

## PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2023****Open to Public Inspection**

<b>A</b> For the 2023 calendar year, or tax year beginning <u>07/01</u> , 2023, and ending <u>06/30</u> , 20 <u>24</u>			
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>COMMUNITY FOUNDATION OF THE OZARKS, INC.</u> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>425 EAST TRAFFICWAY STREET</u> City or town, state or province, country, and ZIP or foreign postal code <u>SPRINGFIELD, MO 65806</u>		<b>D</b> Employer identification number <u>23-7290968</u>
	<b>F</b> Name and address of principal officer: <u>WINTER KINNE</u> <u>SAME AS C ABOVE</u>		<b>E</b> Telephone number <u>(417) 864-6199</u>
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <u>153,467,925</u>
	<b>J</b> Website: <u>WWW.CFOZARKS.ORG</u>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number
<b>L</b> Year of formation: <u>1973</u>			<b>M</b> State of legal domicile: <u>MO</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>THE COMMUNITY FOUNDATION OF THE OZARKS MISSION IS TO ENHANCE THE QUALITY OF LIFE THROUGH RESOURCE DEVELOPMENT, COMMUNITY GRANTMAKING, COLLABORATION, AND PUBLIC LEADERSHIP.</u>				
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>21</u>		
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>21</u>		
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<u>44</u>		
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>580</u>		
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>(24,546)</u>		
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<u>0</u>			
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<u>48,577,606</u>	<b>Current Year</b>	<u>46,661,855</u>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>1,113,035</u>	<u>1,251,029</u>		
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>8,856,328</u>	<u>9,699,330</u>		
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>(234,939)</u>	<u>94,997</u>		
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>58,312,030</u>	<u>57,707,211</u>		
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>24,337,612</u>	<u>25,038,241</u>		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>			
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>2,437,110</u>	<u>2,888,546</u>		
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<u>1,390,425</u>			
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>3,023,717</u>	<u>3,865,139</u>		
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>29,798,439</u>	<u>31,791,926</u>		
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>28,513,591</u>	<u>25,915,285</u>			
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<u>426,714,383</u>	<b>End of Year</b>	<u>479,855,535</u>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>107,866,476</u>	<u>116,626,885</u>		
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>318,847,907</u>	<u>363,228,650</u>		

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <u>WINTER KINNE, PRESIDENT/CEO</u>		Date		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>BRIAN TODD</u>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P00422601</u>
	Firm's name <u>FORVIS MAZARS, LLP</u>	Firm's EIN <u>44-0160260</u>			
	Firm's address <u>910 E ST LOUIS #200 PO BOX 1190, SPRINGFIELD, MO 65806-2523</u>	Phone no. <u>(417) 865-8701</u>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐

- 1** Briefly describe the organization's mission:  
THE COMMUNITY FOUNDATION OF THE OZARKS MISSION IS TO ENHANCE THE QUALITY OF LIFE THROUGH  
RESOURCE DEVELOPMENT, COMMUNITY GRANTMAKING, COLLABORATION, AND PUBLIC LEADERSHIP.
- 
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 22,950,216 including grants of \$ 20,836,777 ) (Revenue \$ 1,251,029 )

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

**4b** (Code: ) (Expenses \$ 2,372,478 including grants of \$ 2,372,478 ) (Revenue \$ 0 )

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

THIS YEAR, FUNDING SUPPORTED CAPITAL PROJECTS FOR TRUSTED COMMUNITY PARTNERS, ARTS PROGRAMMING,  
PROJECTS RELATED TO COMBATING LONELINESS AND ISOLATION IN RURAL COMMUNITIES, LEARNING  
ENHANCEMENT TECHNOLOGY, SUPPLIES AND MATERIALS IN RURAL K-12 PUBLIC SCHOOLS, NURSING AND ALLIED  
HEALTH SCHOLARSHIP FUNDING, AND MULTI-YEAR PROGRAMMING RELATED TO IMPROVING ACCESS AND REDUCING  
MENTAL HEALTH STIGMA.

**4c** (Code: ) (Expenses \$ 1,828,986 including grants of \$ 1,828,986 ) (Revenue \$ 0 )

THE COMMUNITY FOUNDATION OF THE OZARKS PROVIDES SCHOLARSHIPS, DESIGNED TO MEET THE DONOR'S  
INTENT, FOR HIGH SCHOOL STUDENTS AND RETURNING ADULT LEARNERS SEEKING HIGHER EDUCATION BY  
CONNECTING GENEROUS DONORS WITH NONPROFIT ORGANIZATIONS. APPLICANTS COMPLETE A UNIVERSAL  
APPLICATION, AND AWARDS ARE DISBURSED DIRECTLY TO THE EDUCATIONAL INSTITUTION FOR THE BENEFIT OF  
THE STUDENT. THE COMMUNITY FOUNDATION OF THE OZARKS' SCHOLARSHIP PROGRAM IS COMMITTED TO RESPECT  
FOR ALL PEOPLE AND DOES NOT INTEND TO DENY SERVICE BASED ON RACE, COLOR, SEX, RELIGION, NATIONAL  
ORIGIN, AGE, ABILITY, SEXUAL ORIENTATION, GENDER IDENTITY OR VETERAN STATUS. CONDITIONS OF  
SCHOLARSHIP CRITERIA MAY BE SPECIFIC IF THEY DO NOT VIOLATE FEDERAL PUBLIC POLICY AS IT RELATES  
TO DISCRIMINATION AND IF IT DOES NOT PROVIDE PRIVATE BENEFIT TO THE DONOR OR DONOR'S FAMILY  
MEMBERS. THE CFO IS COMMITTED TO EQUITY AT EVERY OPPORTUNITY AND CONTINUES TO WORK TO STRENGTHEN  
COMMUNITIES. CFO AWARDED 914 SCHOLARSHIPS THIS PAST FISCAL YEAR.

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

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

**4e** Total program service expenses 27,151,680

**Part IV Checklist of Required Schedules**

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

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 70	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> ✓	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	44
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	✓
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	✓
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	✓
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	✓
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	✓
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	✓
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>	



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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed MO

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
LUIS LEON, 425 EAST TRAFFICWAY STREET, SPRINGFIELD, MO 65806, (417) 864-6199

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN FOGLE PRESIDENT & CEO END 02/24	47.0 3.0			✓				234,049	0	37,216
(2) LUIS LEON CHIEF FINANCIAL OFFICER & EVP	48.0 2.0			✓				138,974	0	18,498
(3) WINTER KINNE PRESIDENT & CEO BEG 11/23	47.0 3.0			✓				106,694	0	18,590
(4) ALICE WINGO VICE PRESIDENT OF AFFILIATES	50.0 0.0					✓		104,956	0	17,914
(5) DEAN THOMPSON DIRECTOR/CHAIR	1.0 2.0	✓		✓				0	0	0
(6) ANNE MCGREGOR DIRECTOR/VICE CHAIR	1.0 2.0	✓		✓				0	0	0
(7) GAIL SMART DIRECTOR/SECRETARY	1.0 1.0	✓		✓				0	0	0
(8) ROY HARDY, JR. DIRECTOR/TREASURER	1.0 1.0	✓		✓				0	0	0
(9) LAURIE EDMONDSON DIRECTOR/CHAIR EMERITUS	1.0 1.0	✓						0	0	0
(10) GARY GARWITZ DIRECTOR/AUDIT/OPERATIONS CHAIR	2.0 0.0	✓						0	0	0
(11) KARI CREIGHTON DIRECTOR/IAB REPRESENTATIVE	1.0 0.0	✓						0	0	0
(12) RON KRAETLLI DIRECTOR/AT-LARGE	1.0 0.0	✓						0	0	0
(13) BRYAN VOWELS DIRECTOR	2.0 0.0	✓						0	0	0
(14) DEBRA SHANTZ-HART DIRECTOR	2.0 0.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DOUG NICKELL DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) EMILY KEMPELL DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) GREG HOFFMAN DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) JIMMY LILES DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) KRISTI MONTAGUE DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) LYNNE MEYERKORD DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) MEGAN MORRIS STACK DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) MICHAEL GARRETT DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) RICHARD CAVENDER DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) SARAH HONEYCUTT DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) STAN IRWIN DIRECTOR	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
<b>1b Subtotal</b>								584,673	0	92,218
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								584,673	0	92,218

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
FIDUCIENT ADVISORS, LLC, 500 W. MADISON STREET, SUITE 1700, CHICAGO, IL 60661	INVESTMENT MANAGEMENT	242,039
PCNET, 2026 E PHELPS, SPRINGFIELD, MO 65802	IT SERVICES	172,686
DAKE WELLS ARCHITECTURE INC, 134 PARK CENTRAL SQ, STE 300, SPRINGFIELD, MO 65806	CONSTRUCTION	139,710

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**



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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	46,661,855			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 8,600,768			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		46,661,855			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b>	MANAGEMENT FEES	900099	1,065,414	1,065,414		
	<b>b</b>	OTHER REVENUES	900099	185,615	185,615		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . .		0	0	0	0
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		1,251,029			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		9,609,545			9,609,545
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real	119,543			
	<b>b</b>	Less: rental expenses	(ii) Personal				
	<b>c</b>	Rental income or (loss)		119,543	0		
	<b>d</b>	Net rental income or (loss) . . . . .		119,543			119,543
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	95,850,499			
	<b>b</b>	Less: cost or other basis and sales expenses . .	(ii) Other	95,760,714			
	<b>c</b>	Gain or (loss) . . . . .		89,785	0		
	<b>d</b>	Net gain or (loss) . . . . .		89,785			89,785
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .					
	<b>b</b>	Less: cost of goods sold . . . . .					
	<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>	INVESTMENT IN PARTNERSHIPS	901101	(24,546)		(24,546)	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .		0	0	0	0
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		(24,546)				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			57,707,211	1,251,029	(24,546)	9,818,873

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	21,949,495	21,949,495		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	3,088,746	3,088,746		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	667,730	253,737	247,060	166,933
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	1,501,744	570,663	555,645	375,436
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	185,522	70,498	68,643	46,381
<b>9</b> Other employee benefits . . . . .	368,232	139,928	136,246	92,058
<b>10</b> Payroll taxes . . . . .	165,318	62,820	61,168	41,330
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	462,185	175,630	171,009	115,546
<b>b</b> Legal . . . . .	45,205		45,205	
<b>c</b> Accounting . . . . .	58,329		58,329	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	810,213		810,213	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	50,311	19,118	18,615	12,578
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	137,691	52,322	50,946	34,423
<b>14</b> Information technology . . . . .	358,257	136,138	132,555	89,564
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	127,283	48,367	47,095	31,821
<b>17</b> Travel . . . . .	64,044	24,337	23,696	16,011
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	75,801	28,805	28,046	18,950
<b>20</b> Interest . . . . .	17,924	6,811	6,632	4,481
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	217,821	82,772	80,594	54,455
<b>23</b> Insurance . . . . .	99,982	37,993	36,993	24,996
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> <u>RELATIONSHIPS AND EVENT</u> . . . . .	694,455	263,893	256,948	173,614
<b>b</b> <u>SPLIT-INTEREST AGREEMENTS</u> . . . . .	168,385		168,385	
<b>c</b> <u>PRINTING &amp; PUBLICATIONS</u> . . . . .	96,439	36,647	35,682	24,110
<b>d</b> <u>DUES &amp; MEMBERSHIPS</u> . . . . .	69,563	26,434	25,738	17,391
<b>e</b> All other expenses . . . . .	311,251	76,526	184,378	50,347
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	31,791,926	27,151,680	3,249,821	1,390,425
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	75,280,207	<b>2</b>	76,630,150
	<b>3</b> Pledges and grants receivable, net . . . . .	375,625	<b>3</b>	10,925,625
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	192,533	<b>9</b>	181,746
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 8,347,064		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,264,304	9,553,963	<b>10c</b> 7,082,760
	<b>11</b> Investments—publicly traded securities . . . . .	305,229,474	<b>11</b>	344,674,961
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	33,393,128	<b>12</b>	38,183,594
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	1,543,533	<b>13</b>	897,040
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,145,920	<b>15</b>	1,279,659
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	426,714,383	<b>16</b>	479,855,535	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	514,281	<b>17</b>	611,227
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	18,035	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	48,114	<b>23</b>	20,802
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	107,286,046	<b>25</b>	115,994,856
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	107,866,476	<b>26</b>	116,626,885
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	18,503,519	<b>27</b>	29,426,581
	<b>28</b> Net assets with donor restrictions . . . . .	300,344,388	<b>28</b>	333,802,069
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> . . . . .	318,847,907	<b>32</b>	363,228,650
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	426,714,383	<b>33</b>	479,855,535	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	57,707,211
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	31,791,926
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	25,915,285
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	318,847,907
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	30,639,656
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	(9,932,529)
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	(2,241,669)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	363,228,650

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	34,721,300	36,802,533	38,687,284	48,577,606	46,661,855	205,450,578
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	34,721,300	36,802,533	38,687,284	48,577,606	46,661,855	205,450,578
<b>5</b> 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) . . . . .						9,127,484
<b>6 Public support.</b> Subtract line 5 from line 4						196,323,094

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	34,721,300	36,802,533	38,687,284	48,577,606	46,661,855	205,450,578
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	5,018,443	4,578,201	6,236,396	8,715,876	9,729,088	34,278,004
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10						239,728,582
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	5,279,078
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	81.89 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	82.83 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33<sup>1</sup>/<sub>3</sub>% support tests—2023.</b> If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
<b>b 33<sup>1</sup>/<sub>3</sub>% support tests—2022.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



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

Section D—Distributions		Current Year	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>	
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>	

  

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 . . . . .			
<b>b</b> From 2019 . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 . . .			
<b>b</b> Excess from 2020 . . .			
<b>c</b> Excess from 2021 . . .			
<b>d</b> Excess from 2022 . . .			
<b>e</b> Excess from 2023 . . .			

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

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

Name of organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,070,624	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,026,676	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 3,450,300	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 3,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SECURITIES	\$ 1,070,624	06/13/2024
2	SECURITIES	\$ 1,026,676	02/02/2024
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	



Name of organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

**Part III**

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .	532	
2 Aggregate value of contributions to (during year) . . . . .	20,964,452	
3 Aggregate value of grants from (during year) . . . . .	13,079,926	
4 Aggregate value at end of year . . . . .	123,655,039	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included on line 2a . . . . .	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .	
4 Number of states where property subject to conservation easement is located . . . . .	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1 . . . . .	\$
(ii) Assets included in Form 990, Part X . . . . .	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1 . . . . .	\$
b Assets included in Form 990, Part X . . . . .	\$

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

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

**a** ☐ Public exhibition

**b** ☐ Scholarly research

**c** ☐ Preservation for future generations

**d** ☐ Loan or exchange program

**e** ☐ Other \_\_\_\_\_

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements**

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

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

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

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

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	216,956,948	192,586,626	214,242,659	154,193,913	145,271,345
<b>b</b> Contributions	8,205,100	15,318,410	17,856,827	25,532,249	10,273,321
<b>c</b> Net investment earnings, gains, and losses	28,390,282	22,510,305	(23,790,947)	48,633,155	
<b>d</b> Grants or scholarships	9,433,137	10,980,645	13,378,855	11,700,301	1,350,753
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses	8,094,883	2,477,748	2,343,058	2,416,357	
<b>g</b> End of year balance	236,024,310	216,956,948	192,586,626	214,242,659	154,193,913

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

**a** Board designated or quasi-endowment 0.00 %

**b** Permanent endowment 48.20 %

**c** Term endowment 51.80 %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
<b>3a(i)</b>		✓
<b>3a(ii)</b>		✓
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		435,000		435,000
<b>b</b> Buildings		7,315,177	765,465	6,549,712
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		164,896	161,008	3,888
<b>e</b> Other		431,991	337,831	94,160
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				7,082,760

**Part VII Investments—Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other		
(A) INVESTMENT IN PARTNERSHIPS	6,084,683	END OF YEAR MARKET VALUE
(B) HEDGE FUNDS	32,098,911	END OF YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	38,183,594	

**Part VIII Investments—Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	AGENCY FUNDS	115,994,856
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .		115,994,856

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

[SEE STATEMENT](#)



**Part XIII**

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

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

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		34,307,089
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	0	0			34,307,089
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			34,307,089

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

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

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

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

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☒ **Yes** ☐ **No**
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . ☐ **Yes** ☒ **No**
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . . ☒ **Yes** ☐ **No**
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . . ☒ **Yes** ☐ **No**
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☒ **Yes** ☐ **No**
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . . ☐ **Yes** ☒ **No**

