Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
425 E. TRAFFICWAY ~~701~~

City or town, state or country, and ZIP + 4
SPRINGFIELD, MO 65806

D Employer identification number
23-7290968

E Telephone number
(417)864-6199

G Gross receipts $ 44,216,753.

F Name and address of principal officer GARY FUNK
1121 S WELLER, SPRINGFIELD, MO 65804

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ CFOZARKS.ORG

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1973 M State of legal domicile: MO

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO ENHANCE THE QUALITY OF LIFE FOR OUR CITIZENS NOW AND FOR FUTURE GENERATIONS BY BUILDING	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	21
	5	Total number of employees (Part V, line 2a)	14
	6	Total number of volunteers (estimate if necessary)	400
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	17,614,469.	10,758,917.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,451,974.	1,256,428.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,394.	251,783.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,075,837.	12,267,128.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,010,737.	8,722,627.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	748,167.	924,304.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 56,087.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	729,683.	1,285,241.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,488,587.	10,932,172.
	19	Revenue less expenses Subtract line 18 from line 12	13,587,250.	1,334,956.

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	141,487,981.	120,731,249.
	21	Total liabilities (Part X, line 26)	28,488,042.	23,452,086.
	22	Net assets or fund balances. Subtract line 21 from line 20	112,999,939.	97,279,163.

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SCANNED JUL 07 2010

Part II Signature Block

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

Sign Here

✓ Gary Funk
Signature of officer

✓ 5/11/10
Date

GARY FUNK, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date 5.27.10

Check if self-employed ▶ ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
WHITLOCK, SELIM & KEEHN, LLP
3271 E. BATTLEFIELD SUITE 300
SPRINGFIELD, MO 65804

EIN ▶

Phone no. ▶ (417)881-0145

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

1 of 6

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

THE FOUNDATION RECEIVES, DISTRIBUTES AND ADMINISTERS FUNDS FOR CHARITABLE AND PUBLIC PURPOSES, PRIMARILY PERMANENT ENDOWED FUNDS FOR THE SPRINGFIELD METROPOLITAN AREA, REGIONAL COMMUNITY FOUNDATIONS AND THE SOUTHERN TIER OF MISSOURI.

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 8,722,627. including grants of $) (Revenue $)

THE FOUNDATION RECEIVES, DISTRIBUTES AND ADMINISTERS FUNDS FOR CHARITABLE AND PUBLIC PURPOSES, PRIMARILY PERMANENT ENDOWED FUNDS FOR THE SPRINGFIELD METROPOLITAN AREA, REGIONAL COMMUNITY FOUNDATIONS AND THE SOUTHERN TIER OF MISSOURI

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code.) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 8,722,627. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where 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*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, 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*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	X	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body 1a 21			
b	Enter the number of voting members that are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

SUSANNE GRAY - (417) 864-6199

425 E. TRAFFICWAY, ~~NO 704~~, SPRINGFIELD, MO 65806

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SALLY BAIRD CHAIR	2.00	X						0.	0.	0.
JAMES ANDERSON BOARD OF DIRECTORS	2.00	X						0.	0.	0.
KEVIN AUSBURN BOARD OF DIRECTORS	2.00	X						0.	0.	0.
JOHN COOPER BOARD OF DIRECTORS	2.00	X						0.	0.	0.
JARRY JARED BOARD OF DIRECTORS	2.00	X						0.	0.	0.
LOU KEMP BOARD OF DIRECTORS	2.00	X						0.	0.	0.
YOLANDA LORGE BOARD OF DIRECTORS	2.00	X						0.	0.	0.
DR TOM PRATER CHAIR-ELECT	2.00	X						0.	0.	0.
ROBERT WHEELER BOARD OF DIRECTORS	2.00	X						0.	0.	0.
SHARON WHITEHILL GRAY BOARD OF DIRECTORS	2.00	X						0.	0.	0.
DAVID POINTER BOARD OF DIRECTORS	2.00	X						0.	0.	0.
MEL SAUNDERS BOARD OF DIRECTORS	2.00	X						0.	0.	0.
CLIFFORD BROWN BOARD OF DIRECTORS	2.00	X						0.	0.	0.
J.W. GIBBS BOARD OF DIRECTORS	2.00	X						0.	0.	0.
EVELYN G MANGAN BOARD OF DIRECTORS	2.00	X						0.	0.	0.
BILL MILLER BOARD OF DIRECTORS	2.00	X						0.	0.	0.
MARK NELSON BOARD OF DIRECTORS	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK NELSON BOARD OF DIRECTORS	2.00	X						0.	0.	0.
JILL REYNOLDS BOARD OF DIRECTORS	2.00	X						0.	0.	0.
GARY FUNK PRESIDENT	40.00			X				154,000.	0.	13,595.
SUSANNE GRAY ASSISTANT SECRETARY	40.00			X				80,180.	0.	10,088.
JAMES LEON COMBS SECRETARY	2.00			X				0.	0.	0.
DOUG THORNNSBERRY TREASURER	2.00			X				0.	0.	0.
1b Total ▶								234,180.	0.	23,683.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

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

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 10758917.				
	g Noncash contributions included in lines 1a-1f $ 4239206.					
	h **Total.** Add lines 1a-1f	▶	10758917.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	1,812,466.			1812466.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	31393587				
	b Less cost or other basis and sales expenses	31949625				
	c Gain or (loss)	<556038.>				
	d Net gain or (loss)	▶	<556,038.>	<556,038.>		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a OTHER INCOME/(LOSS)	900099	170,124.	170,124.		
	b MANAGEMENT FEES	900099	81,659.	81,659.		
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	251,783.			
	12 **Total Revenue** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	12267128.	<304,255.>	0.	1812466.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	8,722,627.	8,722,627.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	259,012.		202,925.	56,087.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	507,953.		507,953.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,517.		19,517.	
9 Other employee benefits	83,108.		83,108.	
10 Payroll taxes	54,714.		54,714.	
11 Fees for services (non-employees)				
a Management				
b Legal	20,949.		20,949.	
c Accounting	21,968.		21,968.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	718,337.		718,337.	
g Other				
12 Advertising and promotion				
13 Office expenses	143,231.		143,231.	
14 Information technology	15,512.		15,512.	
15 Royalties				
16 Occupancy	20,970.		20,970.	
17 Travel	13,036.		13,036.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	61,752.		61,752.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,494.		36,494.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OTHER EXPENSES	188,451.		188,451.	
b EVENTS	20,987.		20,987.	
c INSURANCE	12,505.		12,505.	
d PREMIUM EXPENSE	7,553.		7,553.	
e BOARD RELATED EXPENSES	1,843.		1,843.	
f All other expenses	1,653.		1,653.	
25 Total functional expenses Add lines 1 through 24f	10,932,172.	8,722,627.	2,153,458.	56,087.
26 Joint Costs Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		9,059,638.	2	8,714,778.
	3	Pledges and grants receivable, net		692,745.	3	767,489.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost basis	10a 12,436,567.			
	b	Less: accumulated depreciation Complete Part VI of Schedule D	10b 225,307.	1,460,888.	10c	12,211,260.
	11	Investments - publicly traded securities		320,330.	11	97,219,329.
	12	Investments - other securities See Part IV, line 11		128,158,726.	12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,795,654.	15	1,818,393.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		141,487,981.	16	120,731,249.
Liabilities	17	Accounts payable and accrued expenses		698,599.	17	447,587.
	18	Grants payable		544,041.	18	719,999.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		364,906.	23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		26,880,496.	25	22,284,500.
	26	**Total liabilities.** Add lines 17 through 25		28,488,042.	26	23,452,086.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,678,506.	27	<2,697,513.>
	28	Temporarily restricted net assets		45,139,911.	28	35,743,182.
	29	Permanently restricted net assets		62,181,522.	29	64,233,494.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		112,999,939.	33	97,279,163.
	34	Total liabilities and net assets/fund balances		141,487,981.	34	120,731,249.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY FOUNDATION OF THE OZARKS, INC.	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 (Please check only **one** organization)

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)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule A (Form 990 or 990-EZ) 2008**

832021 12-17-08

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	13201804.	19482540.	11545204.	17614469.	10758917.	72602934.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3	13201804.	19482540.	11545204.	17614469.	10758917.	72602934.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9992766.
6 **Public Support.** Subtract line 5 from line 4						62610168.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	13201804.	19482540.	11545204.	17614469.	10758917.	72602934.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1313385.	2077267.	1865274.	1954148.	1812466.	9022540.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						81625474.

