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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COMMUNITY FOUNDATION OF THE OZARKS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 8960

City or town, state or country, and ZIP + 4
SPRINGFIELD, MO 65801

D Employer identification number
23-7290968

E Telephone number
(417) 864-6199

G Gross receipts $ 35,703,377

F Name and address of principal officer
SUSANNE GRAY
516 E NORMAL
SPRINGFIELD, MO 65807

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ CFOZARKS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1973

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
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 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	16
6	Total number of volunteers (estimate if necessary)	**6**	400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	12,470,133	22,793,926
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,281,982	4,872,283
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	91,161	99,855
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,843,276	27,766,064
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,789,957	11,139,149
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	981,926	1,139,878
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶48,991		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,430,993	1,923,681
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,202,876	14,202,708
19	Revenue less expenses Subtract line 18 from line 12	1,640,400	13,563,356

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	137,028,594	177,325,876
21	Total liabilities (Part X, line 26)	28,147,883	41,067,576
22	Net assets or fund balances Subtract line 21 from line 20	108,880,711	136,258,300

Net Assets or Fund Balances

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

****** | 2012-05-09
Signature of officer | Date

SUSANNE GRAY ASSISTANT SECRETARY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
JOE PAGE	JOE PAGE			

Firm's name ▶ WHITLOCK SELIM & KEEHN LLP — Firm's EIN ▶

Firm's address ▶ 3271 E BATTLEFIELD SUITE 300
SPRINGFIELD, MO 65804 — Phone no ▶ (417) 881-0145

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

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 $ 11,139,149 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** ▶ $ 11,139,149

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
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 lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No			
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**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 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** Yes	
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**	16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
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**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
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**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g** Yes	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h** Yes	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**	No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
b	Enter the number of voting members included in line 1a, above, who 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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 ▶

18 Section 6104 requires an organization to make its Form 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 See Additional Data Table

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

SUSANNE GRAY
PO BOX 8960
SPRINGFIELD, MO 65801
(417) 864-6199

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) BRIAN FOGLE PRESIDENT	40 00	X		X				107,069	0	18,447
(2) CLIFFORD BROWN CHAIR	2 00	X		X				0	0	0
(3) JILL REYNOLDS CHAIR-ELECT	2 00	X		X				0	0	0
(4) SHARI HOFFMAN SECRETARY	2 00	X		X				0	0	0
(5) ROGER D SHAW BOARD OF DIRECTORS	2 00	X						0	0	0
(6) GLORIA GALANES BOARD OF DIRECTORS	2 00	X						0	0	0
(7) MARGIE BERRY BOARD OF DIRECTORS	2 00	X						0	0	0
(8) JUDITH GONZALEZ BOARD OF DIRECTORS	2 00	X						0	0	0
(9) BILL LEE BOARD OF DIRECTORS	2 00	X						0	0	0
(10) DAVID POINTER BOARD OF DIRECTORS	2 00	X						0	0	0
(11) WILLIAM W MILLER BOARD OF DIRECTORS	2 00	X						0	0	0
(12) JW GIBBS BOARD OF DIRECTORS	2 00	X						0	0	0
(13) RICHARD CAVENDER BOARD OF DIRECTORS	2 00	X						0	0	0
(14) MARK NELSON BOARD OF DIRECTORS	2 00	X						0	0	0
(15) EVELYN MANGAN BOARD OF DIRECTORS	2 00	X						0	0	0
(16) SANDRA THOMASON 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 (describe hours for related organizations in Schedule O)	(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			
(17) CHRIS CRAIG BOARD OF DIRECTORS	2 00	X						0	0	0
(18) ROB FOSTER BOARD OF DIRECTORS	2 00	X						0	0	0
(19) KAREN MILLER BOARD OF DIRECTORS	2 00	X						0	0	0
(20) JAMI S PEEBLES BOARD OF DIRECTORS	2 00	X						0	0	0
(21) MARK NELSON BOARD OF DIRECTORS	2 00	X						0	0	0
(22) SUSANNE GRAY ASSISTANT SECRETARY	40 00			X				79,000	0	17,014
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								186,069	0	35,461