Part V

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

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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 4 CALVARY QUARTET PO BOX 759, NIXA, MO 65714	88-4144982	501(C)(3)	10,000				SPECIFIC PROGRAM
(2) ABOUT OUR KIDS, INC. PO BOX 375, LAMAR, MO 64756	20-1492167	501(C)(3)	50,000				SPECIFIC PROGRAM
(3) ALL ABOARD LEARNING CENTER 106 E WASHINGTON, CUBA, MO 65453	43-1941534	501(C)(3)	10,000				SPECIFIC PROGRAM
(4) ALTON R-IV SCHOOL DISTRICT 505 SCHOOL STREET, ALTON, MO 65606	43-6015516	170(C)(1)	7,111				SPECIFIC PROGRAM
(5) AMALGAMATED CHARITABLE FOUNDATION INC 1825 K ST NW, WASHINGTON, DC 20006-1202	82-1517696	501(C)(3)	12,919				SPECIFIC PROGRAM
(6) AMERICAN CANCER SOCIETY, INC. PO BOX 6703, HAGERSTOWN, MD 21741	13-1788491	501(C)(3)	155,867				SPECIFIC PROGRAM
(7) AMERICAN HEART ASSOCIATION PO BOX 840692, DALLAS, TX 75284-0692	13-5613797	501(C)(3)	18,458				SPECIFIC PROGRAM
(8) AMERICAN INDIAN CTR OF SPRINGFIELD MO 1126 N BROADWAY AVE, SPRINGFIELD, MO 65802	87-2795837	501(C)(3)	8,923				SPECIFIC PROGRAM
(9) AMERICAN RED CROSS PO BOX 37839, BOONE, IA 50037	53-0196605	501(C)(3)	40,000				SPECIFIC PROGRAM
(10) AMERICAN RED CROSS NATIONAL HQ 2025 E ST. NW, WASHINGTON, DC 20006	53-0196605	501(C)(3)	10,018				SPECIFIC PROGRAM
(11) AMERICAN RED CROSS OF SOUTHERN MO 1545 N. WEST BYPASS, SPRINGFIELD, MO 65803	53-0196605	501(C)(3)	25,000				SPECIFIC PROGRAM
(12) (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 460

**3** Enter total number of other organizations listed in the line 1 table 4

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

Cat. No. 50055P

Schedule I (Form 990) 2023

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	914	1,828,986			
2 BENEVOLENCE AND DISASTER RELIEF	1,847	1,259,760			
3					
4					
5					
6					
7					

Part IV

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

(SEE STATEMENT)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) AMERICA'S CHARITIES 14383 NEWBROOK DRIVE, SUITE 300 PMB, CHANTILLY, VA 20151	54-1517707	501(C)(3)	10,000				SPECIFIC PROGRAM
(13) AMVETS NATIONAL SERVICE FOUNDATION 4647 FORBES BLVD, LANHAM, MD 20706	52-0970963	501(C)(3)	9,458				SPECIFIC PROGRAM
(14) APPLESEED NETWORK PO BOX 28, OZARK, MO 65721	84-4002645	501(C)(3)	20,000				SPECIFIC PROGRAM
(15) ARC OF THE OZARKS 1501 E PYTHIAN, SPRINGFIELD, MO 65802	43-6049004	501(C)(3)	10,000				SPECIFIC PROGRAM
(16) AREA AGENCY ON AGING, REGION X PO BOX 3990, JOPLIN, MO 64803	43-1159115	501(C)(3)	30,000				SPECIFIC PROGRAM
(17) ASH GROVE R-IV SCHOOL DISTRICT 100 N MAPLE LN, ASH GROVE, MO 65604	44-6001727	170(C)(1)	57,638				SPECIFIC PROGRAM
(18) ASKINOSIE FOUNDATION 514 E COMMERCIAL STREET, SPRINGFIELD, MO 65803	82-4109289	501(C)(3)	10,000				SPECIFIC PROGRAM
(19) AURORA R-VIII SCHOOL DISTRICT 201 SOUTH MADISON, AURORA, MO 65605	44-6001732	170(C)(1)	10,000				SPECIFIC PROGRAM
(20) AURORA UNITED METHODIST CHURCH 1211 S CARNATION DR., AURORA, MO 65605	43-1124444	501(C)(3)	10,000				SPECIFIC PROGRAM
(21) BAPTIST HOME OF OZARK PO BOX 1040, OZARK, MO 65721	43-0662474	501(C)(3)	15,714				SPECIFIC PROGRAM
(22) BARNABAS FOUNDATION, INC PO BOX 3200, SPRINGFIELD, MO 65808	43-1700240	501(C)(3)	15,000				SPECIFIC PROGRAM
(23) BARRY-LAWRENCE COUNTY DEVELOPMENT CENTER, INC. PO BOX 246, MONETT, MO 65708	43-1017210	501(C)(3)	10,000				SPECIFIC PROGRAM
(24) BARTON COUNTY CHAMBER FOUNDATION INC 110 W 10TH ST, LAMAR, MO 64759	85-1062181	501(C)(3)	25,000				SPECIFIC PROGRAM
(25) BARTON COUNTY GOOD SAMARITAN 1301 PARRY ST., LAMAR, MO 64759	43-1465283	501(C)(3)	15,000				SPECIFIC PROGRAM
(26) BARTON COUNTY MEMORIAL PARK 100 GULF ST, LAMAR, MO 64759	35-2677418	501(C)(3)	20,000				SPECIFIC PROGRAM
(27) BAYLOR UNIVERSITY FINANCIAL AID OFFICE, ONE BEAR PLACE #97028, WACO, TX 76798	74-1159753	501(C)(3)	6,000				SPECIFIC PROGRAM
(28) BELOVED PAWN INC 437 W. 8TH STREET, HERMANN, MO 65041	85-3252416	501(C)(3)	32,600				SPECIFIC PROGRAM
(29) BETTER TOGETHER PLAYGROUND 8028 W. FR 76, WILLARD, MO 65781	87-4223282	501(C)(3)	10,000				SPECIFIC PROGRAM
(30) BIG BROTHERS BIG SISTERS OF THE OZARKS 3372 W BATTLEFIELD, SPRINGFIELD, MO 65807	43-0971303	501(C)(3)	42,207				SPECIFIC PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(31) BISHOP FENWICK HIGH SCHOOL 99 MARGIN STREET, PEABODY, MA 01960	56-2438553	170(C)(1)	10,000				SPECIFIC PROGRAM
(32) BISHOP KEMPER SCHOOL OF MINISTRY 701 SW 8TH AVENUE, TOPEKA, KS 66603	46-3536944	501(C)(3)	6,000				SPECIFIC PROGRAM
(33) BONEBRAKE CENTER OF NATURE AND HISTORY 601 NORTH HICKORY STREET, SALEM, MO 65560	43-1514904	501(C)(3)	7,770				SPECIFIC PROGRAM
(34) BONNIEBROOK HISTORICAL SOCIETY 485 ROSE O'NEILL RD, WALNUT SHADE, MO 65771	51-0203806	501(C)(3)	10,000				SPECIFIC PROGRAM
(35) BOONE CENTER INC DBA IMAGINE TECHNICAL INSTITUTE 101 STATE DRIVE, SUITE 240, HOLLISTER, MO 65672	43-0764144	501(C)(3)	20,053				SPECIFIC PROGRAM
(36) BOOTS COURT FOUNDATION 125 S GARRISON AVE, CARTHAGE, MO 64836	86-3971265	501(C)(3)	22,000				SPECIFIC PROGRAM
(37) BOYS & GIRLS CLUBS OF SPRINGFIELD 425 E TRAFFICWAY, SPRINGFIELD, MO 65806	44-0513659	501(C)(3)	200,000				SPECIFIC PROGRAM
(38) BOYS AND GIRLS CLUB OF THE OZARKS 1460 BEE CREEK RD, BRANSON, MO 65616	43-1664669	501(C)(3)	70,600				SPECIFIC PROGRAM
(39) BPS FOUNDATION 1120 N TOWN CENTER DR STE 160, LAS VEGAS, NV 89144	88-2260784	501(C)(3)	25,000				SPECIFIC PROGRAM
(40) BRADLEYVILLE R-I SCHOOL DISTRICT 16474 N STATE HWY 125, PO BOX 20, BRADLEYVILLE, MO 65614	44-6004951	170(C)(1)	15,071				SPECIFIC PROGRAM
(41) BRANCHES FOR THE LAKE 980 AIRPORT ROAD, OSAGE BEACH, MO 65065	87-4714826	501(C)(3)	65,000				SPECIFIC PROGRAM
(42) BRANSON ARTS COUNCIL, INC. PO BOX 2004, BRANSON, MO 65615	43-1606888	501(C)(3)	17,371				SPECIFIC PROGRAM
(43) BREAST CANCER FOUNDATION OF THE OZARKS 620 W REPUBLIC RD STE 107, SPRINGFIELD, MO 65807	43-1881450	501(C)(3)	82,301				SPECIFIC PROGRAM
(44) BRIDGE OF FAITH COMMUNITY CHURCH PO BOX 1059, ROCKAWAY BEACH, MO 65740	20-8112523	501(C)(3)	50,000				SPECIFIC PROGRAM
(45) BRIDGES FOR YOUTH P.O. BOX 9866, SPRINGFIELD, MO 65801	43-1718841	501(C)(3)	10,000				SPECIFIC PROGRAM
(46) BRIGHT FUTURES CARTHAGE 710 LYON, CARTHAGE, MO 64836	43-1712338	501(C)(3)	10,000				SPECIFIC PROGRAM
(47) BURRELL FOUNDATION 2885 W BATTLEFIELD RD, SPRINGFIELD, MO 65807	43-1467704	501(C)(3)	5,276				SPECIFIC PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(48) CALVARY BIBLE CHURCH OF NIXA MISSOURI PO BOX 1303, NIXA, MO 65714	23-7219554	501(C)(3)	250,625				SPECIFIC PROGRAM
(49) CAMDENTON R-III SCHOOL DISTRICT EDUCATION FOUNDATION, INC. P.O. BOX 1409, CAMDENTON, MO 65020	43-1911038	501(C)(3)	5,400				SPECIFIC PROGRAM
(50) CAMO DREAMS INC. 6618 NADINE ROAD, PANAMA CITY, FL 32404	26-3343784	501(C)(3)	10,000				SPECIFIC PROGRAM
(51) CAMP BARNABAS P.O. BOX 3200, SPRINGFIELD, MO 65808	33-1122930	501(C)(3)	150,000				SPECIFIC PROGRAM
(52) CAMP PENUEL PO BOX 367, IRONTON, MO 63650	23-7318998	501(C)(3)	10,000				SPECIFIC PROGRAM
(53) CAPE GIRARDEAU PUBLIC SCHOOLS FOUNDATION 301 N CLARK ST, CAPE GIRARDEAU, MO 63701	43-1666808	501(C)(3)	10,000				SPECIFIC PROGRAM
(54) CARE CONNECTION FOR AGING SERVICES PO BOX 1078, WARRENSBURG, MO 64093	43-1015585	501(C)(3)	31,376				SPECIFIC PROGRAM
(55) CARE TO LEARN 1047 S GLENSTONE AVE, SPRINGFIELD, MO 65804	47-1494384	501(C)(3)	15,000				SPECIFIC PROGRAM
(56) CARNEGIE MELLON UNIVERSITY FINANCIAL AID OFFICE, 5000 FORBES AVENUE WARNER HALL, PITTSBURGH, PA 15213	25-0969449	501(C)(3)	6,000				SPECIFIC PROGRAM
(57) CARTHAGE CROSSLINES MINISTRY PO BOX 343, CARTHAGE, MO 64836	43-1334801	501(C)(3)	10,000				SPECIFIC PROGRAM
(58) CARTHAGE R-9 SCHOOL FOUNDATION 710 LYON STREET, CARTHAGE, MO 64836	43-1712338	501(C)(3)	10,000				SPECIFIC PROGRAM
(59) CARTHAGE R-IX SCHOOL DISTRICT 710 LYON STREET, CARTHAGE, MO 64836	44-6002057	170(C)(1)	32,447				SPECIFIC PROGRAM
(60) CASA (COURT APPOINTED SPECIAL ADVOCATES) OF SOUTHWEST MISSOURI PO BOX 4853, SPRINGFIELD, MO 65808	43-1524185	501(C)(3)	81,661				SPECIFIC PROGRAM
(61) CASE WESTERN RESERVE UNIVERSITY FINANCIAL AID OFFICE, 10900 EUCLID AVE, CLEVELAND, OH 44106	34-1018992	501(C)(3)	6,000				SPECIFIC PROGRAM
(62) CATHOLIC CHARITIES OF SOUTHERN MISSOURI 424 EAST MONASTERY STREET, SPRINGFIELD, MO 65807	80-0455890	501(C)(3)	15,000				SPECIFIC PROGRAM
(63) CATHOLIC CHURCH EXTENSION SOCIETY 150 SOUTH WACKER DRIVE SUITE 2000, CHICAGO, IL 60606	36-6000520	501(C)(3)	17,500				SPECIFIC PROGRAM
(64) CATHOLIC RELIEF SERVICES PO BOX 5200, HARLAN, IA 51593	13-5563422	501(C)(3)	55,000				SPECIFIC PROGRAM

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(65) CEDAR FALLS HIGH SCHOOL 1015 DIVISION STREET, CEDAR FALLS, IA 50613	42-0862684	170(C)(1)	7,922				SPECIFIC PROGRAM
(66) CENTER CITY CHRISTIAN OUTREACH, INC. PO BOX 8176, SPRINGFIELD, MO 65804	31-1807428	501(C)(3)	20,000				SPECIFIC PROGRAM
(67) CENTRAL METHODIST UNIVERSITY FINANCIAL AID OFFICE, 411 CENTRAL METHODIST SQUARE, FAYETTE, MO 65248	43-0654854	501(C)(3)	6,000				SPECIFIC PROGRAM
(68) CHARLESTON SOUTHERN UNIVERSITY FINANCIAL AID OFFICE, 9200 UNIVERSITY BLVD, CHARLESTON, SC 29406	57-0474291	501(C)(3)	6,000				SPECIFIC PROGRAM
(69) CHILD ADVOCACY CENTER 1033 E WALNUT ST, SPRINGFIELD, MO 65806	43-1729078	501(C)(3)	244,378				SPECIFIC PROGRAM
(70) CHILDREN'S CENTER OF SOUTHWEST MISSOURI 1029 E 7TH STREET, JOPLIN, MO 64801	43-1740718	501(C)(3)	35,000				SPECIFIC PROGRAM
(71) CHILDREN'S HAVEN OF SOUTHWEST MISSOURI 711 SOUTH PICHER AVENUE, JOPLIN, MO 64801	04-3603881	501(C)(3)	64,270				SPECIFIC PROGRAM
(72) CHILDREN'S MERCY HOSPITAL-DEPARTMENT OF PHILANTHROPY 2401 GILLHAM RD., KANSAS CITY, MO 64108	44-0605373	501(C)(3)	20,000				SPECIFIC PROGRAM
(73) CHILDREN'S MIRACLE NETWORK HOSPITALS PO BOX 8812, SPRINGFIELD, MO 65801	87-0387205	501(C)(3)	25,000				SPECIFIC PROGRAM
(74) CHILDREN'S SMILE CENTER 601 N. 21ST STREET, OZARK, MO 65721	57-1196229	501(C)(3)	10,000				SPECIFIC PROGRAM
(75) CHRIST EPISCOPAL CHURCH - SPRINGFIELD 601 E WALNUT ST, SPRINGFIELD, MO 65806	44-0666523	501(C)(3)	35,925				SPECIFIC PROGRAM
(76) CHRISTIAN ACTION MINISTRIES 2400 STATE HIGWAY 165, BRANSON, MO 65616	43-1355905	501(C)(3)	32,371				SPECIFIC PROGRAM
(77) CHURCH OF ELEVEN22 INC 14286 BEACH BOULEVARD SUITE 42, JACKSONVILLE, FL 32250	45-1153978	501(C)(3)	35,000				SPECIFIC PROGRAM
(78) CITY OF BILLINGS PO BOX 207, BILLINGS, MO 65610	12-4868330	170(C)(1)	24,431				SPECIFIC PROGRAM
(79) CITY OF CASSVILLE 300 MAIN STREET, CASSVILLE, MO 65625	44-6000161	170(C)(1)	20,000				SPECIFIC PROGRAM
(80) CITY OF JOPLIN 602 S MAIN, JOPLIN, MO 64801	44-6000196	170(C)(1)	50,000				SPECIFIC PROGRAM
(81) CITY OF MOUNTAIN GROVE PO BOX 351, MOUNTAIN GROVE, MO 65711	44-6000227	170(C)(1)	8,631				SPECIFIC PROGRAM
(82) CITY OF SEYMOUR PO BOX 247, SEYMOUR, MO 65746	44-6005586	170(C)(1)	16,321				SPECIFIC PROGRAM