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	76.70 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	75.55 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5 000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

MH

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	144	
2	Aggregate contributions to (during year)	2,608,413.	
3	Aggregate grants from (during year)	2,599,763.	
4	Aggregate value at end of year	26,539,684.	

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? ☐ Yes ☒ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☒ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in 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 accession and other records, check any of the following that are a 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 programs
e ☐ Other _____

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

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	70692678.				
b	Contributions	3,080,192.				
c	Investment earnings or losses	<12373901.>				
d	Grants or scholarships	2,590,143.				
e	Other expenditures for facilities and programs	139,075.				
f	Administrative expenses	661,290.				
g	End of year balance	58008461.				

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ .00 %
b Permanent endowment ▶ 100.00 %
c Term endowment ▶ .00 %

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

		Yes	No
(i)	unrelated organizations	3a(i)	X
(ii)	related organizations	3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		1,696,700.		1,696,700.
b Buildings		1,459,776.	109,483.	1,350,293.
c Leasehold improvements				
d Equipment		176,607.	115,824.	60,783.
e Other		9,103,484.		9,103,484.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				12,211,260.

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
AGENCY FUNDS	22,284,500.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	22,284,500.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,267,128.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,932,172.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,334,956.
4	Net unrealized gains (losses) on investments	4	<17,055,732.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	<17,055,732.>
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	<15,720,776.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	<4,632,717.>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	874,224.		
e	Add lines 2a through 2d			2e	874,224.
3	Subtract line 2e from line 1			3	<5,506,941.>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	17,774,069.		
c	Add lines 4a and 4b			4c	17,774,069.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	12,267,128.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	11,088,059.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	874,224.		
e	Add lines 2a through 2d			2e	874,224.
3	Subtract line 2e from line 1			3	10,213,835.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	718,337.		
c	Add lines 4a and 4b			4c	718,337.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	10,932,172.

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

PART XII, LINE 2D - OTHER ADJUSTMENTS:

MANAGEMENT FEE EXPENSE: 874224.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

UNREALIZED LOSSES: 17055732.

INVESTMENT FEES: 718337.

Part XIV Supplemental Information *(continued)*

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

MANAGEMENT EXPENSES: 874224.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES: 718337.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2008

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? [X] 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADMINISTRATIVE ENDOWMENT FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	26,850.	0.			COMMUNITY BETTERMENT
ALTON PUBLIC SCHOOL FOUNDATION UNRESTRICTED FUND - 425 E. TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	26,655.	0.			COMMUNITY BETTERMENT
ALTON R-IV SCHOOL DISTRICT RT 2 BOX 2180 ALTON, MO 65606	43-6015516	POLITICAL SUB.	17,218.	0.			CLASSROOM EQUIPMENT AND EDUCATIONAL PURPOSES
AMERICAN CANCER SOCIETY 3322 S. CAMPBELL, #P SPRINGFIELD, MO 65807	23-7040934	501 (C) 3	67,186.	0.			HIGH PLAINS DIVISION
AMERICAN DIABETES ASSOC. 1944 E. SUNSHINE, SUITE A SPRINGFIELD, MO 65804	13-1623888	501 (C) 3	5,000.	0.			HEALTH BASED PROGRAM
AMERICAN HEART ASSOCIATION 2446 E. MADRID AVE. SPRINGFIELD, MO 65804	13-5613797	501 (C) 3	13,122.	0.			HEALTH BASED PROGRAM

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) 2008

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

832101 12-18-08

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS/EDUCATIONAL PURPOSES	361	452,972.	0.		
ORTHODONTIA FOR NEEDY CHILDREN	5	7,320.	0.		
MID-LIFE CRISIS GRANTS	2	1,287.	0.		
AID FOR CANCER PATIENTS	35	28,785.	0.		
AID TO FAMILIES OF POLICE/FIREFIGHTERS	3	2,866.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

LAURA INGALLS WILDER-ROSE WILDER LANE HOME & MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR MOBILIZATION, WATERMAIN, SERVICE LINE, FIRE HYDRANT, WATER METER INSTALLATION, MISC FITTINGS

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number
23-7290968

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN KIDS, INC. 158 POINT ROYALE DRIVE BRANSON, MO 65616	73-1243062	501 (C) 3	5,000.	0.			YOUTH PROGRAM
ANONYMOUS UNRESTRICTED GRANTMAKING FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	20,300.	0.			COMMUNITY BETTERMENT
ASH GROVE SCHOOLS 100 MAPLE LANE ASH GROVE, MO 65604	44-6001727	POLITICAL SUB.	5,633.	0.			EDUCATIONAL PURPOSES
AURORA AREA COMMUNITY FOUNDATION ADMINISTRATIVE FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	12,500.	0.			COMMUNITY BETTERMENT
AURORA AREA UNRESTRICTED COMMUNITY GRANTMAKING FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	21,050.	0.			COMMUNITY BETTERMENT
BARCEDA FAMILIES P.O. BOX 451, 106 WEST JACKSON BOLIVAR, MO 65613	01-0586306	501 (C) 3	30,000.	0.			HUMAN SERVICES
BIG BROTHERS/BIG SISTERS OF THE OZARKS - 3372 W. BATTLEFIELD - SPRINGFIELD, MO 65807	43-0971303	501 (C) 3	12,865.	0.			YOUTH PROGRAM
BLOOMSDALE VOLUNTEER FIRE DEPARTMENT - PO BOX #42 - BLOOMSDALE, MO 63627	43-1217976	501 (C) 3	20,000.	0.			ASSISTANCE FOR NEW FIRE TRUCK

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number
23-7290968

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BOLIVAR AREA COMMUNITY FOUNDATION ADMINISTRATIVE FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	25,000.	0.			COMMUNITY BETTERMENT
BOLIVAR AREA COMMUNITY FOUNDATION GRANTMAKING FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	12,500.	0.			COMMUNITY BETTERMENT
BONEBRAKE CENTER OF NATURE AND HISTORY - 601 NORTH HICKORY STREET - SALEM, MO 65560	43-1514904	501 (C) 3	10,000.	0.			ENVIRONMENTAL PROGRAM
BOURBON COMMUNITY FOUNDATION ADMINISTRATIVE FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	12,500.	0.			COMMUNITY BETTERMENT
BOURBON COMMUNITY FOUNDATION FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	15,750.	0.			COMMUNITY BETTERMENT
BOYS & GIRLS CLUB OF POPLAR BLUFF, INC. - PO BOX 55 - POPLAR BLUFF, MO 63902	43-1831638	501 (C) 3	76,313.	0.			YOUTH PROGRAM
BOYS & GIRLS CLUBS OF SPRINGFIELD 1410 N FREMONT AVE SPRINGFIELD, MO 65802	44-0513659	501 (C) 3	36,652.	0.			YOUTH PROGRAM
BOYS & GIRLS TOWN OF MISSOURI 1212 W LOMBARD ST SPRINGFIELD, MO 65806	43-0681471	501 (C) 3	22,431.	0.			YOUTH PROGRAM

