			
Part	Question	s Regarding Compensation	1				
						Yes	No
1a			ovided any of the following to or for a pers				
			provide any relevant information regarding	•			
		ss or charter travel	Housing allowance or residence for	•			
		or companions	Payments for business use of perso				
		emnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, ch	auneur, cher)			
b	or reimburse	ment or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to			
2			to reimburging or allowing expanses		1b		
2	-		 to reimbursing or allowing expenses D/Executive Director, regarding the items	-			
					2		
3			on used to establish the compensation of	*ha	-		
3			at apply. Do not check any boxes for metho				
			e CEO/Executive Director, but explain in P				
	Comper	nsation committee	Written employment contract				
	Indepen	dent compensation consultant	Compensation survey or study				
	Form 99	00 of other organizations	Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а	Receive a sev	verance payment or change-of-control pa	ayment?		4a		Х
b	Participate in	or receive payment from a supplemen	tal nonqualified retirement plan?		4b		X
С	Participate in	or receive payment from an equity-bas	sed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and pr	rovide the applicable amounts for each it	em in Part III.			
_	-		rganizations must complete lines 5-9.				
5		listed on Form 990, Part VII, Section contingent on the revenues of:	ion A, line 1a, did the organization pa	ly or accrue any			
2	•	5			5a		x
a b					5a 5b		X
5	-	e 5a or 5b, describe in Part III.			55		
6			ion A, line 1a, did the organization pa	iv or accrue any			
-	-	n contingent on the net earnings of:	,	,			
а	-				6a		Х
b					6b		Х
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov				
			escribe in Part III		7		X
8			paid or accrued pursuant to a contract the				
		-	Regulations section 53.4958-4(a)(3)? If		_		37
~					8		X
9			low the rebuttable presumption proced				
	Regulations s	ection 53.4958-6(C)?			9		<u> </u>

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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.	
1DIRECTOR	(ii)	175,736.	0.	0.	8,759.	23,500.	207,995.	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

JSA

Schedule J (Form 990) 2020

Part III 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.

Page 3

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.



Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization LEZAH STENGER FOUNDATION

Employer identification number 43-1872019

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.

Page 2

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.

OMB No. 1545-0047

Open to Public

Inspection

ZU

2

Employer identification number

43-1872019

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

LEZAH STENGER FOUNDATION

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

	-			-	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	olled
						Yes	No
(1) COMMUNITY FOUNDATION OF THE OZARKS 23-7290968 425 E TRAFFICWAY ST SPRINGFIELD, MO 65806			501(0)(2)	-	27 (2		
425 E INFFICANT ST SPRINGFIELD, NO 05000	CHAR SUPPORT	МО	501(C)(3)	7	N/A		Х
(2)	-						
(3)	_						
(4)	_						
(5)	_						
(6)	_						
(7)	_						

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

Schedule R (Form 990) 2020

JSA

Schedule R (Form 990) 2020

Page **2**

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

		inere related erg			annierenip aannig m								
	(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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
								Yes	No		Yes	No	
(1)		-											
(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)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(i) Sectio 512(b)(controll entity' Yes N
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Schedule R (Form 990) 2020

LEZAH STENGER FOUNDATIO	LEZAH	STENGER	FOUNDATION	1
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Schedule R (Form 990) 2020

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ye	es No
1 D	uring the tax year, did the organization engage in any of the following transactions with one or more	related organizations list	sted in Parts II-IV?			
	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					X
b G	ift, grant, or capital contribution to related organization(s)			1	b	X
	ift, grant, or capital contribution from related organization(s)				_	X
	pans or loan guarantees to or for related organization(s)				d	X
e L	bans or loan guarantees by related organization(s)				e	X
f D	ividends from related organization(s)			1	_	X
	ale of assets to related organization(s)					X
hΡ	urchase of assets from related organization(s)				_	X
	xchange of assets with related organization(s)			1	_	X
j L	ease of facilities, equipment, or other assets to related organization(s)			1	j	X
k L	ease of facilities, equipment, or other assets from related organization(s)			1	k	x
	erformance of services or membership or fundraising solicitations for related organization(s)				I	Х
	erformance of services or membership or fundraising solicitations by related organization(s).				n	Х
	haring of facilities, equipment, mailing lists, or other assets with related organization(s)				n	X
	haring of paid employees with related organization(s)				0	X
рR	eimbursement paid to related organization(s) for expenses.			1	p	x
q R	eimbursement paid by related organization(s) for expenses			10	q	X
r C	ther transfer of cash or property to related organization(s)			1	r	x
s C	ther transfer of cash or property from related organization(s).		<u> </u>			X
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and transa	action thresho	olds.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of d amount i	eterm	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
JSA			Sci	hedule R (For	m 99	0) 2020
0E1309 1.	00V4IQ K929 5/7/2021 1:40:07 ₽M V 20-4.6F 0096578			PAGE	39	

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Schedule R (Form 990) 2020

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 er	tity Primary activ	vity Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	0 501 organiz	tion (c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloc	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	aging tner?	(k) Percentage 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)												<u> </u>	

Schedule R (Form 990) 2020

JSA

Schedule R	(Form	990) 2020
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 Part VII
 Supplemental Information

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

Schedule R (Form 990) 2020