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(83) CITY OF WARSAW PO BOX 68, WARSAW, MO 65355	44-6000283	170(C)(1)	361,910				SPECIFIC PROGRAM
(84) CLINTON ANIMAL RESCUE ENDEAVOR 103 S GAIL DR, CLINTON, MO 64735	26-2482075	501(C)(3)	6,429				SPECIFIC PROGRAM
(85) CLINTON HIGH SCHOOL 2202 ALFRESCO, CLINTON, MO 64735	44-6001380	170(C)(1)	6,700				SPECIFIC PROGRAM
(86) CLINTON METHODIST CHURCH 601 S 4TH ST, CLINTON, MO 64735	44-0590276	501(C)(3)	45,574				SPECIFIC PROGRAM
(87) CODE 1 WELLNESS PO BOX 901888, KANSAS CITY, MO 64190	83-1374551	501(C)(3)	20,000				SPECIFIC PROGRAM
(88) COLE CAMP SWIMMING POOL PO BOX 216, COLE CAMP, MO 65325	43-1224609	501(C)(3)	30,000				SPECIFIC PROGRAM
(89) COLLEGE HEIGHTS CHRISTIAN SCHOOL 4311 E NEWMAN RD, JOPLIN, MO 64801	43-1276651	501(C)(3)	40,000				SPECIFIC PROGRAM
(90) COLLEGE OF THE OZARKS CASHIER'S OFFICE, PO BOX 17, POINT LOOKOUT, MO 65726	44-0556862	501(C)(3)	37,663				SPECIFIC PROGRAM
(91) COLUMBIA UNIVERSITY FINANCIAL AID & EDUCATIONAL FINANCI, 1130 AMSTERDAM AVE 100 HAMILTON HA, NEW YORK, NY 10027	13-5598093	501(C)(3)	6,000				SPECIFIC PROGRAM
(92) COMMUNITIES OF RECOVERY, INC. PO BOX 6224, BRANSON, MO 65615	46-1516182	501(C)(3)	22,114				SPECIFIC PROGRAM
(93) COMMUNITY CLINIC OF SOUTHWEST MISSOURI 701 S. JOPLIN AVE., JOPLIN, MO 64801	43-1643962	501(C)(3)	10,000				SPECIFIC PROGRAM
(94) COMMUNITY FOUNDATION OF CENTRAL MISSOURI 701 EAST BROADWAY, COLUMBIA, MO 65205	27-2930245	501(C)(3)	10,000				SPECIFIC PROGRAM
(95) COMMUNITY OUTREACH MINISTRIES PO BOX 181, BOLIVAR, MO 65613	26-1545304	501(C)(3)	29,716				SPECIFIC PROGRAM
(96) COMMUNITY PARTNERSHIP OF THE OZARKS 330 N JEFFERSON AVE, SPRINGFIELD, MO 65806	43-1830026	501(C)(3)	264,956				SPECIFIC PROGRAM
(97) COMMUNITY SENIOR CITIZENS INC PO BOX 40, QULIN, MO 63961	43-1303352	501(C)(3)	17,236				SPECIFIC PROGRAM
(98) COMPASSION INTERNATIONAL, INC. P.O. BOX 65000, COLORADO SPRINGS, CO 80962	36-2423707	501(C)(3)	10,000				SPECIFIC PROGRAM
(99) CONNECTING GROUNDS 4341 WEST CHESTNUT EXPWY, SPRINGFIELD, MO 65802	82-3818094	501(C)(3)	42,000				SPECIFIC PROGRAM
(100) CONVOY OF HOPE 1 CONVOY DRIVE, SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	95,000				SPECIFIC PROGRAM
(101) CONWAY SENIOR SERVICES, INC. 105 W. JEFFERSON ST., PO BOX 74, CONWAY, MO 65632	31-1639242	501(C)(3)	20,000				SPECIFIC PROGRAM



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(102) CORAM DEO REFORMED BAPTIST CHURCH 2333 W DEARBORN ST, SPRINGFIELD, MO 65807	88-2535840	501(C)(3)	17,767				SPECIFIC PROGRAM
(103) COTERIE INC. 2450 GRAND BOULEVARD, SUITE 144, KANSAS CITY, MO 64108	43-1184597	501(C)(3)	10,000				SPECIFIC PROGRAM
(104) COTTEY COLLEGE FINANCIAL AID OFFICE, 1000 W AUSTIN, NEVADA, MO 64772	44-0545271	170(C)(1)	28,335				SPECIFIC PROGRAM
(105) COUNCIL OF CHURCHES PO BOX 3947, SPRINGFIELD, MO 65808	43-0903657	501(C)(3)	218,330				SPECIFIC PROGRAM
(106) COX COLLEGE OF NURSING FINANCIAL AID OFFICE, 1423 N. JEFFERSON AVENUE, SPRINGFIELD, MO 65802	44-0577118	501(C)(3)	7,338				SPECIFIC PROGRAM
(107) COX HEALTH FOUNDATION PO BOX 8131, SPRINGFIELD, MO 65801	43-6810485	501(C)(3)	131,000				SPECIFIC PROGRAM
(108) CRAWFORD COUNTY FOUNDATION PO BOX 244, CUBA, MO 65453	43-1941534	501(C)(3)	6,500				SPECIFIC PROGRAM
(109) CREATIVE LEARNING ALLIANCE INC PO BOX 3655, JOPLIN, MO 64803	82-5165061	501(C)(3)	35,000				SPECIFIC PROGRAM
(110) CROSSLINES PO BOX 3947, SPRINGFIELD, MO 65808	43-0903657	501(C)(3)	35,262				SPECIFIC PROGRAM
(111) CROSSLINES OF MONETT PO BOX 163, MONETT, MO 65708	43-1357771	501(C)(3)	37,500				SPECIFIC PROGRAM
(112) CUBA CEMETERY ASSOCIATION INC. PO BOX 563, CUBA, MO 65453	43-6044399	501(C)(13)	10,000				SPECIFIC PROGRAM
(113) CUBA DEVELOPMENT GROUP PO BOX 242, CUBA, MO 65453	27-1567977	501(C)(3)	20,000				SPECIFIC PROGRAM
(114) CURATORS OF THE UNIVERSITY OF MISSOURI SPECIAL TRUST 407 REYNOLDS ALUMNI CTR, COLUMBIA, MO 65211	26-6440629	501(C)(3)	50,000				SPECIFIC PROGRAM
(115) CYSTIC FIBROSIS FOUNDATION P.O. BOX 5004, HAGERSTOWN, MD 21741	13-1930701	501(C)(3)	15,000				SPECIFIC PROGRAM
(116) DES MOINES UNIVERSITY FINANCIAL AID OFFICE, 3200 GRAND AVE, DES MOINES, IA 50312	42-0730347	501(C)(3)	9,000				SPECIFIC PROGRAM
(117) DEVELOPMENTAL CENTER OF THE OZARKS 1545 E PYTHIAN, SPRINGFIELD, MO 65802	44-0614402	501(C)(3)	20,000				SPECIFIC PROGRAM
(118) DIOCESE OF SPRINGFIELD-CAPE GIRARDEAU 601 S. JEFFERSON, SPRINGFIELD, MO 65806	44-0609997	501(C)(3)	15,000				SPECIFIC PROGRAM
(119) DISABLED AMERICAN VETERANS CHARITABLE SERVICE TRUST, INC. 860 DOLWICK DR., ERLANGER, KY 41018	52-1521276	501(C)(3)	14,458				SPECIFIC PROGRAM



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(120) DISCOVERY CENTER OF SPRINGFIELD 438 E ST LOUIS ST, SPRINGFIELD, MO 65806	43-1568214	501(C)(3)	122,788				SPECIFIC PROGRAM
(121) DOGWOOD ANIMAL SHELTER 1075 RUNABOUT DRIVE, OSAGE BEACH, MO 65065	43-1095246	501(C)(3)	9,430				SPECIFIC PROGRAM
(122) DORDT UNIVERSITY FINANCIAL AID OFFICE, 700 7TH ST NE, SIOUX CENTER, IA 51250	42-0772559	501(C)(3)	11,000				SPECIFIC PROGRAM
(123) DOULA FOUNDATION OF MID AMERICA 1901 E MEADOWMERE ST, SPRINGFIELD, MO 65804	30-0046369	501(C)(3)	30,000				SPECIFIC PROGRAM
(124) DREW LEWIS FOUNDATION, INC 1126 N BROADWAY AVE, BLDG A, SPRINGFIELD, MO 65802	47-2991671	501(C)(3)	26,000				SPECIFIC PROGRAM
(125) DRURY UNIVERSITY ADVANCEMENT OFFICE, 900 N BENTON AVE, SPRINGFIELD, MO 65802	44-0552049	170(C)(1)	186,446				SPECIFIC PROGRAM
(126) DUKE UNIVERSITY FINANCIAL AID OFFICE, 2127 CAMPUS DR, DURHAM, NC 27708	56-2070036	501(C)(3)	6,000				SPECIFIC PROGRAM
(127) DYNAMIC STRIDES THERAPY, INC. 2673 E. SAWYER ROAD, REPUBLIC, MO 65738	81-3551874	501(C)(3)	21,000				SPECIFIC PROGRAM
(128) E3 RANCH FOUNDATION, INC 13 S NATIONAL ST, FORT SCOTT, KS 66701	82-2269889	501(C)(3)	12,750				SPECIFIC PROGRAM
(129) EAST CAROLINA UNIVERSITY FINANCIAL SERVICES MAIL STOP 203, 1000 E 5TH ST, GREENVILLE, NC 27858-4353	56-6000403	501(C)(3)	25,000				SPECIFIC PROGRAM
(130) EDEN VILLAGE OF WILMINGTON 1302 KORNEGAY, WILMINGTON, NC 28405	84-4629801	501(C)(3)	110,000				SPECIFIC PROGRAM
(131) EDGEWATER PRESBYTERIAN CHURCH 1020 W BRYN MAWR AVE, CHICAGO, IL 60660-4699	23-6393377	501(C)(3)	50,000				SPECIFIC PROGRAM
(132) EL DORADO SPRINGS R-2 SCHOOL 901 S. GRAND, EL DORADO SPRINGS, MO 64744	44-6001481	170(C)(1)	10,615				SPECIFIC PROGRAM
(133) ELEVATE BRANSON 310 GRETN A ROAD, BRANSON, MO 65616	26-4727548	501(C)(3)	110,000				SPECIFIC PROGRAM
(134) EMERGENCY SERVICES FOR CHILDREN 902 MCVEY, MOUNT VERNON, MO 65712	43-1671411	501(C)(3)	8,589				SPECIFIC PROGRAM
(135) ETA KAPPA EDUCATION FUND PO BOX 7291, OVERLAND PARK, KS 66207	81-2848067	501(C)(3)	10,000				SPECIFIC PROGRAM
(136) EVANGEL UNIVERSITY FINANCIAL AID OFFICE, 1111 NORTH GLENSTONE AVENUE, SPRINGFIELD, MO 65802	44-0589787	501(C)(3)	47,500				SPECIFIC PROGRAM

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(137) EVERYTOWN FOR GUN SAFETY AF PO BOX 4184, NEW YORK, NY 10163	26-1598353	501(C)(3)	14,665				SPECIFIC PROGRAM
(138) FAITH CHRISTIAN FAMILY CHURCH PO BOX 427, EUREKA SPRINGS, AR 72632	71-0528646	501(C)(3)	20,000				SPECIFIC PROGRAM
(139) FAITH COMMUNITY HEALTH CENTER, INC. 1232 BRANSON HILLS PKWY SUITE 104, BRANSON, MO 65616	94-3467834	501(C)(3)	83,000				SPECIFIC PROGRAM
(140) FAITH, INC. OF OREGON COUNTY 11171 MO 19, ALTON, MO 65606	46-1124875	501(C)(3)	10,000				SPECIFIC PROGRAM
(141) FAMILY SELF HELP CENTER INC DBA LAFAYETTE HOUSE 1809 CONNOR AVENUE, JOPLIN, MO 64804	43-1170015	501(C)(3)	11,000				SPECIFIC PROGRAM
(142) FATHER FLANAGAN'S BOYS TOWN PO BOX 8000, BOYS TOWN, NE 68010	47-0376606	501(C)(3)	15,000				SPECIFIC PROGRAM
(143) FELLOWSHIP OF CHRISTIAN ATHLETES - JOPLIN PO BOX 401, JOPLIN, MO 64802	44-0610626	501(C)(3)	6,500				SPECIFIC PROGRAM
(144) FIRST AND CALVARY PRESBYTERIAN CHURCH 820 E CHERRY ST, SPRINGFIELD, MO 65806	44-0555219	501(C)(3)	30,698				SPECIFIC PROGRAM
(145) FIRST BAPTIST CHURCH - BOLIVAR 119 N. SPRINGFIELD AVE, BOLIVAR, MO 65613	44-0606423	501(C)(3)	36,000				SPECIFIC PROGRAM
(146) FIRST BAPTIST CHURCH OF MOUNT VERNON 611 SOUTH VINE ST, MOUNT VERNON, MO 65712	43-0908924	501(C)(3)	118,301				SPECIFIC PROGRAM
(147) FIRST CHRISTIAN CHURCH OF LAMAR 1208 WALNUT ST, LAMAR, MO 64759	43-1301565	501(C)(3)	90,000				SPECIFIC PROGRAM
(148) FIRST PRESBYTERIAN CHURCH - CARTHAGE 115 W. CHESTNUT ST., CARTHAGE, MO 64836	44-0606868	501(C)(3)	10,018				SPECIFIC PROGRAM
(149) FIRST STEP BACK HOME INC. 18 AUVERGNE DRIVE, LAKE ST. LOUIS, MO 63367	20-8676289	501(C)(3)	20,000				SPECIFIC PROGRAM
(150) FIRST UNITARIAN UNIVERSALIST CHURCH 2434 E BATTLEFIELD, SPRINGFIELD, MO 65804	42-1093745	501(C)(3)	6,000				SPECIFIC PROGRAM
(151) FIRST UNITED METHODIST CHURCH OF CARTHAGE 617 S MAIN ST, CARTHAGE, MO 64836	44-0615076	501(C)(3)	10,018				SPECIFIC PROGRAM
(152) FLORIDA SOUTHERN COLLEGE FINANCIAL AID OFFICE, 111 LAKE HOLLINGSWORTH DRIVE, LAKELAND, FL 33801	59-0624401	501(C)(3)	6,000				SPECIFIC PROGRAM
(153) FOOD FOR THE POOR, INC. 6401 LYONS RD, COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	30,000				SPECIFIC PROGRAM