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number
23-7290968

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BRAIN INJURY ASSOCIATION OF MISSOURI - 10270 PAGE, SUITE 100 - ST. LOUIS, MO 63132	43-1264556	501 (C) 3	5,048.	0.			HUMAN SERVICES
BRANSON COMMUNITY GRANTMAKING FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	7,920.	0.			COMMUNITY BETTERMENT
BREAST CANCER FOUNDATION OF THE OZARKS - 330 N JEFFERSON AVE - SPRINGFIELD, MO 65806	43-1881450	501 (C) 3	28,550.	0.			HEALTH BASED PROGRAM
BUFFALO ROTARY CLUB DAVIS AND MALLORY MEMORIAL FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	12,500.	0.			COMMUNITY BETTERMENT
CAMP BARNABAS 901 PRIVATE RD 2060 PURDY, MO 65734	33-1122930	501 (C) 3	68,466.	0.			YOUTH PROGRAM
CAMPUS CRUSADE FOR CHRIST 11112 TAEDA DRIVE ORLANDO, FL 32832	95-6006173	501 (C) 3	8,800.	0.			FAITH BASED PROGRAM
CARTHAGE AREA UNITED WAY PO BOX 250 CARTHAGE, MO 64836	87-0705084	501 (C) 3	14,850.	0.			COMMUNITY BETTERMENT
CARTHAGE CRISIS CENTER 100 S MAIN ST CARTHAGE, MO 64836	43-1769385	501 (C) 3	107,832.	0.			HUMAN SERVICES

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number
23-7290968

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CARTHAGE R-9 SCHOOL FOUNDATION 710 LYON STREET CARTHAGE, MO 64836	43-1712338	501 (C) 3	24,820.	0.			EDUCATIONAL PURPOSES
CASA PO BOX 14364 SPRINGFIELD, MO 65814	43-1524185	501 (C) 3	5,300.	0.			YOUTH PROGRAM
CASSIDY UNITED METHODIST CHURCH 5151 FREMONT RD NIXA, MO 65714	03-0409869	OTHER	6,115.	0.			FAITH BASED PROGRAM
CASSVILLE COMMUNITY FOUNDATION ADMINISTRATIVE FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	12,500.	0.			COMMUNITY BETTERMENT
CASSVILLE COMMUNITY GRANTMAKING ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	17,750.	0.			COMMUNITY BETTERMENT
CHILD ADVOCACY CENTER 1033 E WALNUT ST SPRINGFIELD, MO 65806	43-1729078	501 (C) 3	17,039.	0.			YOUTH PROGRAM
CHRIST EPISCOPAL CHURCH 601 E WALNUT ST SPRINGFIELD, MO 65806	43-1657802	501 (C) 3	31,479.	0.			FAITH BASED PROGRAM
CHRISTIAN ASSOCIATES 13192 STATE HWY 13 KIMBERLING CITY, MO 65686	43-1021298	501 (C) 3	7,000.	0.			STONE CTY CRISIS RESPONSE SERVICES

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number
23-7290968

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHRISTIAN COUNTY FAMILY CRISIS CENTER - PO BOX 1276 - OZARK, MO 65721	43-1928995	501 (C) 3	6,875.	0.			COMMUNITY EVENT
CHRISTIAN RENEWAL ASSOCIATION PO BOX 576 EDMONDS, WA 98020	91-1291259	501 (C) 3	5,000.	0.			GENERAL OPERATING BUDGET
CHURCH ARMY USA BRANSON 501 SOUTH 5TH STREET, P.O. BOX 6224 BRANSON, MO 65615	25-1624453	501 (C) 3	9,670.	0.			FAITH BASED PROGRAM
CITY OF BOLIVAR 345 S MAIN AVE BOLIVAR, MO 65613	44-6000140	POLITICAL SUB.	66,978.	0.			PARK DEVELOPMENT
CITY OF CUBA 202 N. SMITH STREET CUBA, MO 65453	43-6000939	POLITICAL SUB.	270,000.	0.			COMMUNITY BETTERMENT
CITY OF MARSHFIELD 798 S. MARSHALL MARSHFIELD, MO 65706	44-6006149	POLITICAL SUB.	9,240.	0.			VETERANS MONUMENT
CITY OF SALEM 400 N IRON ST SALEM, MO 65560	43-6003364	POLITICAL SUB.	5,000.	0.			ROTARY CLUB SOCCER PROJECT
CITY OF SEYMOUR PO BOX 247 SEYMOUR, MO 65746	44-6005586	POLITICAL SUB.	27,930.	0.			COMMUNITY EVENT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number
23-7290968

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CLINTON MAIN STREET, INC. 200 S. MAIN STREET, GREATER CLINTON AREA CHAMBER OF COMMERCE - CLINTON, MO 6	43-1528229	501 (C) 3	17,740.	0.			ELKS LODGE RE-BUILDING PROJECT
CLINTON UNITED METHODIST CHURCH PO BOX 128 CLINTON, MO 64735	44-0590276	501 (C) 3	17,563.	0.			FAITH BASED PROGRAM
COLLEGE OF THE OZARKS FINANCIAL AID OFFICE, PO BOX 17 POINT LOOKOUT, MO 65726	44-0556862	501 (C) 3	21,634.	0.			SCHOLARSHIPS
COLUMBIA PUBLIC SCHOOLS 27 SOUTH TENTH STREET, SUITE 202 COLUMBIA, MO 65201	43-6000316	POLITICAL SUB.	10,563.	0.			EDUCATIONAL PURPOSES
COMMUNITY CENTER FOUNDATION OF STE GENEVIEVE COUNTY - PO BOX 248 - STE GENEVIEVE, MO 63670	43-1792195	501 (C) 3	13,300.	0.			COMMUNITY BETTERMENT
COMMUNITY FOUNDATION OF SOUTHWEST MISSOURI - 221 W 4TH ST STE 11 - CARTHAGE, MO 64836	23-7290968	501 (C) 3	10,500.	0.			OPERATIONAL EXPENSE
COMMUNITY FOUNDATION OF SW MO OPERATING ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	6,100.	0.			COMMUNITY BETTERMENT
COMMUNITY FOUNDATION OF THE HERMANN AREA ADMINISTRATIVE FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	12,500.	0.			COMMUNITY BETTERMENT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number
23-7290968

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COMMUNITY FOUNDATION OF THE OZARKS 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	7,500.	0.			COMMUNITY BETTERMENT
COMMUNITY PARTNERSHIP OF THE OZARKS - 330 N JEFFERSON AVE - SPRINGFIELD, MO 65806	43-1830026	501 (C) 3	30,800.	0.			GREATEST NEED
COMMUNITY PARTNERSHIP OF THE OZARKS ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	20,000.	0.			COMMUNITY BETTERMENT
COUNCIL OF CHURCHES OF THE OZARKS PO BOX 3947 SPRINGFIELD, MO 65808	43-0903657	501 (C) 3	27,408.	0.			COMMUNITY BETTERMENT
COUNTY OF STE. GENEVIEVE 911 CENTER - 295 BROOKS DR - STE. GENEVIEVE, MO 63670	43-6003165	POLITICAL SUB.	31,500.	0.			EQUIPMENT FOR COMMUNICATIONS TRLR
COX HEALTH FOUNDATION 3525 SOUTH NATIONAL, #204 SPRINGFIELD, MO 65807	43-6810485	501 (C) 3	37,900.	0.			HEALTH BASED PROGRAM
CRAWFORD COUNTY COMMUNITY FND 34 VILLAGE @ 4 CUBA, MO 65453	43-1941534	501 (C) 3	43,325.	0.			WAR MEMORIAL FOR COMMUNITY
CRAWFORD COUNTY COMMUNITY GRANTMAKING ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	21,050.	0.			COMMUNITY PROJECT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number
23-7290968