2 Total number of individuals (including but not limited to those listed above) 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**		No
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**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**		No

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

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

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

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 22,793,926				
	g Noncash contributions included in lines 1a-1f $	4,874,601				
	h **Total.** Add lines 1a-1f	▶	22,793,926			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f	▶				
	3 Investment income (including dividends, interest and other similar amounts)	▶	3,098,649			3,098,649
	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	9,710,947				
	b Less cost or other basis and sales expenses	7,937,313				
	c Gain or (loss)	1,773,634				
	d Net gain or (loss)	▶	1,773,634	1,773,634		
	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	▶				
Other Revenue	Miscellaneous Revenue	Business Code				
	11a MANAGEMENT FEES	900099	99,855	99,855		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d	▶	99,855			
	12 **Total revenue.** See Instructions	▶	27,766,064	1,873,489	0	3,098,649

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	11,139,149	11,139,149		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
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	254,570		205,579	48,991
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	691,905		691,905	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	29,980		29,980	
9 Other employee benefits	97,174		97,174	
10 Payroll taxes	66,249		66,249	
a Fees for services (non-employees) Management				
b Legal	26,491		26,491	
c Accounting	21,075		21,075	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	1,034,634		1,034,634	
g Other				
12 Advertising and promotion				
13 Office expenses	147,279		147,279	
14 Information technology	17,083		17,083	
15 Royalties				
16 Occupancy	34,714		34,714	
17 Travel	12,675		12,675	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	44,531		44,531	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,023		39,023	
23 Insurance	23,421		23,421	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a OTHER EXPENSES	493,363		493,363	
b MEMBERSHIPS	15,863		15,863	
c PREMIUM EXPENSE	7,700		7,700	
d EVENTS	3,958		3,958	
e BOARD RELATED EXPENSES	1,871		1,871	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	14,202,708	11,139,149	3,014,568	48,991
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		12,854,309	2	21,353,330
	3	Pledges and grants receivable, net		752,088	3	653,303
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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 or other basis *Complete Part VI of Schedule D*	10a 13,000,613			
	b	Less accumulated depreciation	10b 328,829	11,951,344	10c	12,671,784
	11	Investments—publicly traded securities		52,536	11	209,331
	12	Investments—other securities See Part IV, line 11		109,539,876	12	140,592,755
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,878,441	15	1,845,373
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		137,028,594	16	177,325,876
Liabilities	17	Accounts payable and accrued expenses		692,517	17	667,726
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		27,455,366	25	40,399,850
	26	**Total liabilities.** Add lines 17 through 25		28,147,883	26	41,067,576
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,239,861	27	9,518,224
	28	Temporarily restricted net assets		49,408,402	28	66,106,320
	29	Permanently restricted net assets		53,232,448	29	60,633,756
		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		108,880,711	33	136,258,300
	34	Total liabilities and net assets/fund balances		137,028,594	34	177,325,876

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	27,766,064
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,202,708
3	Revenue less expenses Subtract line 2 from line 1	3	13,563,356
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	108,880,711
5	Other changes in net assets or fund balances (explain in Schedule O)	5	13,814,233
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	136,258,300

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS INC

Employer identification number
23-7290968

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

_____

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

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

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

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

9 ☐ An 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 Part III)

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

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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	11,545,204	17,614,469	10,758,917	12,470,133	22,793,926	75,182,649
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	11,545,204	17,614,469	10,758,917	12,470,133	22,793,926	75,182,649
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)						3,386,249
6 **Public Support.** Subtract line 5 from line 4						71,796,400

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	11,545,204	17,614,469	10,758,917	12,470,133	22,793,926	75,182,649
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,865,274	1,954,148	1,812,466	2,586,567	3,098,649	11,317,104
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)						86,499,753