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(154) FORDLAND CLINIC INC 1059 BARTON DR, FORDLAND, MO 65652	43-1791656	501(C)(3)	10,000				SPECIFIC PROGRAM
(155) FORSYTH LIBRARY FRIENDS, INC. PO BOX 522, FORSYTH, MO 65653	43-1091486	501(C)(3)	10,000				SPECIFIC PROGRAM
(156) FOSTER ADOPT CONNECT SPRINGFIELD 509 S CAVALIER, SPRINGFIELD, MO 65802	43-1895965	501(C)(3)	70,000				SPECIFIC PROGRAM
(157) FOSTERING HOPE PO BOX 243, CARL JUNCTION, MO 64834	38-3944078	501(C)(3)	15,000				SPECIFIC PROGRAM
(158) FOUNDATION FOR RESTORATION OF STE. GENEVIEVE PO BOX 88, STE. GENEVIEVE, MO 63670	43-6076867	501(C)(3)	12,516				SPECIFIC PROGRAM
(159) FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS 1131 N BOONVILLE, SPRINGFIELD, MO 65802	43-1560366	501(C)(3)	27,313				SPECIFIC PROGRAM
(160) FOUR RIVERS COMMUNITY HEALTH CENTER 1081 E. 18TH ST., ROLLA, MO 65401	26-2522083	501(C)(3)	10,000				SPECIFIC PROGRAM
(161) FRANCISCAN UNIVERSITY 1235 UNIVERSITY BLVD., STEUBENVILLE, OH 43952	34-0714818	501(C)(3)	10,000				SPECIFIC PROGRAM
(162) FRANK CHILDRESS RESERVE PROPERTIES COMMITTEE 15509 LOCUST ROAD, CARTHAGE, MO 64836	92-2121584	501(C)(3)	15,000				SPECIFIC PROGRAM
(163) FREED-HARDEMAN UNIVERSITY FINANCIAL AID OFFICE, 158 EAST MAIN STREET, HENDERSON, TN 38340	62-0518288	501(C)(3)	6,000				SPECIFIC PROGRAM
(164) FREEWAY MINISTRIES 1041 W. KEARNEY ST, SPRINGFIELD, MO 65803	46-0967360	501(C)(3)	20,000				SPECIFIC PROGRAM
(165) FRIENDS OF POP WHALEN PO BOX 1140, WOLFEBORO, NH 03894	84-3180575	501(C)(3)	10,000				SPECIFIC PROGRAM
(166) FRIENDS OF THE BOAT PO BOX 143, GAMALIEL, AR 72537	92-2935834	501(C)(3)	15,000				SPECIFIC PROGRAM
(167) FRIENDS OF THE GARDEN 2400 S SCENIC, SPRINGFIELD, MO 65807	43-1898848	501(C)(3)	44,200				SPECIFIC PROGRAM
(168) FRIENDS OF THE SPRINGFIELD ART MUSEUM 1111 E. BROOKSIDE DRIVE, SPRINGFIELD, MO 65807	43-1476636	501(C)(3)	10,000				SPECIFIC PROGRAM
(169) FRIENDS OF THE ZOO 3043 N FORT ST, SPRINGFIELD, MO 65803	23-7096596	501(C)(3)	123,712				SPECIFIC PROGRAM
(170) GASCONADE COUNTY R-I SCHOOL DISTRICT - HERMANN 176 BEARCAT CROSSING, HERMANN, MO 65041	43-6015434	170(C)(1)	74,280				SPECIFIC PROGRAM
(171) GASCONADE COUNTY R-I SCHOOL DISTRICT - HERMANN MIDDLE SCHOOL 164 BLUE PRIDE DR, HERMANN, MO 65041	43-6015434	170(C)(1)	35,000				SPECIFIC PROGRAM

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(172) GAY AND LESBIAN COMMUNITY CENTER OF THE OZARKS 518 E COMMERCIAL ST, SPRINGFIELD, MO 65801	43-1753837	501(C)(3)	65,000				SPECIFIC PROGRAM
(173) GENERATIONS VILLAGE 2131 W REPUBLIC RD #113, SPRINGFIELD, MO 65807	82-1125195	501(C)(3)	30,000				SPECIFIC PROGRAM
(174) GLENWOOD R-8 SCHOOL DISTRICT 10286 STATE RT 17, WEST PLAINS, MO 65775	44-6005821	170(C)(1)	25,000				SPECIFIC PROGRAM
(175) GOD'S RESORT PO BOX 4981, JOPLIN, MO 64803	26-0766685	501(C)(3)	10,000				SPECIFIC PROGRAM
(176) GOLDEN VALLEY MEMORIAL HOSPITAL FOUNDATION, INC. 1600 N. 2ND STREET, CLINTON, MO 64735	43-1509160	501(C)(3)	10,000				SPECIFIC PROGRAM
(177) GOOD SAMARITAN BOYS RANCH PO BOX 617, BRIGHTON, MO 65617	44-6006077	501(C)(3)	52,347				SPECIFIC PROGRAM
(178) GOOD SHEPHERD CHILDREN & FAMILY SERVICES 1340 PARTRIDGE AVENUE, ST. LOUIS, MO 63130	43-1297933	501(C)(3)	74,022				SPECIFIC PROGRAM
(179) GOOD SHEPHERD LUTHERAN CHURCH 8975 COUNTY LANE 170, CARTHAGE, MO 64836	43-1454432	501(C)(3)	6,539				SPECIFIC PROGRAM
(180) GORDON COLLEGE 255 GRAPEVINE COLLEGE, WENHAM, MA 01984	04-2104258	170(C)(1)	105,000				SPECIFIC PROGRAM
(181) GRACE EPISCOPAL CHURCH PO BOX 596, CARTHAGE, MO 64836	44-0608719	501(C)(3)	15,000				SPECIFIC PROGRAM
(182) GREENE COUNTY MEDICAL EXAMINER'S OFFICE 916 NORTH CAMPBELL AVENUE, SPRINGFIELD, MO 65802	44-6000506	170(C)(1)	16,400				SPECIFIC PROGRAM
(183) GREENE COUNTY SENIOR BOARD 940 N. BOONVILLE AVE ROOM 210, SPRINGFIELD, MO 65802	37-1709405	501(C)(3)	40,000				SPECIFIC PROGRAM
(184) GREENFIELD R-IV SCHOOL DISTRICT 410 COLLEGE, GREENFIELD, MO 65661	44-6005439	170(C)(1)	10,000				SPECIFIC PROGRAM
(185) GRO MARSHFIELD PO BOX 666, MARSHFIELD, MO 65706-0666	82-2763359	501(C)(3)	15,000				SPECIFIC PROGRAM
(186) GYN CANCERS ALLIANCE 3039 S FORT AVE STE A, SPRINGFIELD, MO 65807	43-1943170	501(C)(3)	25,600				SPECIFIC PROGRAM
(187) HABITAT FOR HUMANITY 322 W LAMAR ST, AMERICUS, GA 31709	91-1914868	501(C)(3)	15,000				SPECIFIC PROGRAM
(188) HALFWAY R-III SCHOOL DISTRICT 2150 HIGHWAY 32, HALFWAY, MO 65663	44-6001400	170(C)(1)	8,229				SPECIFIC PROGRAM
(189) HARDING UNIVERSITY BUSINESS OFFICE, HU BOX 10770, SEARCY, AR 72149	71-0236896	501(C)(3)	12,000				SPECIFIC PROGRAM

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(190) HARMONY HOUSE PO BOX 3541, SPRINGFIELD, MO 65808	43-1082063	501(C)(3)	135,197				SPECIFIC PROGRAM
(191) HEALTHY NEVADA 212 W WALNUT ST, NEVADA, MO 64772	37-1712622	501(C)(3)	10,000				SPECIFIC PROGRAM
(192) HEART OF AFRICA PO BOX 5, WILMORE, KY 40390	35-2121414	501(C)(3)	12,000				SPECIFIC PROGRAM
(193) HEART OF THE OZARKS UNITED WAY 1404 SOUTHERN HILLS CTR #329, WEST PLAINS, MO 65775	43-1272084	501(C)(3)	25,248				SPECIFIC PROGRAM
(194) HENRY COUNTY HISTORICAL SOCIETY 505 MEADOWLARK DR, CLINTON, MO 64735	23-7010352	501(C)(3)	12,772				SPECIFIC PROGRAM
(195) HILL CITY CHURCH 2050 E TRAFFICWAY, SPRINGFIELD, MO 65802	81-1584612	501(C)(3)	10,000				SPECIFIC PROGRAM
(196) HISTORICAL ASSOCIATION OF GREATER CAPE GIRARDEAU 325 SOUTH SPANISH STREET, CAPE GIRARDEAU, MO 63703	23-7275986	501(C)(3)	10,000				SPECIFIC PROGRAM
(197) HISTORY MUSEUM ON THE SQUARE PO BOX 2963, SPRINGFIELD, MO 65801	51-0148860	501(C)(3)	70,000				SPECIFIC PROGRAM
(198) HOLIDAY CENTRAL OF MOUNT VERNON 14868 LAWRENCE 1137, MOUNT VERNON, MO 65712	84-2693286	501(C)(3)	20,000				SPECIFIC PROGRAM
(199) HOLY TRINITY CATHOLIC CHURCH - SPRINGFIELD 2818 E BENNETT ST, SPRINGFIELD, MO 65804	43-0889012	501(C)(3)	30,000				SPECIFIC PROGRAM
(200) HOPE 4 YOU BREAST CANCER FOUNDATION, INC. PO BOX 816, JOPLIN, MO 64802	20-8899490	501(C)(3)	25,000				SPECIFIC PROGRAM
(201) HOPEDALE BAPTIST CHURCH 5370 N STATE HWY NN, OZARK, MO 65721	43-1303966	501(C)(3)	8,200				SPECIFIC PROGRAM
(202) HOUSE OF HOPE BRANSON 217 VETERANS BLVD, PO BOX 6534, BRANSON, MO 65616	87-3818161	501(C)(3)	9,000				SPECIFIC PROGRAM
(203) HUMANE SOCIETY OF SOUTHWEST MISSOURI 3161 W NORTON RD, SPRINGFIELD, MO 65803	44-0665046	501(C)(3)	172,398				SPECIFIC PROGRAM
(204) IDITAROD TRAIL COMMITTEE INC 2100 S KNIK GOOSE BAY RD, WASILLA, AK 99654	92-0043991	501(C)(3)	10,000				SPECIFIC PROGRAM
(205) IMMACULATE CONCEPTION CATHOLIC CHURCH 208 S HOPE ST, SUITE 102, JACKSON, MO 63755	43-0653357	501(C)(3)	10,000				SPECIFIC PROGRAM
(206) IMMANUEL LUTHERAN CHURCH 1051 PREACHER ROE BLVD, WEST PLAINS, MO 65775	43-1141030	501(C)(3)	10,000				SPECIFIC PROGRAM

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(207) IMMANUEL LUTHERAN CHURCH OF LOCKWOOD 212 W 4TH ST BOX H, LOCKWOOD, MO 65682	44-0577124	501(C)(3)	54,580				SPECIFIC PROGRAM
(208) IN TIME OF NEED FOUNDATION, INC 1839 E. INDEPENDENCE STREET SUITE K, SPRINGFIELD, MO 65804	82-3114198	501(C)(3)	10,000				SPECIFIC PROGRAM
(209) ISABEL'S HOUSE 2750 W. BENNETT, SPRINGFIELD, MO 65802	20-4574229	501(C)(3)	124,053				SPECIFIC PROGRAM
(210) IT TAKES A VILLAGE - SEMO 151 S SPANISH ST SUITE 2, CAPE GIRARDEAU, MO 63703	84-3078869	501(C)(3)	15,000				SPECIFIC PROGRAM
(211) IVY BEND ANIMAL RESCUE 33455 IVY BEND ROAD, STOVER, MO 65078	47-4949763	501(C)(3)	7,800				SPECIFIC PROGRAM
(212) JAMES RIVER CHURCH 6100 N 19TH ST, OZARK, MO 65721	43-1564676	501(C)(3)	60,965				SPECIFIC PROGRAM
(213) JASPER COUNTY CASA 2421 E 20TH ST, JOPLIN, MO 64804	82-3934601	501(C)(3)	54,834				SPECIFIC PROGRAM
(214) JEFFERSON COLLEGE FOUNDATION 1000 VIKING DRIVE, HILLSBORO, MO 63050	43-1611153	501(C)(3)	20,800				SPECIFIC PROGRAM
(215) JOPLIN AREA CATHOLIC SCHOOLS 930 PEARL STREET, JOPLIN, MO 64801	39-6063415	501(C)(3)	10,205				SPECIFIC PROGRAM
(216) JOPLIN AREA CHAMBER OF COMMERCE FOUNDATION 320 E 4TH ST, JOPLIN, MO 64801	43-1569729	501(C)(3)	16,624				SPECIFIC PROGRAM
(217) JOPLIN DISTRICT CHURCH OF THE NAZARENE 2014 GRAND AVE, CARTHAGE, MO 64836	48-6108802	501(C)(3)	10,000				SPECIFIC PROGRAM
(218) JOPLIN POLICE DEPARTMENT 303 E 3RD ST, JOPLIN, MO 64801	44-6000196	170(C)(1)	6,000				SPECIFIC PROGRAM
(219) JOPLIN REGIONAL MEDICAL SCHOOL ALLIANCE 100 S WOOD STREET, NEOSHO, MO 64850	27-3183285	501(C)(3)	6,250				SPECIFIC PROGRAM
(220) JOPLIN WORKSHOPS, INC. 520 MICHIGAN AVE, JOPLIN, MO 64801	43-0860719	501(C)(3)	100,000				SPECIFIC PROGRAM
(221) JOYFUL JOURNEYS INC 462 PACKET ST, GWINN, MI 49841	84-4225351	501(C)(3)	33,121				SPECIFIC PROGRAM
(222) KANAKUK INSTITUTE 1353 LAKESHORE DRIVE, BRANSON, MO 65616	43-1926319	501(C)(3)	30,000				SPECIFIC PROGRAM
(223) KANAKUK MINISTRIES 1353 LAKESHORE DRIVE, BRANSON, MO 65616	43-1815310	501(C)(3)	25,000				SPECIFIC PROGRAM
(224) KANSAS CITY UNIVERSITY 1750 INDEPENDENCE AVE, KANSAS CITY, MO 64106	44-0545280	501(C)(3)	10,000				SPECIFIC PROGRAM
(225) KANSAS MASONIC FOUNDATION INC 221 SW 33RD ST SUITE 100, TOPEKA, KS 66611-2431	48-6127355	501(C)(3)	6,535				SPECIFIC PROGRAM

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(226) KBY CONGREGATIONS TOGETHER, INC. PO BOX 23170, BROOKLYN, NY 11202-3170	57-1199898	501(C)(3)	130,000				SPECIFIC PROGRAM
(227) KICKING BEAR FOUNDATION 2015 WARD AVE #111, LA CROSSE, WI 54601	84-1634016	501(C)(3)	7,000				SPECIFIC PROGRAM
(228) KIDS ACROSS AMERICA 2036 TIMBERLAKE RD, BRANSON, MO 65616	83-1966879	501(C)(3)	28,000				SPECIFIC PROGRAM
(229) KIDS HARBOR, INC. 5717 CHAPEL DRIVE, OSAGE BEACH, MO 65065	43-1927828	501(C)(3)	75,659				SPECIFIC PROGRAM
(230) KING'S WAY UNITED METHODIST CHURCH 2401 SOUTH LONE PINE, SPRINGFIELD, MO 65804	44-0601681	501(C)(3)	7,800				SPECIFIC PROGRAM
(231) KNOX COLLEGE 2 EAST SOUTH STREET, GALESBURG, IL 61401	37-0673513	170(C)(1)	25,000				SPECIFIC PROGRAM
(232) KOINONIA CHRISTIAN CAMPUS MINISTRY 1602 N DUQUESNE RD, JOPLIN, MO 64801	43-1243719	501(C)(3)	6,600				SPECIFIC PROGRAM
(233) KVC BEHAVIORAL HEALTHCARE MISSOURI 1212 W LOMBARD ST, SPRINGFIELD, MO 65806	44-0565392	501(C)(3)	77,115				SPECIFIC PROGRAM
(234) LAKE OF THE OZARKS IDIOTS CLUB, INC. PO BOX 1185, OSAGE BEACH, MO 65065	46-5681850	501(C)(3)	15,000				SPECIFIC PROGRAM
(235) LAKE OF THE OZARKS SHOOTOUT, INC PO BOX 465, LAKE OZARK, MO 65049	26-2067090	501(C)(3)	25,000				SPECIFIC PROGRAM
(236) LAKE REGIONAL HEALTH SYSTEM PO BOX 1500, OSAGE BEACH, MO 65065	23-7339737	501(C)(3)	10,000				SPECIFIC PROGRAM
(237) LAKELAND SCHOOL DISTRICT 12530 LAKELAND SCHOOL DR, DEEPWATER, MO 64740	43-1042567	170(C)(1)	10,000				SPECIFIC PROGRAM
(238) LAMAR COMMUNITY BETTERMENT COUNCIL 801 EAST 12TH, LAMAR, MO 64759	43-1316277	501(C)(3)	1,050,000				SPECIFIC PROGRAM
(239) LAMAR INDEPENDENT FOUNDATION FOR EDUCATION 202 W 7TH ST, LAMAR, MO 64759	43-1744159	501(C)(3)	16,000				SPECIFIC PROGRAM
(240) LAMAR R-1 SCHOOL DISTRICT 202 W 7TH ST, LAMAR, MO 64759	44-6003166	170(C)(1)	31,000				SPECIFIC PROGRAM
(241) LAMAR UNITED METHODIST CHURCH 900 POPLAR ST, LAMAR, MO 64759	43-0948056	501(C)(3)	120,000				SPECIFIC PROGRAM
(242) LAMB HOUSE (LAKE AREA MINISTRIES BENEVOLENCE) 50 ILLINOIS STREET, PO BOX 717, CAMDENTON, MO 65020	43-1476190	501(C)(3)	10,000				SPECIFIC PROGRAM