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CRAWFORD COUNTY FOUNDATION ADMINISTRATIVE FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	12,500.	0.			COMMUNITY PROJECT
CRAWFORD COUNTY FOUNDATION, INC. 34 VILLAGE @ 4 CUBA, MO 65453	43-1941534	501 (C) 3	31,500.	0.			COMMUNITY BETTERMENT
CRAWFORD COUNTY R-I SCHOOL DISTRICT - 1444 OLD HWY 66 - BOURBON, MO 65441	43-6000916	POLITICAL SUB.	11,143.	0.			DISTRIBUTION - ATHLETIC IMPROVEMENTS
CROSSLINES-COC 1710 E CHESTNUT EXP SPRINGFIELD, MO 65802	43-0903657	501 (C) 3	12,037.	0.			COMMUNITY BETTERMENT
DACO COMMUNITY GRANTMAKING ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	10,500.	0.			COMMUNITY BETTERMENT
DALLAS COUNTY COMMUNITY FOUNDATION ADMINISTRATIVE FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	12,500.	0.			COMMUNITY BETTERMENT
DALLAS COUNTY FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	5,300.	0.			COMMUNITY BETTERMENT
DENTAL ASSISTING EDUCATORS SCHOLARSHIP FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	6,691.	0.			SCHOLARSHIP

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number
23-7290968

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DEVELOPMENTAL CENTER OF THE OZARKS 1545 E PYTHIAN SPRINGFIELD, MO 65802	44-0614402	501 (C) 3	31,679.	0.			COMMUNITY BETTERMENT
DISCOVERY CENTER 438 E ST LOUIS ST SPRINGFIELD, MO 65806	43-15-68214	501 (C) 3	24,540.	0.			YOUTH PROGRAM
DOUGLAS COUNTY COMMUNITY FOUNDATION ADMINISTRATIVE FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	21,361.	0.			COMMUNITY BETTERMENT
EAST CENTRAL COLLEGE 1964 PRAIRIE DELL RD UNION, MO 63084	43-1941534	501 (C) 3	6,668.	0.			BOOKSTORE REIMBURSEMENT EXPENSES
EL DORADO SPRINGS ADMINISTRATIVE ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	25,000.	0.			COMMUNITY BETTERMENT
EL DORADO SPRINGS CF UNRESTRICTED FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	8,500.	0.			COMMUNITY BETTERMENT
EL DORADO SPRINGS R-2 SCHOOLS 901 S. GRAND EL DORADO SPRINGS, MO 64744	44-6001481	POLITICAL SUB.	5,413.	0.			EDUCATIONAL PURPOSES
ELDON COMMUNITY GRANTMAKING ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	25,000.	0.			COMMUNITY BETTERMENT

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ELDON R-1 SCHOOL DISTRICT 112 S PINE ELDON, MO 65026	44-6002437	POLITICAL SUB.	162,540.	0.			EDUCATIONAL PROGRAMMING
EVANGELICAL FREE CHURCH OF AMERICA 901 EAST 78TH STREET MINNEAPOLIS, MN 55420	41-0721672	501 (C) 3	18,000.	0.			HUNGARY MINISTRY CENTER ACCT. #25159-0902
FAIR ACRES FAMILY YMCA FUND, INC. 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	5,000.	0.			COMMUNITY BETTERMENT
FAIR ACRES FAMILY YMCA, INC. 2600 GRAND AVE CARTHAGE, MO 64836	43-1558437	501 (C) 3	8,013.	0.			COMMUNITY BETTERMENT
FINLEY RIVER ADMINSTRATIVE ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	11,285.	0.			COMMUNITY BETTERMENT
FINLEY RIVER CF UNRESTRICTED FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	19,185.	0.			COMMUNITY BETTERMENT
FOCUS FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	5,000.	0.			COMMUNITY BETTERMENT
FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS - 940 N JEFFERSON - SPRINGFIELD, MO 65802	43-1560366	501 (C) 3	43,866.	0.			EDUCATIONAL PROGRAMMING

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FOZ (FRIENDS OF THE ZOO) EDUCATIONAL ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	10,000.	0.			ENVIRONMENAL PRESERVATION
FREEMAN HOSPITAL FOUNDATION 1102 WEST 32ND ST JOPLIN, MO 64804	43-1240629	501 (C) 3	10,917.	0.			HERITAGE CLUB DINNER
FRIENDS OF THE ZOO 3043 N FORT ST SPRINGFIELD, MO 65803	23-7096596	501 (C) 3	19,688.	0.			HUMANE TREATMENT FOR ANIMALS
GOOD SAMARITAN BOYS RANCH P.O. BOX 617 BRIGHTON, MO 65617	44-6006077	501 (C) 3	13,000.	0.			YOUTH PROGRAM
GOOD SAMARITAN CARE CLINIC 501 W HWY 60, P O BOX 160 MOUNTAIN VIEW, MO 65548	52-2418664	501 (C) 3	10,000.	0.			COMMUNITY BETTERMENT
GRACE EPISCOPAL CHURCH PO BOX 596, 820 HOWARD ST CARTHAGE, MO 64836	44-0608719	OTHER	20,664.	0.			FAITH BASED PROGRAM
GREATER SEYMOUR AREA FUND 425 E. TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	7,750.	0.			COMMUNITY BETTERMENT
GREENE COUNTY MEDICAL SOCIETY 1200 E WOODHURST DR STE D200 SPRINGFIELD, MO 65804	44-0515179	501 (C) 3	5,000.	0.			DOCTORS DAY

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GSAF ADMINISTRATIVE ENDOWMENT FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	12,980.	0.			COMMUNITY BETTERMENT
HALFWAY R-III SCHOOL DISTRICT 2150 HIGHWAY 32 HALFWAY, MO 65663	44-6001400	POLITICAL SUB.	5,000.	0.			GREATEST EDUCATIONAL NEED
HERMANN AREA COMMUNITY GRANTMAKING ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	27,500.	0.			COMMUNITY BETTERMENT
HICKORY COUNTY ADMINISTRATIVE ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	5,000.	0.			COMMUNITY BETTERMENT
HIDDEN WATERS NATURE PARK FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	5,000.	0.			ENVIRONMENAL PRESERVATION
HISTORY MUSEUM FOR SPRINGFIELD-GREENE COUNTY - 830 N. BOONVILLE - SPRINGFIELD, MO 65802	51-0148860	501 (C) 3	7,829.	0.			HISTORY MUSEUM
HOLY ROSARY CATHOLIC CHURCH 610 S 4TH ST CLINTON, MO 64735	44-0662906	OTHER	7,000.	0.			BUILDING FUND
HOLY TRINITY CATHOLIC CHURCH 2818 E BENNETT ST SPRINGFIELD, MO 65804	43-0889012	501 (C) 3	5,000.	0.			FAITH BASED PROGRAM

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HOMETOWN PRIDE FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	25,000.	0.			COMMUNITY BETTERMENT
HOUSTON COMMUNITY GRANTMAKING ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	5,400.	0.			COMMUNITY BETTERMENT
HOWELL COUNTY EXTENSION COUNCIL ENDOWMENT FUND - 425 E. TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	20,000.	0.			COMMUNITY BETTERMENT
INTERVARSITY CHRISTIAN FELLOWSHIP PO BOX 7895 MADISON, WI 53707	36-2171714	501 (C) 3	10,000.	0.			SUPPORT WORK OF HOWIE MELOCH
ISABEL'S HOUSE - CRISIS NURSERY OF THE OZARKS - 2750 W BENNETT ST - SPRINGFIELD, MO 65802	20-4574229	501 (C) 3	57,550.	0.			CRISIS NURSERY
JACKS FORK COMMUNITY FOUNDATION GRANTMAKING FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	33,550.	0.			COMMUNITY BETTERMENT
JAMES RIVER ASSEMBLY 6100 N 19TH ST OZARK, MO 65721	43-1564676	OTHER	100,000.	0.			CHANGING HISTORY CAMPAIGN/2ND OF 4 YEARS
JAMES RIVER BASIN PARTNERSHIP ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	10,040.	0.			COMMUNITY BETTERMENT