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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	**14**	83 000 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	

16a **33 1/3% support test—2010.** 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—2009.** If the organization did not check the 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—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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 ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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	161	
2	Aggregate contributions to (during year)	7,204,425	
3	Aggregate grants from (during year)	5,547,540	
4	Aggregate value at end of year	34,887,025	

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 for any other purpose conferring 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 Escrow and Custodial Arrangements. Complete if the 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 the 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	66,886,684	58,008,461	70,692,678		
b Contributions	10,446,739	4,514,897	3,080,192		
c Investment earnings or losses	11,802,392	7,828,280	-12,373,901		
d Grants or scholarships	5,645,879	2,685,243	2,590,143		
e Other expenditures for facilities and programs		17,033	139,075		
f Administrative expenses	907,294	762,678	661,290		
g End of year balance	82,582,642	66,886,684	58,008,461		

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶ 0 %

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)		No
(ii) related organizations	3a(ii)		No
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) Accumulated depreciation	(d) Book value
1a Land	11,321,191			11,321,191
b Buildings		1,459,776	182,472	1,277,304
c Leasehold improvements				
d Equipment		201,946	141,300	60,646
e Other		17,700	5,057	12,643
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				12,671,784

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
(1) Financial derivatives		
(2) Closely-held equity interests	2,415,272	F
(3) Other		
(A) MONEY MARKET	1,552,165	F
(B) NOTE RECEIVABLE	1,256,130	F
(C) MUTUAL FUNDS	103,046,978	F
(D) BONDS	4,712,640	F
(E) HEDGE FUNDS	27,609,570	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	140,592,755	

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. *(Column (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.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
AGENCY FUNDS	40,399,850
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	40,399,850

2. Fin 48 (ASC 740) Footnote 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 (ASC740)

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	27,766,064
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,202,708
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,563,356
4	Net unrealized gains (losses) on investments	4	14,496,623
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-682,390
9	Total adjustments (net) Add lines 4 - 8	9	13,814,233
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	27,377,589

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	42,359,594
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	15,674,155		
e	Add lines **2a** through **2d**			2e	15,674,155
3	Subtract line **2e** from line **1**			3	26,685,439
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	1,080,625		
c	Add lines **4a** and **4b**			4c	1,080,625
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	27,766,064

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

1	Total expenses and losses per audited financial statements			1	14,345,606
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d	1,177,532		
e	Add lines **2a** through **2d**			2e	1,177,532
3	Subtract line **2e** from line **1**			3	13,168,074
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	1,034,634		
c	Add lines **4a** and **4b**			4c	1,034,634
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	14,202,708

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		ANNUITY ACTUARIAL ADJUSTMENT -45,991 RECLASSIFICATION TO AGENCY FUNDS -636,399
PART XII, LINE 2D - OTHER ADJUSTMENTS		MANAGEMENT FEE EXPENSE 1,177,532 UNREALIZED GAINS 14,496,623
PART XII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT FEES 1,034,634 ANNUITY ACTUARIAL ADJUSTMENT 45,991
PART XIII, LINE 2D - OTHER ADJUSTMENTS		MANAGEMENT EXPENSES 1,177,532
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT FEES 1,034,634

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS INC

Employer identification number
23-7290968

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶ 249

3 Enter total number of other organizations . . . . ▶ 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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
(1) ARTS AND CULTURE	9	47,065			
(2) COMMUNITY BETTERMENT	17	156,298			
(3) EDUCATIONAL	446	654,581			
(4) ENVIRONMENTAL	3	121,206			
(5) HEALTH AND GENERAL	21	33,094			
(6) HUMAN SERVICES	54	140,544			
(7) HUMANE WELFARE OF ANIMALS	1	13,653			