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(243) LEADERSHIP SPRINGFIELD 610A E BATTLEFIELD RD #234, SPRINGFIELD, MO 65807	43-1473595	501(C)(3)	71,600				SPECIFIC PROGRAM
(244) LEAST OF THESE, INC. 1720 JAMES RIVER RD, OZARK, MO 65721	43-1867039	501(C)(3)	62,600				SPECIFIC PROGRAM
(245) LESTER E COX MEDICAL CENTERS 3525 S NATIONAL AVE, SUITE 204, SPRINGFIELD, MO 65807	44-0577118	501(C)(3)	10,000				SPECIFIC PROGRAM
(246) LIBRARY CENTER OF THE OZARKS 200 S. 4TH STREET, BRANSON, MO 65616	51-0161765	501(C)(3)	7,371				SPECIFIC PROGRAM
(247) LIFE HOUSE CENTER 11 N. CLARK ST., PO BOX 695, SULLIVAN, MO 63080	82-2051500	501(C)(3)	10,000				SPECIFIC PROGRAM
(248) LIFE TEEN INC PO BOX 117299, ATLANTA, GA 30368	86-0602592	501(C)(3)	68,500				SPECIFIC PROGRAM
(249) LIFECHOICES HEALTH NETWORK 531 E 7TH ST, JOPLIN, MO 64801	43-1518912	501(C)(3)	30,000				SPECIFIC PROGRAM
(250) LIGHTHOUSE CHARGERS BOOSTER CLUB 1108 CENTER ROAD, ROGERSVILLE, MO 65742	87-4076725	501(C)(3)	143,000				SPECIFIC PROGRAM
(251) LINCOLN COUNCIL FOR COMMUNITY BETTERMENT INC PO BOX 17, LINCOLN, MO 65338	35-2241981	501(C)(3)	15,000				SPECIFIC PROGRAM
(252) LITTLE ONES MINISTRIES PO BOX 892040, OKLAHOMA CITY, OK 73189	43-1914361	501(C)(3)	40,000				SPECIFIC PROGRAM
(253) LOGAN-ROGERSVILLE R-VIII SCHOOL DISTRICT 100 E FRONT ST, ROGERSVILLE, MO 65742	44-6005281	170(C)(1)	11,444				SPECIFIC PROGRAM
(254) LOST AND FOUND GRIEF CENTER PO BOX 3008, SPRINGFIELD, MO 65808	43-1896981	501(C)(3)	56,000				SPECIFIC PROGRAM
(255) LUTHERAN FAMILY & CHILDREN SERVICES OF MISSOURI 8631 DELMAR BLVD, ST. LOUIS, MO 63124	43-0652650	501(C)(3)	10,000				SPECIFIC PROGRAM
(256) MADISON FIRST BAPTIST CHURCH 124 VICTORIA LANE EAST, HENDERSONVILLE, TN 37075	81-5422139	501(C)(3)	15,000				SPECIFIC PROGRAM
(257) MAKE A WISH MISSOURI & KANSAS 13523 BARRETT PARKWAY DR SUITE 241, BALLWIN, MO 63021	43-1550697	501(C)(3)	10,000				SPECIFIC PROGRAM
(258) MARSHFIELD R1 SCHOOL DISTRICT 170 STATE HWY DD, MARSHFIELD, MO 65706	44-6006015	170(C)(1)	10,000				SPECIFIC PROGRAM
(259) MARSHFIELD UNITED METHODIST CHURCH 220 S. ELM, MARSHFIELD, MO 65706	43-1135312	501(C)(3)	41,500				SPECIFIC PROGRAM
(260) MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCE FINANCIAL AID OFFICE, 179 LONGWOOD AVENUE, BOSTON, MA 02115	04-2104700	501(C)(3)	12,000				SPECIFIC PROGRAM

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(261) MAYO CLINIC 200 FIRST STREET SW, ROCHESTER, MN 55905	41-1506440	501(C)(3)	60,000				SPECIFIC PROGRAM
(262) MERAMEC REGIONAL PLANNING COMMISSION 4 INDUSTRIAL DR, ST. JAMES, MO 65559	12-5606850	170(C)(1)	58,730				SPECIFIC PROGRAM
(263) MERCY COLLEGE OF NURSING (SBU) 4431 S. FREMONT, SPRINGFIELD, MO 65804	32-0195818	170(C)(1)	7,338				SPECIFIC PROGRAM
(264) MERCY HEALTH FOUNDATION JOPLIN 100 MERCY WAY, SUITE 220, JOPLIN, MO 64804	27-0906136	501(C)(3)	30,000				SPECIFIC PROGRAM
(265) MERCY HEALTH FOUNDATION SPRINGFIELD 3265 S. NATIONAL AVE, SUITE 200, SPRINGFIELD, MO 65807	32-0195818	501(C)(3)	25,000				SPECIFIC PROGRAM
(266) MERCY HOME FOR BOYS AND GIRLS 1140 WEST JACKSON BLVD, CHICAGO, IL 60607	36-2171726	501(C)(3)	15,000				SPECIFIC PROGRAM
(267) MERCY HOSPITAL SPRINGFIELD PO BOX 505511, ST. LOUIS, MO 63150-5511	43-0653493	501(C)(3)	23,047				SPECIFIC PROGRAM
(268) MID-AMERICA ARTS ALLIANCE 2018 BALTIMORE AVE, KANSAS CITY, MO 64108	23-7303693	501(C)(3)	10,000				SPECIFIC PROGRAM
(269) MIDAMERICA NAZARENE UNIVERSITY FINANCIAL AID OFFICE, 2030 EAST COLLEGE WAY, OLATHE, KS 66062	48-0730814	501(C)(3)	6,000				SPECIFIC PROGRAM
(270) MILITARY WARRIORS SUPPORT FOUNDATION 211 N LOOP 1604 E, SUITE 250, SAN ANTONIO, TX 78232	20-8742203	501(C)(3)	70,000				SPECIFIC PROGRAM
(271) MINNESOTA STATE COLLEGES AND UNIVERSITIES 1500 BIRCHMONT DRIVE NE, BEMIDJI, MN 56601	41-1687554	170(C)(1)	25,000				SPECIFIC PROGRAM
(272) MISSION CATTLEMEN FOUNDATION, INC. 2306 BLUFF CREEK DRIVE, COLUMBIA, MO 65201	43-1655573	501(C)(5)	15,225				SPECIFIC PROGRAM
(273) MISSION UNIVERSITY FINANCIAL AID OFFICE, 628 EAST KEARNEY STREET, SPRINGFIELD, MO 65803	44-0567840	501(C)(3)	6,000				SPECIFIC PROGRAM
(274) MISSOURI FOREST FOUNDATION 505 EAST STATE ST., JEFFERSON CITY, MO 65101	43-1917193	501(C)(3)	6,969				SPECIFIC PROGRAM
(275) MISSOURI FORGET-ME-NOT HORSE RESCUE AND SANCTUARY 981 HERITAGE RD, LINN CREEK, MO 65052	45-3787871	501(C)(3)	10,000				SPECIFIC PROGRAM
(276) MISSOURI OZARKS COMMUNITY ACTION INC PO BOX 69, RICHLAND, MO 65556	43-0837331	501(C)(3)	10,000				SPECIFIC PROGRAM

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(277) MISSOURI S&T PARKER HALL, 106, 300 W 13TH ST, ROLLA, MO 65409	43-6003859	501(C)(3)	51,668				SPECIFIC PROGRAM
(278) MISSOURI SOUTHERN FOUNDATION 3950 E NEWMAN ROAD, JOPLIN, MO 64801	43-0907114	501(C)(3)	62,470				SPECIFIC PROGRAM
(279) MISSOURI SOUTHERN STATE UNIVERSITY FINANCIAL AID OFFICE, 3950 NEWMAN ROAD, JOPLIN, MO 64801	43-0813540	170(C)(1)	94,210				SPECIFIC PROGRAM
(280) MISSOURI SPORTS HALL OF FAME 3861 E STAN MUSIAL DR, SPRINGFIELD, MO 65809	43-1624519	501(C)(3)	10,000				SPECIFIC PROGRAM
(281) MISSOURI STATE CHAPTER, P.E.O. 17900 E 25TH ST. CT. S., INDEPENDENCE, MO 64057	44-0629403	501(C)(3)	10,000				SPECIFIC PROGRAM
(282) MISSOURI STATE UNIVERSITY 901 SOUTH NATIONAL AVE, CARRINGTON 4, SPRINGFIELD, MO 65897	44-6000308	170(C)(1)	52,713				SPECIFIC PROGRAM
(283) MISSOURI STATE UNIVERSITY - WEST PLAINS 128 GARFIELD AVENUE, WEST PLAINS, MO 65775	44-6000308	170(C)(1)	60,000				SPECIFIC PROGRAM
(284) MISSOURI STATE UNIVERSITY FOUNDATION 901 S NATIONAL, SPRINGFIELD, MO 65897	43-1234200	501(C)(3)	502,593				SPECIFIC PROGRAM
(285) MISSOURI STATE UNIVERSITY-SPRINGFIELD MO FINANCIAL AID OFFICE - NICHOLS, 901 SOUTH NATIONAL AVENUE, SPRINGFIELD, MO 65897	44-6000308	170(C)(1)	33,000				SPECIFIC PROGRAM
(286) MISSOURI UNITED METHODIST FOUNDATION, INC. PO BOX 1076, COLUMBIA, MO 65205	43-0899770	501(C)(3)	10,000				SPECIFIC PROGRAM
(287) MISSOURI UNIVERSITY OF SCIENCE AND TECHNOLOGY 112 CAMPUS SUPPORT FACILITY, 1201 N. STATE ST., ROLLA, MO 65409	88-0648273	170(C)(1)	23,077				SPECIFIC PROGRAM
(288) MISSOURI'S NATIONAL VETERANS MEMORIAL PO BOX 566, PERRYVILLE, MO 63775	82-1659973	501(C)(3)	74,458				SPECIFIC PROGRAM
(289) MONETT R-1 900 EAST SCOTT, MONETT, MO 65708	44-6001429	170(C)(1)	22,748				SPECIFIC PROGRAM
(290) MONETT SENIOR CITIZEN CENTER, INC. 405 DAIRY ST, MONETT, MO 65708	43-1414236	501(C)(3)	7,790				SPECIFIC PROGRAM
(291) MORRISVILLE CEMETERY ASSOCIATION 1043 HWY 215, MORRISVILLE, MO 65710	44-0667307	501(C)(13)	10,249				SPECIFIC PROGRAM
(292) MOUNT VERNON R-V SCHOOL DISTRICT 730 S LANDRUM ST, MT. VERNON, MO 65712	44-6003597	170(C)(1)	29,400				SPECIFIC PROGRAM

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(293) MSU - WEST PLAINS CAMPUS 128 GARFIELD, WEST PLAINS, MO 65775	44-6000308	501(C)(3)	10,186				SPECIFIC PROGRAM
(294) NATIONAL ALLIANCE ON MENTAL ILLNESS-IOWA INC 3839 MERLE HAY RD SUITE 229, DES MOINES, IA 50310	23-7084780	501(C)(3)	5,082				SPECIFIC PROGRAM
(295) NATIONAL ASSEMBLY OF STATE ARTS AGENCIES NW SUITE 1100, 1200 18TH STREET, WASHINGTON, DC 20036	62-0913689	501(C)(3)	25,000				SPECIFIC PROGRAM
(296) NATIONAL DEER ASSOCIATION PO BOX 160, BOGART, GA 30622	57-0941892	501(C)(3)	21,300				SPECIFIC PROGRAM
(297) NATIONAL WILD TURKEY FEDERATION, INC. 770 AUGUSTA RD, EDGEFIELD, SC 29824	57-0564993	501(C)(3)	5,500				SPECIFIC PROGRAM
(298) NETWORK FOR STRONG COMMUNITIES 8050 WATSON RD SUITE 240, ST. LOUIS, MO 63119	43-1752694	501(C)(3)	182,000				SPECIFIC PROGRAM
(299) NEW HEIGHTS CHURCH PO BOX 8668, FAYETTEVILLE, AR 72704	73-1612212	501(C)(3)	21,000				SPECIFIC PROGRAM
(300) NIXA R-II SCHOOL DISTRICT FAUGHT ADMINISTRATIVE CENTER, 301 S MAIN ST, NIXA, MO 65714	44-6003670	170(C)(1)	5,930				SPECIFIC PROGRAM
(301) NORTHSTAR INTERNATIONAL ACADEMY INC 3790 GOODMAN RD E, SOUTHAVEN, MS 38672	26-2112480	501(C)(3)	10,000				SPECIFIC PROGRAM
(302) NORTHWESTERN UNIVERSITY FINANCIAL AID OFFICE, 1801 HINMAN AVENUE, EVANSTON, IL 60208	36-2167817	501(C)(3)	6,000				SPECIFIC PROGRAM
(303) NOURISHKC PO BOX 10337, KANSAS CITY, MO 64171	43-1525298	501(C)(3)	6,500				SPECIFIC PROGRAM
(304) OACAC 215 SOUTH BARNES, SPRINGFIELD, MO 65802	43-0836672	501(C)(3)	9,350				SPECIFIC PROGRAM
(305) OHIO UNIVERSITY 1 OHIO UNIVERSITY GROSVENOR 324, ATHENS, OH 45701	31-6402113	501(C)(3)	25,000				SPECIFIC PROGRAM
(306) OPTIONS PREGNANCY CLINIC 192 EXPRESSWAY LANE, STE. 100, BRANSON, MO 65616	43-1642900	501(C)(3)	10,000				SPECIFIC PROGRAM
(307) OSAGE PRAIRIE YMCA 500 W. HIGHLAND AVE, NEVADA, MO 64772	43-1706486	501(C)(3)	10,000				SPECIFIC PROGRAM
(308) OTC FOUNDATION 1001 E CHESTNUT EXPY, SPRINGFIELD, MO 65802	43-1753974	501(C)(3)	262,458				SPECIFIC PROGRAM
(309) OUR LADY OF THE LAKE CATHOLIC CHURCH 2411 BAGNELL DAM BLVD, LAKE OZARK, MO 65049	43-0865888	501(C)(3)	20,000				SPECIFIC PROGRAM

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(310) OZARK ACTORS THEATRE PO BOX K, ROLLA, MO 65402	43-1477102	501(C)(3)	15,000				SPECIFIC PROGRAM
(311) OZARK COUNTY MINISTERIAL ALLIANCE P.O. BOX 34, GAINESVILLE, MO 65655	43-1855970	501(C)(3)	6,765				SPECIFIC PROGRAM
(312) OZARK EMPIRE FAIR FOUNDATION 3001 N GRANT AVE, SPRINGFIELD, MO 65803	55-0855326	501(C)(3)	10,000				SPECIFIC PROGRAM
(313) OZARK FIRE PROTECTION DISTRICT PO BOX 917, OZARK, MO 65721	43-1527958	501(C)(3)	15,000				SPECIFIC PROGRAM
(314) OZARK FOOTHILLS REGIONAL PLANNING COMMISSION 3019 FAIR ST, POPLAR BLUFF, MO 63901	43-0895607	170(C)(1)	6,071				SPECIFIC PROGRAM
(315) OZARK GREENWAYS PO BOX 50733, SPRINGFIELD, MO 65805	43-1525122	501(C)(3)	52,000				SPECIFIC PROGRAM
(316) OZARK LAND TRUST PO BOX 1512, COLUMBIA, MO 65205	43-1304715	501(C)(3)	19,911				SPECIFIC PROGRAM
(317) OZARK SENIOR CENTER 727 N 9TH ST, OZARK, MO 65721	43-1319452	501(C)(3)	31,000				SPECIFIC PROGRAM
(318) OZARKS COUNSELING CENTER 614 SOUTH AVE, SPRINGFIELD, MO 65806	44-0595115	501(C)(3)	75,959				SPECIFIC PROGRAM
(319) OZARKS FAMILY YMCA - SEYMOUR BRANCH 1 YMCA DRIVE, MOUNTAIN GROVE, MO 65711	43-1617662	501(C)(3)	5,500				SPECIFIC PROGRAM
(320) OZARKS FOOD HARVEST PO BOX 5746, SPRINGFIELD, MO 65801	43-1426384	501(C)(3)	279,267				SPECIFIC PROGRAM
(321) OZARKS LITERACY COUNCIL 397 E CENTRAL ST, SPRINGFIELD, MO 65802	43-1162068	501(C)(3)	51,432				SPECIFIC PROGRAM
(322) OZARKS REGIONAL YMCA 323 N. PATTON AVE, SPRINGFIELD, MO 65806	44-0545283	501(C)(3)	98,005				SPECIFIC PROGRAM
(323) OZARKS TECHNICAL COMMUNITY COLLEGE FINANCIAL AID OFFICE, 1001 EAST CHESTNUT EXPRESSWAY, SPRINGFIELD, MO 65802	43-1549458	170(C)(1)	22,000				SPECIFIC PROGRAM
(324) PARKINSON'S GROUP OF THE OZARKS 1136 E ST LOUIS ST, SPRINGFIELD, MO 65806	43-1828981	501(C)(3)	14,083				SPECIFIC PROGRAM
(325) PAWNEE COUNTY WORKSHOP PO BOX 63, CLEVELAND, OK 74020	73-1216618	501(C)(3)	10,000				SPECIFIC PROGRAM
(326) PFLAG SPRINGFIELD PO BOX 1752, SPRINGFIELD, MO 65801-1752	43-1712253	501(C)(3)	16,000				SPECIFIC PROGRAM
(327) PHELPS CONNECTIONS FOR SENIORS INC PO BOX 792, ROLLA, MO 65402	84-2697319	501(C)(3)	35,000				SPECIFIC PROGRAM