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JASPER COUNTY COMMISSION 302 S MAIN ST CARTHAGE, MO 64836	44-6000531	POLITICAL SUB.	10,968.	0.			COURTHOUSE ELEVATOR REPAIRS
JOE PAUL EVANS COMMUNITY ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	11,025.	0.			COMMUNITY BETTERMENT
JOHNSON COUNTY HISTORICAL SOCIETY 302 N MAIN STREET WARRENSBURG, MO 64093	43--6049347	501 (C) 3	13,517.	0.			CULTURAL ARTS
JOPLIN LITTLE THEATRE PO BOX 374 JOPLIN, MO 64802	44-0657040	501 (C) 3	5,000.	0.			CULTURAL ARTS
JORDAN VALLEY COMMUNITY HEALTH CENTER - PO BOX 5681 - SPRINGFIELD, MO 65801	43-1602701	501 (C) 3	7,164.	0.			HEALTH BASED PROGRAM
K INTERNATIONAL 1429 LAKESHORE DRIVE BRANSON, MO 65616	43-1538224	501 (C) 3	50,000.	0.			YOUTH PROGRAM
KANAKUK INSTITUTE 1353 LAKESHORE DRIVE BRANSON, MO 65616	43-1926319	501 (C) 3	30,000.	0.			YOUTH PROGRAM
KENT KEHR ADMINISTRATIVE OPERATIONS ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	12,500.	0.			COMMUNITY BETTERMENT

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KIDS ACROSS AMERICA FOUNDATION 1429 LAKESHORE DRIVE BRANSON, MO 65616	43-1348373	501 (C) 3	50,500.	0.			YOUTH PROGRAM
KINSEY FIRE DEPARTMENT 7821 STATE RD. DD BLOOMSDALE, MO 63627	43-1169620	501 (C) 3	15,650.	0.			TURNOUT GEAR & FIRE SAFETY EQUIPMENT
KORNERSTONE, INC. PO BOX 396 SHELL KNOB, MO 65747	43-1820354	501 (C) 3	5,800.	0.			FUNDS FOR FAMILY LITERACY
KSMU/OZARKS PUBLIC BROADCASTING 901 S NATIONAL SPRINGFIELD, MO 65804	44-6000308	POLITICAL SUB.	30,300.	0.			MAKING A DIFFERENCE / SENSE OF PLACE
LAKELAND SCHOOL DISTRICT 12530 LAKELAND SCHOOL DR DEEPWATER, MO 64740	43-1042567	POLITICAL SUB.	8,000.	0.			SCHOLARSHIPS
LAURA INGALLS WILDER-ROSE WILDER LANE HOME & MUSEUM - 3068 HIGHWAY A - MANSFIELD, MO 65704	43-0949542	501 (C) 3	38,100.	0.			FOR MOBILIZATION, WATERMAIN, SERVICE LINE, FIRE HYDRANT, WATER METER INSTALLATION, MISC
LIVES UNDER CONSTRUCTION OPERATING ACCOUNT - 425 E. TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	68,280.	0.			EDUCATIONAL YOUTH PROGRAMS
LIVES UNDER CONSTRUCTION RANCH 296 BOYS RANCH ROAD LAMPE, MO 65681	46-0368556	501 (C) 3	22,375.	0.			EDUCATIONAL YOUTH PROGRAMS

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LOCKWOOD COMMUNITY FOUNDATION ADMINISTRATIVE FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	12,500.	0.			COMMUNITY BETTERMENT
LOCKWOOD FUND 425 E. TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	22,050.	0.			COMMUNITY BETTERMENT
MANSFIELD R-IV SCHOOL DISTRICT 316 W OHIO AVE MANSFIELD, MO 65704	44-6004986	POLITICAL SUB.	25,540.	0.			62 STUDENTS, BOOKS, RELATED FEES
MANSFIELD YOUTH GARDENING PROJECT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	7,500.	0.			ROUTE 60 GARDENING PROJECT
MANSFIELD/NORWOOD COMMUNITY FUND 425 E. TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	10,000.	0.			COMMUNITY BETTERMENT
MARIES COUNTY SOIL & WATER P O BOX 211 VIENNA, MO 65582	43-1011996	OTHER	5,000.	0.			FOR BUILDING PURCHASE
MARSHFIELD AREA COMMUNITY GRANTMAKING ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	5,600.	0.			COMMUNITY BETTERMENT
MARY NORMAN/SUS COMM CONSULTING, LLC - 1051 S FREMONT AVE - SPRINGFIELD, MO 65804	563-74-6408	OTHER	8,354.	0.			COMMUNITY BETTERMENT

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MCCUNE-BROOKS HEALTHCARE FOUNDATION, INC. - PO BOX 734 - CARTHAGE, MO 64836	43-1771403	501 (C) 3	33,050.	0.			MCCUNE BROOKS HEALTHCARE FOUNDATION
MISSOURI COLLEGES FUND, INC. 3401 W. TRUMAN BLVD. STE. 202 JEFFERSON CITY, MO 65109	43-0680952	501 (C) 3	13,000.	0.			EDUCATIONAL PURPOSES
MISSOURI SOUTHERN FOUNDATION 3950 E. NEWMAN ROAD JOPLIN, MO 64801	43-0907114	501 (C) 3	175,000.	0.			EDUCATIONAL PURPOSES
MISSOURI STATE UNIVERSITY FINANCIAL AID OFFICE - NICHOLS, 901 S NATIONAL, CARRINGTON 101 - SPRINGFIELD	44-6000308	POLITICAL SUB.	318,371.	0.			SCHOLARSHIPS AND EDUCATIONAL PROGRAMS
MONETT ADMINISTRATIVE FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	10,000.	0.			COMMUNITY BETTERMENT
MONETT COMMUNITY FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	28,645.	0.			COMMUNITY BETTERMENT
MONETT HIGH SCHOOL 1650 EAST CLEVELAND STREET MONETT, MO 65708	44-6001429	POLITICAL SUB.	14,578.	0.			SCOREBOARD FOR HIGH SCHOOL FIELD
MOUNT VERNON AREA COMMUNITY GRANTMAKING ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	9,850.	0.			COMMUNITY BETTERMENT

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MOUNTAIN GROVE AREA CF GRANTMAKING ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	15,750.	0.			COMMUNITY BETTERMENT
MSU - WEST PLAINS FINANCIAL AID OFFICE, 128 GARFIELD WEST PLAINS, MO 65775			19,050.	0.			SCHOLARSHIPS
MSU FOUNDATION 300 S. JEFFERSON, STE. 100 SPRINGFIELD, MO 65806	43-1234200	501 (C) 3	7,500.	0.			EDUCATIONAL PURPOSES
MT. VERNON AREA COMMUNITY FOUNDATION ADMINISTRATIVE FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	10,000.	0.			COMMUNITY BETTERMENT
MT. VERNON SCHOOLS 730 S. LANDRUM MT. VERNON, MO 65712	44-6003597	POLITICAL SUB.	40,948.	0.			EDUCATIONAL PURPOSES
MTN. GROVE AREA COMMUNTIY FOUNDATION ADMINSTRATIVE ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	12,500.	0.			COMMUNITY BETTERMENT
MXTV 230 FRANKLIN ROAD BLDG. 801 FRANKLIN, TN 37064	76-0461738	501 (C) 3	10,000.	0.			COMMUNITY BETTERMENT
NAMI 1701 S. CAMPBELL SPRINGFIELD, MO 65807	43-1244674	501 (C) 3	22,222.	0.			FOR BREAKING THE SILENCE" PROGRAM"