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

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID:
Software Version:
EIN: 23-7290968
Name: COMMUNITY FOUNDATION OF THE OZARKS INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ADOPTION MINISTRY OF YWAMPO BOX 512 PUYALLUP,WA 98371	71-0921217	501(C)(3)	19,600	0			GENERAL SUPPORT
ALL SAINTS ANGLICAN CHURCHPO BOX 10892 SPRINGFIELD,MO 65808	42-1674120	501(C)(3)	339,198	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ALTON R-IV SCHOOL DISTRICTRT 2 BOX 2180 ALTON,MO 65606	43-6015516	501(C)(3)	15,283	0			SPORTING EQUIPMENT FOR STUDENTS
ALTON SCHOOLS ACADEMIC ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	15,200	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ALZHEIMER'S ASSOCIATION OF SW MISSOURI1630 W ELFINDALE SPRINGFIELD,MO 65807	43-1485251	501(C)(3)	10,000	0			FOR PATIENT CARE
AMERICAN CANCER SOCIETY3322 S CAMPBELL G SPRINGFIELD,MO 65807	23-7040934	501(C)(3)	144,076	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 HEART ASSOCIATION2446 E MADRID AVE SPRINGFIELD,MO 65804	13-5613797	501(C)(3)	17,685	0			GENERAL SUPPORT
AMERICAN RED CROSS GREATER OZARKS CHAPTER1545 N WEST BYPASS SPRINGFIELD,MO 65803	44-0563832	501(C)(3)	15,717	0			DISASTER ASSISTANCE FOR FOOD AND SHELTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AMERICA'S HUEY 091 FOUNDATION901 MAIN STREET SUITE 4400 DALLAS,TX 75202	36-4605639	501(C)(3)	10,113	0			VETERAN SUPPORT
ARC OF THE OZARKS1501 E PYTHIAN SPRINGFIELD,MO 65802	43-6049004	501(C)(3)	7,629	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AREA AGENCY ON AGING REGION TENPO BOX 3990 JOPLIN,MO 64803	43-1159115	501(C)(3)	5,300	0			EMERGENCY MEALS TO ELDERLY HOMEBOUND
ASH GROVE SCHOOLS100 MAPLE LANE ASH GROVE,MO 65604	44-6001727	501(C)(3)	7,155	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AURORA SCHOOLS ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	11,222	0			GENERAL SUPPORT
AVA ALUMNI YEOMAN SCHOLARSHIP FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AVA SENIOR CENTER109 NE SECOND STREET AVA,MO 65608	43-1460783	501(C)(3)	10,000	0			MEALS AND ACTIVITIES FOR SENIORS
BEISNEREASON SCHOLARSHIP AND THE BEISNEREASON MATHEMATICSSCIEN425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	168,912	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BIG BROTHERS BIG SISTERS OF THE OZARKS RFR FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000	0			GENERAL SUPPORT
BIG BROTHERSBIG SISTERS OF THE OZARKS 3372 W BATTLEFIELD SPRINGFIELD,MO 65807	43-0971303	501(C)(3)	15,543	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BOYS & GIRLS CLUBS OF SPRINGFIELD1410 N FREMONT AVE SPRINGFIELD,MO 65802	44-0513659	501(C)(3)	34,518	0			GENERAL SUPPORT
BOYS AND GIRLS TOWN RFR FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BRADLEYVILLE SCHOLARSHIP FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	24,179	0			GENERAL SUPPORT
BREAST CANCER FOUNDATION OF THE OZARKS330 N JEFFERSON AVE SPRINGFIELD,MO 65806	43-1881450	501(C)(3)	16,500	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BRENTWOOD CHRISTIAN CHURCH1900 E BARATARIA SPRINGFIELD,MO 65804	44-6006164	501(C)(3)	10,000	0			PLAYGROUND EQUIPMENT