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(328) PHELPS COUNTY FAITH DISTRIBUTION INC 12684 S. US HIGHWAY 63, ROLLA, MO 65401	20-3670494	501(C)(3)	45,000				SPECIFIC PROGRAM
(329) PHELPS HEALTH FOUNDATION PO BOX 261, ROLLA, MO 65402	43-1696258	501(C)(3)	25,000				SPECIFIC PROGRAM
(330) PHILLIPS FUNDAMENTAL LEARNING CENTER INC 2220 E 21ST ST N., WICHITA, KS 67214	31-1693508	501(C)(3)	20,072				SPECIFIC PROGRAM
(331) PIERCE CITY R-VI SCHOOL DISTRICT 300 MYRTLE ST, PIERCE CITY, MO 65723	44-6003884	170(C)(1)	10,000				SPECIFIC PROGRAM
(332) POLK COUNTY GENEALOGICAL SOCIETY PO BOX 632, BOLIVAR, MO 65613	43-1813850	501(C)(3)	10,650				SPECIFIC PROGRAM
(333) PRESBYTERIAN CHILDREN'S HOMES AND SERVICES PO BOX 28465, ST. LOUIS, MO 63146	75-0818172	501(C)(3)	54,500				SPECIFIC PROGRAM
(334) PRESBYTERIAN CHURCH (U.S.A.) P.O. BOX 643700, PITTSBURGH, PA 15264	13-3462549	501(C)(3)	10,000				SPECIFIC PROGRAM
(335) PRESTON ROBERT TISCH BRAIN TUMOR CENTER BOX 3624 DUMC, DURHAM, NC 27710	46-2179824	501(C)(3)	13,000				SPECIFIC PROGRAM
(336) PRIMROSE PLACE 3850 S. NATIONAL STE. 500, SPRINGFIELD, MO 65807	43-1183783	501(C)(3)	48,597				SPECIFIC PROGRAM
(337) PROJECT 360 YOUTH SERVICES PO BOX 741, LEBANON, MO 65536	47-3822734	501(C)(3)	100,000				SPECIFIC PROGRAM
(338) PROJECT HOPE 1419 S. ENTERPRISE, SPRINGFIELD, MO 65804	43-1864044	501(C)(3)	10,000				SPECIFIC PROGRAM
(339) RADIO TRAINING NETWORK INC 2420 WADE HAMPTON BLVD, GREENVILLE, SC 29615	58-1585542	501(C)(3)	10,000				SPECIFIC PROGRAM
(340) RAGTAG FILM SOCIETY 5 S. NINTH ST., COLUMBIA, MO 65201	04-3770411	501(C)(3)	25,000				SPECIFIC PROGRAM
(341) RAZORBACK FOUNDATION 1295 S. RAZORBACK RD STE. A., FAYETTEVILLE, AR 72701	71-0540644	501(C)(3)	95,150				SPECIFIC PROGRAM
(342) REEDS SPRING R-IV SCHOOL DISTRICT 20281 ST HWY 413, REEDS SPRING, MO 65737	44-6004145	170(C)(1)	16,508				SPECIFIC PROGRAM
(343) REGIONAL FAMILY CRISIS CENTER PO BOX 231, PERRYVILLE, MO 63775	43-1738922	501(C)(3)	17,000				SPECIFIC PROGRAM
(344) RESCUE ONE 1927 E BENNETT STE B, SPRINGFIELD, MO 65804	46-5050383	501(C)(3)	22,500				SPECIFIC PROGRAM
(345) ROCKHURST UNIVERSITY FINANCIAL AID OFFICE, 1100 ROCKHURST ROAD, KANSAS CITY, MO 64110	44-0545813	170(C)(1)	16,000				SPECIFIC PROGRAM

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(346) ROLLA CHAPTER OF BETA SIGMA PSI CHARITABLE FOUNDATION 3112 WILLIAMSBURG WAY, JEFFERSON CITY, MO 65109-5732	90-0420298	501(C)(3)	8,000				SPECIFIC PROGRAM
(347) RONALD MCDONALD HOUSE CHARITIES OF THE OZARKS 949 E PRIMROSE ST, SPRINGFIELD, MO 65807	43-1371143	501(C)(3)	20,000				SPECIFIC PROGRAM
(348) ROTARY FOUNDATION ONE ROTARY CENTER, 1560 SHERMAN AVENUE, EVANSTON, IL 60201	36-3245072	501(C)(3)	10,000				SPECIFIC PROGRAM
(349) SACRED HEART CATHOLIC CHURCH 1405 W FAIR PLAY ST., BOLIVAR, MO 65613	44-0639956	501(C)(3)	20,000				SPECIFIC PROGRAM
(350) SAFE HOUSE FOR WOMEN 2350 INDEPENDENCE, CAPE GIRARDEAU, MO 63701	43-1557403	501(C)(3)	31,871				SPECIFIC PROGRAM
(351) SALEM AREA COMMUNITY BETTERMENT ASSOCIATION PO BOX 190, SALEM, MO 65560	43-1677891	501(C)(3)	23,000				SPECIFIC PROGRAM
(352) SALVATION ARMY 1707 W CHESTNUT EXPRESSWAY, SPRINGFIELD, MO 65802	36-2167910	501(C)(3)	88,563				SPECIFIC PROGRAM
(353) SANTA'S TOY DRIVE 1468 W OLD BITTERSWEET, NIXA, MO 65714	88-3613305	501(C)(3)	10,000				SPECIFIC PROGRAM
(354) SARCOXIE CEMETERY ASSOCIATION PO BOX 541, SARCOXIE, MO 64862	44-0603750	501(C)(3)	8,713				SPECIFIC PROGRAM
(355) SARCOXIE R-II SCHOOL DISTRICT 101 S. 17TH ST., SARCOXIE, MO 64862	44-6004287	170(C)(1)	20,000				SPECIFIC PROGRAM
(356) SAVE FARM 9680 N. 52ND STREET, RILEY, KS 66531-9811	81-0734441	501(C)(3)	71,000				SPECIFIC PROGRAM
(357) SCHOOL OF THE ART INSTITUTE OF CHICAGO FINANCIAL AID OFFICE, 36 SOUTH WABASH AVENUE SUITE 1200, CHICAGO, IL 60603	36-2167725	501(C)(3)	6,000				SPECIFIC PROGRAM
(358) SCHOOL SISTERS OF NOTRE DAME 320 EAST RIPA AVE, ST. LOUIS, MO 63125	36-4508721	501(C)(3)	10,000				SPECIFIC PROGRAM
(359) SCHOOL SISTERS OF NOTRE DAME AFRICA 320 EAST RIPA AVE, ST. LOUIS, MO 63125	45-1296033	501(C)(3)	20,000				SPECIFIC PROGRAM
(360) SCHWAB CHARITABLE FUND 1958 SUMMIT PARK DR STE 200, ORLANDO, FL 32810	31-1640316	501(C)(3)	55,596				SPECIFIC PROGRAM
(361) SCHWEITZER CHURCH 2747 E SUNSHINE, SPRINGFIELD, MO 65804	43-0864708	501(C)(3)	21,000				SPECIFIC PROGRAM
(362) SECOND BAPTIST CHURCH 3111 E. BATTLEFIELD, SPRINGFIELD, MO 65804	44-0656227	501(C)(3)	10,000				SPECIFIC PROGRAM
(363) SECOND MILE CORPORATION PO BOX 2194, HENDERSONVILLE, TN 37077	62-1854539	501(C)(3)	127,500				SPECIFIC PROGRAM



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(364) SHOW ME YOUTH AG ACADEMY 542 NE 75TH LANE, LAMAR, MO 64759	86-1455209	501(C)(3)	1,060,000				SPECIFIC PROGRAM
(365) SINGERHILL MUSIC & ARTS INC. PO BOX 22, GOLDEN CITY, MO 64748	83-2955661	501(C)(3)	16,640				SPECIFIC PROGRAM
(366) SISTERS OF SAINTS CYRIL & METHODIUS 580 RAILROAD STREET, DANVILLE, PA 17821	24-0795486	501(C)(3)	10,000				SPECIFIC PROGRAM
(367) SOLE HOPE PO BOX 232, ST. JAMES, MO 65559	27-2305440	501(C)(3)	15,000				SPECIFIC PROGRAM
(368) SOUTH CENTRAL MISSOURI FCA PO BOX 395, HOLLISTER, MO 65673	44-0610626	501(C)(3)	37,500				SPECIFIC PROGRAM
(369) SOUTHEAST MISSOURI NETWORK AGAINST SEXUAL VIOLENCE (SEMO-NASV) 147 N LACEY ST, SUITE 1, JACKSON, MO 63755	43-1799296	501(C)(3)	63,136				SPECIFIC PROGRAM
(370) SOUTHEAST MISSOURI STATE UNIVERSITY FINANCIAL AID OFFICE, ONE UNIVERSITY PLAZA, CAPE GIRARDEAU, MO 63701	43-1291797	501(C)(3)	10,000				SPECIFIC PROGRAM
(371) SOUTHWEST BAPTIST UNIVERSITY FINANCIAL AID OFFICE, 1600 UNIVERSITY AVENUE, BOLIVAR, MO 65613	44-0567385	170(C)(1)	103,194				SPECIFIC PROGRAM
(372) SPRINGFIELD BLACK TIE PO BOX 10921, SPRINGFIELD, MO 65808	26-4389769	501(C)(3)	6,000				SPECIFIC PROGRAM
(373) SPRINGFIELD CATHOLIC SCHOOLS 2340 S EASTGATE AVE, SPRINGFIELD, MO 65809	44-0619146	170(C)(1)	30,000				SPECIFIC PROGRAM
(374) SPRINGFIELD CENTERS FOR DYSLEXIA AND LEARNING 1000 E PRIMROSE ST, SUITE 540, SPRINGFIELD, MO 65807	47-4081640	501(C)(3)	9,400				SPECIFIC PROGRAM
(375) SPRINGFIELD COMMUNITY GARDENS 1126A N BROADWAY AVE, SPRINGFIELD, MO 65802	27-1883334	501(C)(3)	60,924				SPECIFIC PROGRAM
(376) SPRINGFIELD DREAM CENTER 829 WEST ATLANTIC ST., SPRINGFIELD, MO 65803	05-0574634	501(C)(3)	15,000				SPECIFIC PROGRAM
(377) SPRINGFIELD HOST LIONS CLUB PO BOX 860, ROGERSVILLE, MO 65742	51-0236248	501(C)(4)	14,179				SPECIFIC PROGRAM
(378) SPRINGFIELD LITTLE THEATRE 311 E WALNUT, SPRINGFIELD, MO 65806	43-0893064	501(C)(3)	25,000				SPECIFIC PROGRAM
(379) SPRINGFIELD REGIONAL ARTS COUNCIL 325 PARK CENTRAL E, SPRINGFIELD, MO 65806	43-1225541	501(C)(3)	90,503				SPECIFIC PROGRAM
(380) SPRINGFIELD SYMPHONY ORCHESTRA 411 N SHERMAN PKWY, SPRINGFIELD, MO 65802	43-0797224	501(C)(3)	32,459				SPECIFIC PROGRAM
(381) SPRINGFIELD VICTORY MISSION PO BOX 2884, SPRINGFIELD, MO 65801	43-1345089	501(C)(3)	10,000				SPECIFIC PROGRAM

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(382) SPRINGFIELD-GREENE COUNTY HEALTH DEPARTMENT 227 E CHESTNUT EXPY, SPRINGFIELD, MO 65802	44-6000268	170(C)(1)	39,604				SPECIFIC PROGRAM
(383) SPRINGFIELD-GREENE COUNTY LIBRARY DISTRICT 4653 SOUTH CAMPBELL, SPRINGFIELD, MO 65810	05-0534215	170(C)(1)	7,806				SPECIFIC PROGRAM
(384) SPRINGFIELD-GREENE COUNTY PARK BOARD 1923 N WELLER, SPRINGFIELD, MO 65803	44-6000268	170(C)(1)	10,000				SPECIFIC PROGRAM
(385) SPRINGFIELD-GREENE COUNTY PUBLIC LIBRARY FOUNDATION 4653 S CAMPBELL AVE, SPRINGFIELD, MO 65810	43-1655656	501(C)(3)	23,717				SPECIFIC PROGRAM
(386) SSM HEALTH ST. ANTHONY FOUNDATION 601 N.W. 11TH STREET, OKLAHOMA CITY, OK 73103	73-6104300	501(C)(3)	13,136				SPECIFIC PROGRAM
(387) ST. AGNES CATHEDRAL 533 S JEFFERSON, SPRINGFIELD, MO 65806	44-0581498	501(C)(3)	18,275				SPECIFIC PROGRAM
(388) ST. ANN CATHOLIC SCHOOL 7231 MISSION ROAD, PRAIRIE VILLAGE, KS 66208	48-0650538	170(C)(1)	15,000				SPECIFIC PROGRAM
(389) ST. ELIZABETH ANN SETON CHURCH 2200 W REPUBLIC RD, SPRINGFIELD, MO 65807	26-4638421	501(C)(3)	20,000				SPECIFIC PROGRAM
(390) ST. JOHN'S CHAPEL UNITED CHURCH OF CHRIST 4344 S. FREMONT AVE, SPRINGFIELD, MO 65804	43-1665793	501(C)(3)	39,800				SPECIFIC PROGRAM
(391) ST. JOHN'S LUTHERAN CHURCH - MONETT 23237 HWY H, MONETT, MO 65708	43-0900098	501(C)(3)	10,000				SPECIFIC PROGRAM
(392) ST. JOHN'S LUTHERAN CHURCH STONE'S PRAIRIE 5732 FARM ROAD 1057, PURDY, MO 65734	43-1097972	501(C)(3)	5,560				SPECIFIC PROGRAM
(393) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE, MEMPHIS, TN 38105	62-0646012	501(C)(3)	56,661				SPECIFIC PROGRAM
(394) ST. LOUIS UNIVERSITY FINANCIAL AID OFFICE, 1 NORTH GRAND BLVD, ROOM 121, ST. LOUIS, MO 63103	43-0654872	501(C)(3)	6,000				SPECIFIC PROGRAM
(395) ST. MARY'S CATHOLIC CHURCH 200 FRONT ST, PIERCE CITY, MO 65723	43-0920029	501(C)(3)	25,000				SPECIFIC PROGRAM
(396) ST. PATRICK PARISH 17 ST. PATRICK LANE, ROLLA, MO 65401	43-0653455	501(C)(3)	131,000				SPECIFIC PROGRAM
(397) ST. PATRICK'S CATHOLIC CHURCH 638 WEST D AVENUE, KINGMAN, KS 67068	48-0543796	501(C)(3)	9,907				SPECIFIC PROGRAM