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NATIONAL INSTITUTE OF MARRIAGE 250 LAKEWOOD DRIVE HOLLISTER, MO 65672	86-0418475	501 (C) 3	50,000.	0.			HUMAN SERVICES
NEWBURG COMMUNITY GRANTMAKING ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	6,300.	0.			COMMUNITY BETTERMENT
NIXA COMMUNITY FOUNDATION ADMINISTRATIVE FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	12,500.	0.			COMMUNITY BETTERMENT
NIXA FIRE DISTRICT/LOCAL 3904 NIXA SHOP UNRESTRICTED FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	7,000.	0.			COMMUNITY BETTERMENT
NIXA JUNIOR HIGH SCHOOL 205 NORTH ST NIXA, MO 65714	44-6003678	POLITICAL SUB.	5,617.	0.			EDUCATIONAL PURPOSES
NIXA R-II SCHOOL DISTRICT 205 NORTH ST NIXA, MO 65714	44-6003678	POLITICAL SUB.	12,707.	0.			EDUCATIONAL PURPOSES
ORLT OPERATING ENDOWMENT FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	25,000.	0.			ENVIRONMENAL PRESERVATION
OZARK BOTANICAL GARDEN INC HC 1 BOX 1 BRIXEY, MO 65618	45-0466958	501 (C) 3	8,375.	0.			FOR OZARK SEED BANK

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number
23-7290968

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
OZARK COUNTY ICE RELIEF FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	6,000.	0.			COMMUNITY ICE RELIEF
OZARK GREENWAYS PO BOX 50733 SPRINGFIELD, MO 65805	43-1525122	501 (C) 3	29,416.	0.			EXPAND BIKE EVENT/PROGRAMS, PROJECTS
OZARK GREENWAYS ENDOWMENT FUND #2 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	45,550.	0.			ENVIRONMENAL PRESERVATION
OZARK PARK DEPARTMENT P.O. BOX 1206 OZARK, MO 65721	44-6000241	POLITICAL SUB.	22,376.	0.			COMMUNITY BETTERMENT
OZARK TRAILS COUNCIL, BSA 1616 S EASTGATE SPRINGFIELD, MO 65807	44-0546294	501 (C) 3	34,250.	0.			EDUCATIONAL YOUTH PROGRAMS
OZARKS FOOD HARVEST PO BOX 5746 SPRINGFIELD, MO 65801	43-1426384	501 (C) 3	34,854.	0.			FOOD FOR THE NEEDY
OZARKS LITERACY COUNCIL 430 SOUTH AVE STE 200 SPRINGFIELD, MO 65806	43-1162068	501 (C) 3	7,664.	0.			COMMUNITY BETTERMENT
OZARKS MEDICAL CENTER FOUNDATION 401 WASHINGTON AVE WEST PLAINS, MO 65775	43-1834356	501 (C) 3	30,000.	0.			FOR PR, SERVICES/RENTAL, STAFF, SCREENING, CATERING, ED MATERIALS, SUPPLIES

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OZARKS TECHNICAL COMMUNITY COLLEGE 1001 E CHESTNUT EXPY SPRINGFIELD, MO 65802	43-1549458	POLITICAL SUB.	26,960.	0.			AS REQUESTED
OZARKS TECHNICAL COMMUNITY COLLEGE FOUNDATION - 1001 E CHESTNUT EXPY - SPRINGFIELD, MO 65802	43-1753974	501 (C) 3	58,491.	0.			SCHOLARSHIP
OZORA COMMUNITY FIRE PROTECTION ASSOCIATION - 17919 STATE ROUTE N - ST. MARY, MO 63673	43-1254072	501 (C) 3	11,000.	0.			MINI PUMPER TRUCK / OUTFIT BRUSH TRUCK
P.A.C.E. 102 WEST ST. #1 CASSVILLE, MO 65625	43-1615979	501 (C) 3	18,959.	0.			BARRY COUNTY DRUG COURT
PATRIOT FAMILY SCHOLARSHIP FUND 425 E. TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	10,000.	0.			2009-2010 SCHOLARSHIPS
PLEASANT VIEW MIDDLE SCHOOL 2210 E STATE HIGHWAY AA SPRINGFIELD, MO 65803	44-6005539	POLITICAL SUB.	25,000.	0.			ORGANIC GARDEN
POLK COUNTY HEALTH CENTER 1317 W BROADWAY, PO BOX 124 BOLIVAR, MO 65613	43-1268665	POLITICAL SUB.	22,064.	0.			HEALTH NEEDS OF THE COMMUNITY
POLK COUNTY HUMANE SOCIETY 471 S FLINT AVE BOLIVAR, MO 65613	43-1590822	501 (C) 3	29,661.	0.			HUMANE CARE OF ANIMALS

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POLK COUNTY K-LIFE PO BOX 701 BOLIVAR, MO 65613	01-0643912	501 (C) 3	6,000.	0.			YOUTH PROGRAM
POLK COUNTY LIBRARY 1690 W BROADWAY BOLIVAR, MO 65613	43-1721906	OTHER	84,400.	0.			EDUCATIONAL PURPOSES
PREGNANCY CARE CENTER 1342 E PRIMROSE, STE C SPRINGFIELD, MO 65804	43-1786978	501 (C) 3	35,000.	0.			ASSISTANCE TO WOMEN
RAINBOW NETWORK 3834 SOUTH AVENUE SPRINGFIELD, MO 65807	43-1720451	501 (C) 3	25,500.	0.			HUMAN SERVICES
REPUBLIC COMMUNITY FOUNDATION ADMINISTRATIVE ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	14,750.	0.			COMMUNITY BETTERMENT
REPUBLIC COMMUNITY GRANTMAKING ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	21,150.	0.			COMMUNITY BETTERMENT
REPUBLIC R-III SCHOOLS OFFICE OF THE SUPERINTENDENT, 518 N REPUBLIC, MO 65738	44-6004149	POLITICAL SUB.	9,103.	0.			EDUCATIONAL PURPOSES
ROCKAWAY BEACH ECONOMIC DEVELOPMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	15,000.	0.			ECONOMIC DEVELOPMENT PLAN

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ROCKY MOUNT BAPTIST CHURCH 476 HWY Y ELDON, MO 65026			19,772.	0.			FAITH BASED
RONALD MCDONALD HOUSE 949 E PRIMROSE ST SPRINGFIELD, MO 65807	43-1371143	501 (C) 3	11,297.	0.			ASSISTANCE TO FAMILIES WITH HOSPITALIZED CHILDREN
SALEM AREA COMMUNITY BETTERMENT ASSOC, INC. - PO BOX 732 - SALEM, MO 65560	43-1677891	501 (C) 3	35,000.	0.			$30,000 - OZARK NATURAL & CULTURAL RESOURCE CENTER FACILITY; $5,000 TEACHER'S CLOSET
SALEM MEMORIAL DISTRICT HOSPITAL PO BOX 774 SALEM, MO 65560	43-6110058	POLITICAL SUB.	5,000.	0.			RECUMBENT BIKE FOR PT DEPT
SALEM PUBLIC LIBRARY 102 N. JACKSON SALEM, MO 65560	04-3690774	501 (C) 3	10,000.	0.			CONSTRUCTION FUND
SALEM PUBLIC SCHOOLS GRANTMAKING FUND - 425 E. TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	15,000.	0.			COMMUNITY BETTERMENT
SALEM TELECOMMUNICATION COMMUNITY RESOURCE CENTER - PO BOX 190, 1201 W. ROLLA RD - SALEM, MO 65560	43-6003859	POLITICAL SUB.	5,000.	0.			HUMAN SERVICES
SALVATION ARMY P.O. BOX 9685 SPRINGFIELD, MO 65801	58-0660607	501 (C) 3	6,440.	0.			HUMAN SERVICES