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(398) ST. PAUL'S UNITED METHODIST CHURCH OF JOPLIN 2423 WEST 26TH STREET, JOPLIN, MO 64804	43-1149608	501(C)(3)	77,383				SPECIFIC PROGRAM
(399) ST. SUSANNE'S CATHOLIC CHURCH 700 W SLOAN, MT. VERNON, MO 65712	43-1693914	501(C)(3)	10,000				SPECIFIC PROGRAM
(400) ST. VINCENT DE PAUL EDUCATIONAL FOUNDATION 302 DOWLING DRIVE, PERRYVILLE, MO 63775	43-1294513	501(C)(3)	15,090				SPECIFIC PROGRAM
(401) STANFORD UNIVERSITY FINANCIAL AID OFFICE, 355 GALVEZ ST MONTAG HALL, STANFORD, CA 94305	94-1156365	501(C)(3)	11,000				SPECIFIC PROGRAM
(402) STATE HISTORICAL SOCIETY OF MISSOURI 605 ELM STREET, COLUMBIA, MO 65201	43-6035196	501(C)(3)	10,000				SPECIFIC PROGRAM
(403) STATE TECHNICAL COLLEGE OF MISSOURI FINANCIAL AID OFFICE, 1 TECHNOLOGY DRIVE, LINN, MO 65051	43-1292397	501(C)(3)	39,723				SPECIFIC PROGRAM
(404) STOCKTON COMMUNITY DEVELOPMENT CORPORATION 5 PUBLIC SQUARE, STOCKTON, MO 65785	47-0927756	501(C)(3)	30,000				SPECIFIC PROGRAM
(405) SWI INDUSTRIAL SOLUTIONS 2835 W BENNETT, SPRINGFIELD, MO 65802	43-0861414	501(C)(3)	10,000				SPECIFIC PROGRAM
(406) THE ASSOCIATION FOR THE BLIND 1680 EAST LOMBARD, SPRINGFIELD, MO 65802	80-0280486	501(C)(3)	24,500				SPECIFIC PROGRAM
(407) THE COMMUNITY BETTERMENT FOUNDATION, INC. 102 S. MAIN, PO BOX 337, HARTVILLE, MO 65667	47-3608944	501(C)(3)	20,000				SPECIFIC PROGRAM
(408) THE COMMUNITY CLINIC OF HIGH POINT PO BOX 5607, HIGH POINT, NC 27262	56-1795022	501(C)(3)	10,000				SPECIFIC PROGRAM
(409) THE DALLAS FOUNDATION DEPT# 42321, PO BOX 650823, DALLAS, TX 75265-0823	75-2890371	501(C)(3)	20,000				SPECIFIC PROGRAM
(410) THE DREAM FACTORY, INC. PO BOX 719, OSAGE BEACH, MO 65065	61-1192721	501(C)(3)	64,318				SPECIFIC PROGRAM
(411) THE ELLIS FOUNDATION PO BOX 54, FORT SCOTT, KS 66701	48-1093604	501(C)(3)	44,000				SPECIFIC PROGRAM
(412) THE FOOD BANK FOR CENTRAL AND NORTHEAST MISSOURI 2101 VANDIVER DRIVE, COLUMBIA, MO 65202	43-1238934	501(C)(3)	10,000				SPECIFIC PROGRAM
(413) THE GATHERING TREE, INC PO BOX 2364, SPRINGFIELD, MO 65801	46-1371575	501(C)(3)	323,000				SPECIFIC PROGRAM
(414) THE HALO TRUST 1730 RHODE ISLAND AVENUE, NW, SUITE, WASHINGTON, DC 20036	52-2158152	501(C)(3)	10,000				SPECIFIC PROGRAM

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(415) THE KITCHEN, INC. 730 N GLENSTONE AVE, SPRINGFIELD, MO 65802	43-1384531	501(C)(3)	235,911				SPECIFIC PROGRAM
(416) THE LIFE OF A SINGLE MOM 12015 JUSTICE AVE., BATON ROUGE, LA 70816	45-3478448	501(C)(3)	8,000				SPECIFIC PROGRAM
(417) THE REBOUND FOUNDATION PO BOX 14482, SPRINGFIELD, MO 65814	47-2695903	501(C)(3)	30,000				SPECIFIC PROGRAM
(418) THE SAINTS ACADEMY 111 NEW BALCH STREET, BEVERLY, MA 01915	45-3264587	170(C)(1)	20,000				SPECIFIC PROGRAM
(419) THE SIGNATRY 7171 W 95TH STREET SUITE 501, OVERLAND PARK, KS 66212	43-1890105	501(C)(3)	18,000				SPECIFIC PROGRAM
(420) THE UNITED METHODIST CHURCH OF THE RESURRECTION 13720 ROE AVE, LEAWOOD, KS 66224	48-1107898	501(C)(3)	8,000				SPECIFIC PROGRAM
(421) THE VENUES CHURCH PO BOX 14097, SPRINGFIELD, MO 65814	46-1740911	501(C)(3)	29,164				SPECIFIC PROGRAM
(422) THE WARRIOR'S JOURNEY 3555 N GLENSTONE AVE, SPRINGFIELD, MO 65803	75-2772633	501(C)(3)	15,000				SPECIFIC PROGRAM
(423) TLC STUDENT FUNDS PO BOX 132, MARSHFIELD, MO 65706	46-1374478	501(C)(3)	35,000				SPECIFIC PROGRAM
(424) TRAILSPRING, INC. 405 N JEFFERSON, SPRINGFIELD, MO 65806	46-2819749	501(C)(3)	135,541				SPECIFIC PROGRAM
(425) UNITED COMMUNITY CHANGE 1522 NORTH CLAY AVENUE, SPRINGFIELD, MO 65803	85-1522504	501(C)(3)	30,000				SPECIFIC PROGRAM
(426) UNITED ENTERPRISES, INC 618 INDUSTRIAL DRIVE, PERRYVILLE, MO 63775	43-1885750	501(C)(3)	15,000				SPECIFIC PROGRAM
(427) UNITED METHODIST CHURCH OF SALEM, MISSOURI 801 EAST SCENIC RIVERS BLVD., SALEM, MO 65560	43-0731516	501(C)(3)	26,000				SPECIFIC PROGRAM
(428) UNITED MINISTRIES IN HIGHER EDUCATION 1146 E CHERRY ST, SPRINGFIELD, MO 65807	51-0155226	501(C)(3)	20,569				SPECIFIC PROGRAM
(429) UNITED STATES COAST GUARD ACADEMY ALUMNI ASSOCIATION INC 47 MOHEGAN AVE, NEW LONDON, CT 06320	06-1354978	501(C)(3)	20,000				SPECIFIC PROGRAM
(430) UNITED WAY OF THE OZARKS 320 N JEFFERSON, SPRINGFIELD, MO 65806	44-0552047	501(C)(3)	30,000				SPECIFIC PROGRAM
(431) UNITY OF SPRINGFIELD 2214 EAST SEMINOLE, SPRINGFIELD, MO 65804	43-0863083	501(C)(3)	6,127				SPECIFIC PROGRAM

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(432) UNIVERSITY OF CENTRAL MISSOURI FINANCIAL AID OFFICE, PO BOX 800, WARRENSBURG, MO 64093	43-1181566	501(C)(3)	6,000				SPECIFIC PROGRAM
(433) UNIVERSITY OF DALLAS FINANCIAL AID OFFICE, 1845 E NORTHGATE DR, IRVING, TX 75062	75-0926755	501(C)(3)	6,000				SPECIFIC PROGRAM
(434) UNIVERSITY OF MAINE SYSTEM INC 65 TEXAS AVE, BANGOR, ME 04401	01-6000769	501(C)(3)	25,000				SPECIFIC PROGRAM
(435) UNIVERSITY OF MISSOURI ADVANCEMENT RECORDS MANAGEMENT, 407 REYNOLDS ALUMNI CENTER, COLUMBIA, MO 65211	43-6003859	170(C)(1)	45,000				SPECIFIC PROGRAM
(436) UNIVERSITY OF MISSOURI - TIGER SCHOLARSHIP FUND MIZZOU ARENA, 1 CHAMPIONS DRIVE, SUITE 200, COLUMBIA, MO 65211	26-6440629	501(C)(3)	35,000				SPECIFIC PROGRAM
(437) UNIVERSITY OF MISSOURI EXTENSION - BARTON COUNTY 801 EAST 12TH STREET, LAMAR, MO 64759	26-6440629	501(C)(3)	50,000				SPECIFIC PROGRAM
(438) UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE 407 REYNOLDS ALUMNI CENTER, COLUMBIA, MO 65211	26-6440629	170(C)(1)	22,100				SPECIFIC PROGRAM
(439) UNIVERSITY OF MISSOURI-COLUMBIA MO FINANCIAL AID OFFICE, 11 JESSE HALL, COLUMBIA, MO 65211	43-6003859	170(C)(1)	54,500				SPECIFIC PROGRAM
(440) UNIVERSITY OF NOTRE DAME FINANCIAL AID OFFICE, 128 MCKENNA HALL, NOTRE DAME, IN 46556	35-0868188	170(C)(1)	18,000				SPECIFIC PROGRAM
(441) UNIVERSITY OF OKLAHOMA FOUNDATION 100 TIMBERDELL ROAD, NORMAN, OK 73019	73-6091755	501(C)(3)	25,000				SPECIFIC PROGRAM
(442) UNIVERSITY OF ROCHESTER OFFICE OF GIFT AND DONOR RECORDS, PO BOX 270032, ROCHESTER, NY 14627	16-0743209	170(C)(1)	20,000				SPECIFIC PROGRAM
(443) VERONA CHRISTIAN CHURCH 113 W ADAMS ST, VERONA, MO 65769	80-0540851	501(C)(3)	18,000				SPECIFIC PROGRAM
(444) VERONA R-VII SCHOOL DISTRICT PO BOX 7, VERONA, MO 65769	44-6004656	170(C)(1)	12,500				SPECIFIC PROGRAM
(445) VICTIM CENTER, INC. 815 W TAMPA ST, SPRINGFIELD, MO 65802	43-1149629	501(C)(3)	25,000				SPECIFIC PROGRAM
(446) VICTORY MISSION + MINISTRY 1610 N. BROADWAY AVE, SPRINGFIELD, MO 65803	43-1345089	501(C)(3)	46,661				SPECIFIC PROGRAM
(447) VISION 417 PO BOX 937, BOLIVAR, MO 65613	81-4496808	501(C)(3)	6,000				SPECIFIC PROGRAM
(448) VISION CARTHAGE 221 W. 4TH STREET, SUITE 15, CARTHAGE, MO 64836	45-4306952	501(C)(3)	5,600				SPECIFIC PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(449) VITAE FOUNDATION PO BOX 791, JEFFERSON CITY, MO 65102	43-1138252	501(C)(3)	15,000				SPECIFIC PROGRAM
(450) VIVA CUBA, INC. PO BOX H, CUBA, MO 65453	43-1589547	501(C)(3)	15,000				SPECIFIC PROGRAM
(451) WALDEN UNIVERSITY FINANCIAL AID OFFICE, 100 WASHINGTON AVENUE SOUTH SUITE 1, MINNEAPOLIS, MN 55401	65-0353783	170(C)(1)	6,000				SPECIFIC PROGRAM
(452) WALDENSIAN PRESBYTERIAN CHURCH 2250 FARM RD 1080, MONETT, MO 65708	43-1151593	501(C)(3)	5,560				SPECIFIC PROGRAM
(453) WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE, CAMPUS BOX 1210, ST. LOUIS, MO 63130	43-0653611	501(C)(3)	9,969				SPECIFIC PROGRAM
(454) WASHINGTON UNIVERSITY - MEDICAL SCHOOL WEST CAMPUS/CAMPUS BOX 1247, 1 BROOKINGS DRIVE, ST LOUIS, MO 63130	43-0653611	501(C)(3)	11,192				SPECIFIC PROGRAM
(455) WASHINGTON UNIVERSITY IN ST. LOUIS FINANCIAL AID OFFICE, 1 BROOKINGS DRIVE, ST. LOUIS, MO 63130	43-0653611	501(C)(3)	42,500				SPECIFIC PROGRAM
(456) WATERED GARDENS 531 KENTUCKY AVE, JOPLIN, MO 64801	20-2586821	501(C)(3)	70,000				SPECIFIC PROGRAM
(457) WEST PLAINS R-VII SCHOOL DISTRICT 610 EAST OLDEN STREET, WEST PLAINS, MO 65775	44-6004756	170(C)(1)	6,000				SPECIFIC PROGRAM
(458) WHITETAILS UNLIMITED, INC. 2100 MICHIGAN ST, PO BOX 720, STURGEON BAY, WI 54235	39-1415070	501(C)(3)	11,300				SPECIFIC PROGRAM
(459) WILLARD R-II SCHOOL DISTRICT 500 E KIME ST, WILLARD, MO 65781	44-6004826	170(C)(1)	6,000				SPECIFIC PROGRAM
(460) WILSON'S CREEK NATIONAL BATTLEFIELD FOUNDATION 5242 S ST HWY ZZ, REPUBLIC, MO 65738	43-1271338	501(C)(3)	6,250				SPECIFIC PROGRAM
(461) WINGS OF HOPE 18370 WINGS OF HOPE BLVD, ST. LOUIS, MO 63005	43-0909606	501(C)(3)	10,000				SPECIFIC PROGRAM
(462) WREATHS ACROSS AMERICA PO BOX 249, COLUMBIA FALLS, ME 04623	20-8362270	501(C)(3)	7,000				SPECIFIC PROGRAM
(463) WYCLIFFE SEED COMPANY 220 WESTWAY PL STE 100, ARLINGTON, TX 76018	33-0838929	501(C)(3)	30,000				SPECIFIC PROGRAM
(464) YOUNG LIFE OZARK MOUNTAIN PO BOX 892, BRANSON, MO 65615	84-0385934	501(C)(3)	10,000				SPECIFIC PROGRAM

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	NONPROFIT ORGANIZATIONS WHO RECEIVE FUNDING FROM COMPETITIVE GRANT CYCLES ARE REQUIRED TO COMPLETE GRANT CONTRACTS AND SUBMIT REPORTS DETAILING USE OF FUNDS NO LESS THAN ANNUALLY.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

23-7290968

COMMUNITY FOUNDATION OF THE OZARKS, INC.

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account           </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)           </div> </div>		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations           </div> <div> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee           </div> </div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <div style="display: flex; justify-content: space-between;"> <div> <b>a</b> Receive a severance payment or change-of-control payment?           </div> <div> <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?           </div> <div> <b>c</b> Participate in or receive payment from an equity-based compensation arrangement?           </div> </div> If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	<b>4a</b> <b>4b</b> <b>4c</b>	   
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div style="display: flex; justify-content: space-between;"> <div> <b>a</b> The organization?           </div> <div> <b>b</b> Any related organization?           </div> </div> If "Yes" on line 5a or 5b, describe in Part III.	<b>5a</b> <b>5b</b>	  
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div style="display: flex; justify-content: space-between;"> <div> <b>a</b> The organization?           </div> <div> <b>b</b> Any related organization?           </div> </div> If "Yes" on line 6a or 6b, describe in Part III.	<b>6a</b> <b>6b</b>	  
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	✓
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	✓
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	BRIAN FOGLE	(i) 172,380	(ii) 37,012	(iii) 24,657	10,313	26,903	271,265	0
	PRESIDENT & CEO END 02/24	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2	LUIS LEON	(i) 138,432	(ii) 542	(iii) 0	7,179	11,319	157,472	0
	CHIEF FINANCIAL OFFICER & EVP	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
3		(i)	(ii)	(iii)				
		(ii)						
4		(i)	(ii)	(iii)				
		(ii)						
5		(i)	(ii)	(iii)				
		(ii)						
6		(i)	(ii)	(iii)				
		(ii)						
7		(i)	(ii)	(iii)				
		(ii)						
8		(i)	(ii)	(iii)				
		(ii)						
9		(i)	(ii)	(iii)				
		(ii)						
10		(i)	(ii)	(iii)				
		(ii)						
11		(i)	(ii)	(iii)				
		(ii)						
12		(i)	(ii)	(iii)				
		(ii)						
13		(i)	(ii)	(iii)				
		(ii)						
14		(i)	(ii)	(iii)				
		(ii)						
15		(i)	(ii)	(iii)				
		(ii)						
16		(i)	(ii)	(iii)				
		(ii)						

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	247	8,420,292	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .	✓	1	44,249	MARKET VALUE
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( CASH VALUE OF LIFE II ) . . . . .	✓	1	136,227	MARKET VALUE
26 Other ( ) . . . . .				
27 Other ( ) . . . . .				
28 Other ( ) . . . . .				

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

29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		✓
31	✓	
32a		✓
33		

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF ITEMS CONTRIBUTED
	SECURITIES - MISCELLANEOUS - BONDS NUMBER OF ITEMS CONTRIBUTED
	OTHER - CASH VALUE OF LIFE INSURANCE NUMBER OF ITEMS CONTRIBUTED

**SCHEDULE O  
(Form 990)**Department of Treasury Internal  
Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the Organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer Identification Number

23-7290968

Return Reference - Identifier	Explanation										
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	(1) DRAFT OF THE FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER, (2) AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT REVIEWS THE FORM WITH AUDIT COMMITTEE AND CHIEF EXECUTIVE OFFICER, (3) THE AUDIT COMMITTEE CHAIR REVIEWS FORM 990 WITH EXECUTIVE COMMITTEE, AND (4) THE AUDIT COMMITTEE CHAIR REVIEWS FORM 990 WITH THE BOARD OF DIRECTORS WHO THEN VOTES TO ACCEPT THE RECOMMENDATION PRIOR TO FILING.										
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ANNUALLY, EACH BOARD AND COMMITTEE MEMBER, OFFICER, AND KEY EMPLOYEE IS ASKED TO REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE AN UPDATED DISCLOSURE. THE INFORMATION IS MADE AVAILABLE TO THE BOARD CHAIR AND IS USED TO ENSURE THAT SHOULD A CONFLICT ARISE, THE BOARD OR COMMITTEE MEMBER INVOLVED IN THE DECISION SHOULD ABSTAIN FROM VOTING OR PARTICIPATION.										
FORM 990, PART VI, LINE 15A - & 15B - COMPENSATION REVIEW POLICY	THE EXECUTIVE COMPENSATION COMMITTEE, COMPRISED OF A SUBSET OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, DEVELOPS AN ANNUAL PERFORMANCE APPRAISAL FOR THE PRESIDENT/CEO AND RECOMMENDS ANY SALARY INCREASE AND BONUS TO THE FULL EXECUTIVE COMMITTEE FOR APPROVAL. COMPARABLE DATA FOR THE PRESIDENT/CEO SALARY IS DETERMINED BY THE COUNCIL ON FOUNDATIONS' ANNUAL SALARY SURVEY AND LOCAL AND REGIONAL MARKET INFORMATION FROM MISSOURI AND ILLINOIS AND INCLUDED ON THE FOUNDATION'S SALARY SCHEDULE. THE COMPENSATION PROCESS FOR OTHER OFFICERS AND KEY EMPLOYEES IS BASED ON ANNUAL PERFORMANCE APPRAISALS CONDUCTED BY THE PRESIDENT/CEO. SALARY ADJUSTMENTS ARE BASED ON PERFORMANCE AND USE A SALARY MATRIX INFORMED BY THE ANNUAL BUDGETING PROCESS. THE FOUNDATION'S SALARY SCALE IS DETERMINED BY THE COUNCIL ON FOUNDATIONS' ANNUAL SALARY SURVEY AND LOCAL AND REGIONAL MARKET INFORMATION FROM MISSOURI AND ILLINOIS. ALL STAFF-RELATED SALARY DETERMINATIONS USE A SIMILAR PROCESS CONDUCTED BY DEPARTMENT HEADS WITH ADJUSTMENTS RECOMMENDED TO THE PRESIDENT/CEO FOR FINAL APPROVAL.										
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS AND MOST RECENT FORM 990 (EXCLUDING SCHEDULE B) AND THE PREVIOUS TWO FISCAL YEARS 990S AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION BY GOING TO <a href="http://WWW.CFOZARKS.ORG/WHO-WE-ARE/TAXLEGAL-INFO">WWW.CFOZARKS.ORG/WHO-WE-ARE/TAXLEGAL-INFO</a> .										
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table><tr><th>(a) Description</th><th>(b) Amount</th></tr><tr><td>ANNUITY ACTUARIAL ADJUSTMENT</td><td>42,267</td></tr><tr><td>RECLASSIFICATION TO AGENCY FUNDS</td><td>182,529</td></tr><tr><td>TRANSFERS OUT</td><td>- 2,491,011</td></tr><tr><td>INVESTMENT IN PARTNERSHIPS</td><td>24,546</td></tr></table>	(a) Description	(b) Amount	ANNUITY ACTUARIAL ADJUSTMENT	42,267	RECLASSIFICATION TO AGENCY FUNDS	182,529	TRANSFERS OUT	- 2,491,011	INVESTMENT IN PARTNERSHIPS	24,546
(a) Description	(b) Amount										
ANNUITY ACTUARIAL ADJUSTMENT	42,267										
RECLASSIFICATION TO AGENCY FUNDS	182,529										
TRANSFERS OUT	- 2,491,011										
INVESTMENT IN PARTNERSHIPS	24,546										

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

23-7290968

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CFO-SGF (23-7290968) 425 EAST TRAFFICWAY STREET, SPRINGFIELD, MO 65806	REAL ESTATE	MO	127,639	6,291,218	COMMUNITY FOUNDATION OF THE OZARKS, INC
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) COMMUNITY FOUNDATION OF THE OZARKS STOCK TRUST (71-6225763) 425 E TRAFFICWAY, SPRINGFIELD, MO 65806	GRANTMAKING	MO	501(C)(3)	12 TYPE I	COMMUNITY FOUNDATION OF THE OZARKS, INC	✓	
(2) LEZAH STENGER FOUNDATION (43-1872019) 5051 S NATIONAL AVE, SPRINGFIELD, MO 65810	GRANTMAKING	MO	501(C)(3)	12 TYPE I	COMMUNITY FOUNDATION OF THE OZARKS, INC	✓	
(3) OZARKS CHARITABLE REAL ESTATE FOUNDATION (41-2086647) 425 E TRAFFICWAY, SPRINGFIELD, MO 65806	GRANTMAKING	MO	501(C)(3)	12 TYPE I	COMMUNITY FOUNDATION OF THE OZARKS, INC	✓	
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY FOUNDATION OF THE OZARKS STOCK TRUST	C	166,331	FMV
(2) OZARKS CHARITABLE REAL ESTATE FOUNDATION	C	76,387	FMV
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													



**Part III****Identification of Related Organizations Taxable as a Partnership** (continued)

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

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST (6)	CHARITABLE TRUST	MO	COMMUNITY FOUNDATION OF THE OZARKS, INC	TRUST				✓	

## PUBLIC DISCLOSURE COPY

Form **990-T****Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**

OMB No. 1545-0047

**2023**Department of the Treasury  
Internal Revenue ServiceFor calendar year 2023 or other tax year beginning 07/01, 2023, and ending 06/30, 20 24Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**Open to Public Inspection**  
for 501(c)(3)  
Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>COMMUNITY FOUNDATION OF THE OZARKS, INC.</b>		<b>D</b> Employer identification number <b>23-7290968</b>	
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( C )( 3 ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		<b>Print or Type</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>425 EAST TRAFFICWAY STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>SPRINGFIELD, MO 65806</b>		<b>E</b> Group exemption number (see instructions)	
		<b>C</b> Book value of all assets at end of year <b>479,855,535</b>		<b>F</b> <input type="checkbox"/> Check box if an amended return.	
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity					
<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800					
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>					
<b>J</b> Enter the number of attached Schedules A (Form 990-T) <b>1</b>					
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation					
<b>L</b> The books are in care of <b>(SEE STATEMENT)</b> Telephone number <b>(417) 864-6199</b>					

**Part I Total Unrelated Business Taxable Income**

<b>1</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>1</b>	<b>0</b>
<b>2</b>	Reserved	<b>2</b>	
<b>3</b>	Add lines 1 and 2	<b>3</b>	<b>0</b>
<b>4</b>	Charitable contributions (see instructions for limitation rules)	<b>4</b>	<b>0</b>
<b>5</b>	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	<b>5</b>	<b>0</b>
<b>6</b>	Deduction for net operating loss. See instructions	<b>6</b>	<b>0</b>
<b>7</b>	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	<b>7</b>	<b>0</b>
<b>8</b>	Specific deduction (generally \$1,000, but see instructions for exceptions)	<b>8</b>	<b>0</b>
<b>9</b>	<b>Trusts.</b> Section 199A deduction. See instructions	<b>9</b>	<b>0</b>
<b>10</b>	<b>Total deductions.</b> Add lines 8 and 9	<b>10</b>	<b>0</b>
<b>11</b>	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	<b>11</b>	<b>0</b>

**Part II Tax Computation**

<b>1</b>	<b>Organizations taxable as corporations.</b> Multiply Part I, line 11, by 21% (0.21)	<b>1</b>	<b>0</b>
<b>2</b>	<b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>2</b>	
<b>3</b>	<b>Proxy tax.</b> See instructions	<b>3</b>	<b>0</b>
<b>4</b>	Other tax amounts. See instructions	<b>4</b>	<b>0</b>
<b>5</b>	Alternative minimum tax	<b>5</b>	<b>0</b>
<b>6</b>	<b>Tax on noncompliant facility income.</b> See instructions	<b>6</b>	<b>0</b>
<b>7</b>	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies	<b>7</b>	<b>0</b>

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	<b>0</b>	
<b>b</b>	Other credits (see instructions)	<b>1b</b>	<b>0</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	<b>0</b>	
<b>d</b>	Credit for prior-year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		<b>0</b>
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		<b>0</b>
<b>3a</b>	Amount due from Form 4255	<b>3a</b>		
<b>b</b>	Amount due from Form 8611	<b>3b</b>		
<b>c</b>	Amount due from Form 8697	<b>3c</b>		
<b>d</b>	Amount due from Form 8866	<b>3d</b>		
<b>e</b>	Other amounts due (see instructions)	<b>3e</b>	<b>0</b>	
<b>f</b>	Total amounts due. Add lines 3a through 3e	<b>3f</b>		<b>0</b>
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here <b>0</b>	<b>4</b>		<b>0</b>
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>		<b>0</b>

**Part III Tax and Payments** (continued)

<b>6a</b>	Payments: Preceding year's overpayment credited to the current year . . .	<b>6a</b>		0
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies . . . . . <input type="checkbox"/>	<b>6b</b>		0
<b>c</b>	Tax deposited with Form 8868 . . . . .	<b>6c</b>		0
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) . . .	<b>6d</b>		0
<b>e</b>	Backup withholding (see instructions). . . . .	<b>6e</b>		0
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) . .	<b>6f</b>		0
<b>g</b>	Elective payment election amount from Form 3800 . . . . .			0
<b>h</b>	Payment from Form 2439 . . . . .	<b>6h</b>		0
<b>i</b>	Credit from Form 4136 . . . . .	<b>6i</b>		0
<b>j</b>	Other (see instructions) . . . . .	<b>6j</b>		0
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j . . . . .	<b>7</b>		0
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>8</b>		0
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	<b>9</b>		0
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . .	<b>10</b>		0
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> 0 <b>Refunded</b>	<b>11</b>		0

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		✓
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$		
<b>4</b> Enter available pre-2018 NOL carryovers here \$ . . . . . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b> Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
901101	\$ 1,201,931	
	\$	
	\$	
	\$	
<b>6a</b> Reserved for future use . . . . .		
<b>b</b> Reserved for future use . . . . .		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRIAN TODD				P00422601
	Firm's name FORVIS MAZARS, LLP	Firm's EIN			44-0160260
	Firm's address 910 E ST LOUIS #200 PO BOX 1190, SPRINGFIELD, MO 65806-2523	Phone no.			(417) 865-8701

**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](https://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2023**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <u>COMMUNITY FOUNDATION OF THE OZARKS, INC.</u>	<b>B</b> Employer identification number <u>23-7290968</u>
<b>C</b> Unrelated business activity code (see instructions) <u>901101</u>	<b>D</b> Sequence: <u>1</u> of <u>1</u>

**E** Describe the unrelated trade or business INVESTMENT IN PARTNERSHIPS

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales	<u>0</u>			
<b>b</b> Less returns and allowances	<u>0</u>			
<b>c</b> Balance		<b>1c</b> <u>0</u>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b> <u>0</u>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> <u>0</u>		<u>0</u>
<b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		<b>4a</b> <u>(769)</u>		<u>(769)</u>
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<b>4b</b> <u>0</u>		<u>0</u>
<b>c</b> Capital loss deduction for trusts		<b>4c</b> <u>0</u>		<u>0</u>
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b> <u>(23,777)</u>		<u>(23,777)</u>
<b>6</b> Rent income (Part IV)		<b>6</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>11</b> Advertising income (Part IX)		<b>11</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>12</b> Other income (see instructions; attach statement)		<b>12</b> <u>0</u>		<u>0</u>
<b>13</b> <b>Total.</b> Combine lines 3 through 12		<b>13</b> <u>(24,546)</u>	<u>0</u>	<u>(24,546)</u>

<b>Part II</b> Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.			
<b>1</b> Compensation of officers, directors, and trustees (Part X)		<b>1</b>	<u>0</u>
<b>2</b> Salaries and wages		<b>2</b>	<u>0</u>
<b>3</b> Repairs and maintenance		<b>3</b>	<u>0</u>
<b>4</b> Bad debts		<b>4</b>	<u>0</u>
<b>5</b> Interest (attach statement). See instructions		<b>5</b>	<u>0</u>
<b>6</b> Taxes and licenses		<b>6</b>	<u>0</u>
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b> <u>0</u>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b> <u>0</u>	<b>8b</b>	<u>0</u>
<b>9</b> Depletion		<b>9</b>	<u>0</u>
<b>10</b> Contributions to deferred compensation plans		<b>10</b>	<u>0</u>
<b>11</b> Employee benefit programs		<b>11</b>	<u>0</u>
<b>12</b> Excess exempt expenses (Part VIII)		<b>12</b>	<u>0</u>
<b>13</b> Excess readership costs (Part IX)		<b>13</b>	<u>0</u>
<b>14</b> Other deductions (attach statement)		<b>14</b>	<u>0</u>
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14		<b>15</b>	<u>0</u>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>	<u>(24,546)</u>
<b>17</b> Deduction for net operating loss. See instructions		<b>17</b>	<u>0</u>
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16		<b>18</b>	<u>(24,546)</u>

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 740360

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold**

Enter method of inventory valuation

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	0
<b>2</b>	Purchases . . . . .	<b>2</b>	0
<b>3</b>	Cost of labor . . . . .	<b>3</b>	0
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	0
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>	0
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	0
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	0
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	0
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Rent received or accrued				
<b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .				
<b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . .				
<b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .				
<b>3</b> Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) . . . . .				0
<b>4</b> Deductions directly connected with the income in lines 2a and 2b (attach statement) . . . . .				
<b>5</b> <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) . . . . .				0

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Gross income from or allocable to debt-financed property . . . . .				
<b>3</b> Deductions directly connected with or allocable to debt-financed property				
<b>a</b> Straight line depreciation (attach statement) . . . . .				
<b>b</b> Other deductions (attach statement) . . . . .				
<b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .				
<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .				
<b>6</b> Divide line 4 by line 5 . . . . .	%	%	%	%
<b>7</b> Gross income reportable. Multiply line 2 by line 6 . . . . .				
<b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .				0
<b>9</b> Allocable deductions. Multiply line 3c by line 6 . . . . .				
<b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . .				0
<b>11</b> <b>Total dividends — received deductions</b> included in line 10 . . . . .				0

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
<b>Totals</b>				0	0

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0		0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

## Part IX Advertising Income

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**A** ☐

**B** ☐

**C** ☐

**D** ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
<b>2</b> Gross advertising income . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .				0
<b>3</b> Direct advertising costs by periodical . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				0
<b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 . . . . .				
<b>5</b> Readership costs . . . . .				
<b>6</b> Circulation income . . . . .				
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- . . . . .				
<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 . . . . .				0

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1			0

**Part XI** Supplemental Information (see instructions)



Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	LUIS LEON, 425 EAST TRAFFICWAY STREET, SPRINGFIELD, MO 65806

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
<b>INVESTMENT IN PARTNERSHIPS</b>			
(1) NET ORDINARY INCOME - INVESTMENT K-1S	(23,777)		(23,777)
<b>Total</b>	<b>(23,777)</b>	<b>0</b>	<b>(23,777)</b>

**SCHEDULE D  
(Form 1120)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,  
1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2023**

Name <b>COMMUNITY FOUNDATION OF THE OZARKS, INC.</b>	Employer identification number <b>23-7290968</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? . . . . . ☐ Yes ☒ No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				<b>0</b>
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				<b>0</b>
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				<b>0</b>
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				<b>0</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) . . . . .			<b>6</b>	( <b>0</b> )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .			<b>7</b>	<b>0</b>

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				<b>0</b>
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				<b>0</b>
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				<b>0</b>
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	<b>0</b>	<b>769</b>	<b>0</b>	( <b>769</b> )
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>13</b>	
<b>14</b> Capital gain distributions (see instructions) . . . . .			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .			<b>15</b>	( <b>769</b> )

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	<b>16</b>	<b>0</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	<b>17</b>	<b>0</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . . . . .	<b>18</b>	<b>0</b>

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

COMMUNITY FOUNDATION OF THE OZARKS, INC.

23-7290968

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	CORNELL CAPITAL PARTNERS II LP				769		0	(769)
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . .					0	769	0	(769)

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.