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SERVICE LEAGUE OF SAN MATEO COUNTY 727 MIDDLEFIELD ROAD REDWOOD CITY, CA 94063	94-1661885	501 (C) 3	5,000.	0.			KITCHEN RENOVATION OF HOPE HOUSE
SHARE IT FORWARD C/O HERSCHEND FAMILY FND, 100 CORPO BRANSON, MO 65616	20-1582086	501 (C) 3	33,250.	0.			DISTRIBUTION TO SHARE IT FORWARD
SIERRA CLUB WHITE RIVER P O BOX 2355 NIXA, MO 65714	94-1153307	501 (C) 4	10,500.	0.			PUBLISH FREE OUTDOOR GUIDE
SKAGGS/EXXON MOBIL ADMINISTRATIVE ENDOWMENT FUND - 425 E. TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	20,000.	0.			COMMUNITY BETTERMENT
SOUTHWEST HOME EDUCATION MINISTRY P O BOX 321 REPUBLIC, MO 65738	43-1655480	501 (C) 3	8,380.	0.			FAITH BASED
SOUTHWEST MISSOURI HUMANE SOCIETY 3161 W NORTON RD SPRINGFIELD, MO 65803	44-0665046	501 (C) 3	496,965.	0.			HUMANE CARE OF ANIMALS
SOUTHWEST MO MUSEUM ASSOCIATES (SMMA) - 1111 E BROOKSIDE DR - SPRINGFIELD, MO 65807	44-0560018	501 (C) 3	15,590.	0.			CULTURAL ARTS
SPRINGFIELD CATHOLIC SCHOOLS 3520 S. CULPEPPER CT, #C SPRINGFIELD, MO 65804	44-0619146	501 (C) 3	10,000.	0.			ANNUAL FUND CAMPAIGN

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SPRINGFIELD R-12 PUBLIC SCHOOLS 940 N JEFFERSON SPRINGFIELD, MO 65802	44-6005539	POLITICAL SUB.	30,131.	0.			PILOT PROGRAM FOR SUSTAINABILITY
SPRINGFIELD REGIONAL ARTS COUNCIL 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	43-1225541	501 (C) 3	86,837.	0.			CULTURAL ARTS
SPRINGFIELD REGIONAL OPERA CREAMERY ARTS CENTER, 411 N SHERMAN AVE - SPRINGFIELD, MO 65802	43-1222808	501 (C) 3	6,575.	0.			CULTURAL ARTS
SPRINGFIELD SYMPHONY ORCHESTRA 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	43-0797224	501 (C) 3	12,322.	0.			CULTURAL ARTS
SPRINGFIELD-GREENE COUNTY LIBRARY PO BOX 760 SPRINGFIELD, MO 65801	05-0534215	POLITICAL SUB.	23,619.	0.			PUBLIC EDUCATION
SPRINGFIELD-GREENE COUNTY PARK BOARD - 1923 N WELLER - SPRINGFIELD, MO 65803	44-6000268	POLITICAL SUB.	68,000.	0.			MAINTENANCE & OTHER ISSUES AT COOPER PARK
ST. AGNES PARISH 40 ST. AGNES DR BLOOMSDALE, MO 63627	43-0691483	501 (C) 3	5,000.	0.			FAITH BASED
ST. ANN'S CATHOLIC CHURCH PO BOX 803 CARTHAGE, MO 64836	44-0653009	501 (C) 3	26,500.	0.			FAITH BASED

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ST. ELIZABETH CATHOLIC CHURCH 609 SOUTH MAIN STREET EL DORADO SPRINGS, MO 64744	26-3265738	OTHER	6,000.	0.			FAITH BASED
ST. JOHN'S FOUNDATION FOR COMMUNITY HEALTH - 1235 E. CHEROKEE ST. - SPRINGFIELD, MO 65804	32-0195818	501 (C) 3	8,800.	0.			FOR SAFE KIDS AND OTHER HEALTH RELATED PROGRAMS
ST. LUKE'S HOSPITAL FOUNDATION 4225 BALTIMORE AVENUE KANSAS CITY, MO 64111	44-6014699	501 (C) 3	5,000.	0.			HEALTH PROGRAMS
STE. GENEVIEVE CO. COMMUNITY GRANTMAKING ENDOWMENT FUND - 901 ST. LOUIS ST., SUITE 701 - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	29,000.	0.			COMMUNITY BETTERMENT
STE. GENEVIEVE COUNTY COMMUNITY FOUNDATION SCHOLARSHIP FUND - 425 E. TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	10,000.	0.			EDUCATIONAL
STE. GENEVIEVE COUNTY FIREFIGHTERS ASSOCIATION - 165 S. 4TH - STE GENEVIEVE, MO 63670	43-1400975	501 (C) 3	7,500.	0.			EQUIPMENT FOR CRIBBING TRLR
STE. GENEVIEVE SHERIFF'S DEPARTMENT - 5 BASLER DR - STE. GENEVIEVE, MO 63670	43-6003165	POLITICAL SUB.	29,443.	0.			NEW PATROL CAR
STOCKTON COMMUNITY FOUNDATION GRANTMAKING FUND - 425 E. TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	7,702.	0.			COMMUNITY BETTERMENT

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STOCKTON LAKE CONSERVATION FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	5,100.	0.			STEWARDSHIP OZARKS ENVIRONMENTAL PROGRAM
SULLIVAN SCHOOL DISTRICT 138 TAYLOR ST SULLIVAN, MO 63080	43-6003670	POLITICAL SUB.	13,215.	0.			EDUCATIONAL PURPOSES
TABLE ROCK LAKE COMMUNITY FOUNDATION ADMINISTRATIVE FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	40,500.	0.			COMMUNITY BETTERMENT
THE CARING PEOPLE 164 CORPORATE PLACE BRANSON, MO 65616	43-1748286	501 (C) 3	5,000.	0.			HUMAN SERVICES
THE CARTHAGE FUND 221 W 4TH ST STE 11 CARTHAGE, MO 64836	23-7290968	501 (C) 3	50,300.	0.			COMMUNITY BETTERMENT
THE FOUNDATION: THE COUNCIL OF CHURCHES OF THE OZARKS - 3000 E CHESTNUT EXPWY, STE A - SPRINGFIELD, MO 65802	43-1819544	501 (C) 3	12,472.	0.			HUMAN SERVICES
THE JOPLIN FUND 425 E TRAFFICWAY SPRINGFIELD, MO 60806	23-7290968	501 (C) 3	5,300.	0.			COMMUNITY BETTERMENT
THE KITCHEN 1630 N JEFFERSON AVE SPRINGFIELD, MO 65803	43-1384531	501 (C) 3	60,407.	0.			AREA OF GREATEST NEED

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THE KITCHEN CAPACITY BUILDING FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	46,638.	0.			HUMAN SERVICES
THE LIGHTHOUSE CHILD & FAMILY CNTR 2548 N FREMONT STE 100 SPRINGFIELD, MO 65803	26-2610308	501 (C) 3	19,820.	0.			SECOND FACILITY EXPANSION
THE NIXA FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	21,217.	0.			COMMUNITY BETTERMENT
TRUMAN LAKE COMMUNITY FOUNDATION ADMINISTRATIVE FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	16,775.	0.			COMMUNITY BETTERMENT
TRUMAN LAKE QUALITY OF LIFE FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	16,775.	0.			COPAY REIMBURSEMENT
TUMBLING CREEK CAVE FOUNDATION ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	25,000.	0.			STEWARDSHIP OZARKS INITIATIVE
UNITED METHODIST CHURCH OF SALEM, MISSOURI - 801 EAST SCENIC RIVERS BLVD. - SALEM, MO 65560	43-0731516	OTHER	31,000.	0.			$30,000 IMPROVEMENTS / $1,000 UNITED METHODIST WOMEN
UNITED MINISTRIES IN HIGHER EDUCATION - 602 S FLORENCE - SPRINGFIELD, MO 65807	51-0155226	501 (C) 3	12,042.	0.			EDUCATIONAL PURPOSES

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UPPER WHITE RIVER BASIN FOUNDATION PO BOX 6218 BRANSON, MO 65615	43-1942991	501 (C) 3	27,375.	0.			BREAST CANCER FOUNDATION FUNDRAISER
UPPER WHITE RIVER BASIN FOUNDATION CAPACITY BUILDING FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	113,000.	0.			STEWARDSHIP OZARKS MATCH
VALLE SCHOOLS STE. GENEVIEVE PARRISH CENTER, 20 NORTH FOURTH STREET - STE. GENEVIEVE, MO 6	43-0653472	501 (C) 3	151,629.	0.			EDUCATIONAL PURPOSES
VERNON COUNTY SENIOR CENTER 701 GOLF HAVEN RD. NEVADA, MO 64772	43-1794593	501 (C) 3	13,805.	0.			FOR SENIOR ACTIVITIES
VICTORIAN CARTHAGE, INC. 131 NORTHWOOD ST. CARTHAGE, MO 64836	43-1476203	501 (C) 3	19,450.	0.			VICTORIAN CARTHAGE
VICTORY CIRCLE PEER SUPPORT 2101 W CHESTNUT EXPY SPRINGFIELD, MO 65802	71-0951822	501 (C) 3	20,000.	0.			SUPPORT FOR PEER CIRCLE PROGRAM
VICTORY MISSION PO BOX 2884 SPRINGFIELD, MO 65801	43-1345089	501 (C) 3	31,200.	0.			MINISTRY TO HELP HOMELESS
WARSAW SCHOOLS PO BOX 248 WARSAW, MO 65355	44-6005440	POLITICAL SUB.	100,179.	0.			SUPPORT OF SCHOOL & COMMUNITY PROJECTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WASHINGTON AVENUE BAPTIST CHURCH 1722 N. NATIONAL AVE. SPRINGFIELD, MO 65803	75-3261641	OTHER	18,100.	0.			SCHOLARSHIPS AND BUILDING MAINTENANCE
WASHINGTON UNIVERSITY - MEDICAL SCHOOL - WEST CAMPUS/CAMPUS BOX 1247, 1 BROOKINGS DRIVE - ST LOUIS, MO 63130	43-0653611	POLITICAL SUB.	5,000.	0.			EDUCATIONAL PURPOSES
WCCA TV 415 MAIN STREET WORCESTER, MA 1608	04-2984716	501 (C) 3	5,000.	0.			COMMUNITY BETTERMENT
WEBSTER COUNTY HISTORICAL SOCIETY 219 SOUTH CLAY STREET MARSHFIELD, MO 65706	43-1314623	501 (C) 3	8,100.	0.			HISTORIC CABIN PRESERVATION
WEINGARTEN VOLUNTEER FIRE DEPARTMENT - 13491 HWY 32 - STE. GENEVIEVE, MO 63670	43-1326479	501 (C) 3	20,250.	0.			HOSES, EQUIPMENT FOR FIRE TRUCK
WESLEY UNITED METHODIST CHURCH 922 W REPUBLIC RD SPRINGFIELD, MO 65807	43-6067877	501 (C) 3	10,587.	0.			FAITH BASED PROGRAM
WEST PLAINS R-7 EDUCATIONAL FOUNDATION ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	25,942.	0.			COOPER CHALLENGE
WEST PLAINS R-7 SCHOOL DISTRICT 613 WEST FIRST STREET WEST PLAINS, MO 65775	44-6004756	POLITICAL SUB.	12,248.	0.			EDUCATIONAL PURPOSES

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number
23-7290968

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WEST PLAINS SOCCER ASSOCIATION, INC. - P.O. BOX 674 - WEST PLAINS, MO 65775	43-1593291	501 (C) 3	5,000.	0.			YOUTH PROGRAM
WHOLE KIDS OUTREACH RT. 2 BOX 301X ELLINGTON, MO 63638	43-1839370	501 (C) 3	30,000.	0.			FOR INSURANCE, TELEPHONE, UTILITIES, POSTAGE, OFFICE SUPPLIES, MILEAGE
WHOLE WOMEN'S MINISTRY 106 OXFORD DRIVE; UNIT 12 BRANSON, MO 65616	14-1976756	501 (C) 3	5,000.	0.			HUMAN SERVICES
WILDCAT GLADES CONSERVATION AND AUDUBON CENTER FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	5,000.	0.			COMMUNITY BETTERMENT
WILLARD COMMUNITY GRANTMAKING ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501 (C) 3	32,851.	0.			COMMUNITY BETTERMENT
WILLOW SPRINGS CF PO BOX 345 WILLOW SPRINGS, MO 65793	43-1622500	501 (C) 3	15,000.	0.			RECRUITERS, STAFF, RENTAL, UTILITIES, SUPPLIES, MISC
WILLOW SPRINGS CHURCH OF CHRIST 2850 BOLERJACK RD WILLOW SPRINGS, MO 65793			13,450.	0.			FAITH BASED PROGRAM
WOLF CREEK FIRE DEPARTMENT 1151 OLD JACKSON RD FARMINGTON, MO 63640	43-1372859	501 (C) 3	7,181.	0.			RESCUE EQUIPMENT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number
23-7290968

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WONDERLAND CAMP 18591 MILLER CIRCLE ROCKY MOUNT, MO 65072	43-0965327	501 (C) 3	60,000.	0.			HUMAN SERVICES
WORLD VISION 4220 MONTEREY OAKS BLVD AUSTIN, TX 78749	95-3202116	501 (C) 3	30,000.	0.			HUMAN SERVICES
WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO, FL 32862	95-1831097	501 (C) 3	15,960.	0.			COTZAL MINISTRY ACCT #MCTZ53
YOUNG LIFE - MISSOURI SMALL TOWNS 3170 E. SUNSHINE ST. STE B SPRINGFIELD, MO 65804	84-0385934	501 (C) 3	50,000.	0.			MISSOURI SMALL TOWNS PROGRAMMING

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

Part II **Continuation of Grants and Other Assistance to Individuals in the U.S.** (Schedule I (Form 990), Part III)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
INDIGENT BURIAL	46.	18,635.	0.		

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number: 23-7290968

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of.			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GARY FUNK	(i)	146,300.	0.	7,700.	7,700.	5,895.	167,595.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2008

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	X	24	1,947,719.	AVERAGE OF HIGH AND LO
10	Securities - Closely held stock	X	1	550,000.	APPRAISAL
11	Securities - Partnership, LLC, or trust interests	X	2	979,000.	APPRAISAL
12	Securities - Miscellaneous	X	1	16,107.	VALUE AT DATE OF GIFT
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other	X	7	746,381.	APPRAISAL
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment — 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number: 23-7290968

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

COMMUNITY ENDOWMENTS,

MEETING NEEDS THROUGH GRANTMAKING, PROVIDING LEADERSHIP AND PROMOTING

COLLABORATION ON COMMUNITY ISSUES.

FORM 990, PART VI, SECTION A, LINE 10: CHAIRMAN OF THE AUDIT OPERATIONS

REVIEWS AND PRESENTS IT TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST FORMS MUST BE

COMPLETED BY BOARD MEMBERS AND STAFF

FORM 990, PART VI, SECTION B, LINE 15: DETERMINED BY THE EXECUTIVE

COMMITTEE

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.

PART XI LINE 2C

ANSWER YES TO QUESTIONS PLEASE EXPLAIN IF THE PROCESS HAS CHANGED

NO CHANGE IN THE PROCESS FROM PRIOR YEARS.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number
23-7290968

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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
COMMUNITY FOUNDATION OF THE OZARKS STOCK TRUST - 71-6225763, 425 E TRAFFICWAY, SPRINGFIELD, MO 65806	THE FOUNDATION RECEIVES AND DISTRIBUTES FUNDS FOR CHARITABLE PURPOSES	MISSOURI	501(C)(3)	11A	

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

Schedule R (Form 990) 2008

832161
12-23-08

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c	X	
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) COMMUNITY FOUNATION OF THE OZARKS STOCK TRUST	R	550,000.
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	COMMUNITY FOUNDATION OF THE OZARKS, INC.		23-7290968
	Number, street, and room or suite no If a P O box, see instructions 425 E. TRAFFICWAY, NO. 701		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions SPRINGFIELD, MO 65806		

Check type of return to be filed (File a separate application for each return)

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ SUSANNE GRAY
  425 E. TRAFFICWAY, NO. 701 - SPRINGFIELD, MO 65806
  Telephone No ▶ (417) 864-6199 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 15, 2010

5 For calendar year _____, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPLETE AN ACCURATE RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ PRESIDENT Date ▶