BRIDGES FOR YOUTH1039 W NICHOLS SPRINGFIELD,MO 65802	43-1718841	501(C)(3)	15,500	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BROWARD COMMUNITY FOUNDATION1401 E BROWARD BLVD STE 100 FORT LAUDERDALE,FL 33301	59-2477112	501(C)(3)	5,095	0			GENERAL SUPPORT
BURRELL BEHAVIORAL HEALTH1300 BRADFORD PKWY SPRINGFIELD,MO 65804	43-1081715	501(C)(3)	20,164	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BURRELL BEHAVIORAL HEALTH RFR FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,000	0			GENERAL SUPPORT
CAMP BARNABAS901 PRIVATE RD 2060 PURDY,MO 65734	33-1122930	501(C)(3)	188,048	0			MEDICAL CENTER SUPPORT AND WELL HOUSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CAMP QUALITY OZARKS 2721 KENNEDY AVENUE JOPLIN,MO 64801	38-2208796	501(C)(3)	14,625	0			GENERAL SUPPORT
CAMPUS CRUSADE FOR CHRISTPO BOX 628222 ORLANDO,FL 32862	95-6006173	501(C)(3)	15,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CARE TO LEARN - EXPENSE FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	17,608	0			HEALTH HUNGER AND HYGIENE NEEDS FOR CHILDREN
CASAPO BOX 14364 SPRINGFIELD,MO 65814	43-1524185	501(C)(3)	25,725	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CASA RFR FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	15,000	0			GENERAL SUPPORT
CASSVILLE SCHOOL DISTRICT EDUCATIONAL ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	12,800	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CATHOLIC CHARITIES OF SOUTHERN MISSOURI INC 601 S JEFFERSON SPRINGFIELD,MO 65806	44-0609997	501(C)(3)	10,000	0			GENERAL SUPPORT
CHILD ADVOCACY CENTER1033 E WALNUT ST SPRINGFIELD,MO 65806	43-1729079	501(C)(3)	89,270	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CHILD ADVOCACY CENTER RFR FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	14,000	0			GENERAL SUPPORT
CHILDREN'S SMILE CENTERPO BOX 1833 OZARK,MO 65721	57-1196229	501(C)(3)	9,636	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CHRIST EPISCOPAL CHURCH601 E WALNUT ST SPRINGFIELD,MO 65806	43-1657802	501(C)(3)	30,979	0			GENERAL SUPPORT
CHRISTIAN ACTION MINISTRIES620 6TH STREET BRANSON,MO 65616	43-1355905	501(C)(3)	10,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 ASSOCIATES 13192 STATE HWY 13 KIMBERLING CITY, MO 65686	43-1021298	501(C)(3)	16,175	0			GENERAL SUPPORT
CHRISTIAN COUNTY FAMILY CRISIS CENTER 3715 N 12TH STREET OZARK, MO 65721	43-1928995	501(C)(3)	27,137	0			CRISIS PREVENTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CHRISTIAN COUNTY MUSEUM AND HISTORICAL SOCIETYPO BOX 442 OZARK,MO 65721	43-1114915	501(C)(3)	17,295	0			MUSEUM RENOVATION
CHURCH ARMY USA BRANSON501 SOUTH 5TH STREET BRANSON,MO 65615	25-1624453	501(C)(3)	11,847	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CITY OF AVAPO BOX 967 AVA,MO 65608	44-6000136	501(C)(3)	5,000	0			ANIMAL WELFARE
CITY OF LOCKWOOD107 E 8TH STREET LOCKWOOD,MO 65682	44-6000215	501(C)(3)	5,000	0			SWIMMING POOL REPAIR

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CITY OF ROCKAWAY BEACHPO BOX 315 ROCKAWAY BEACH,MO 65740	44-0660407	501(C)(3)	7,883	0			COMMUNITY SUPPORT
CITY OF SEYMOURPO BOX 247 SEYMOUR,MO 65746	44-6005586	501(C)(3)	20,925	0			LIBRARY SUPPORT SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CITY OF STE GENEVIEVE 165 S FOURTH ST STE GENEVIEVE,MO 63670	43-6003164	501(C)(3)	14,466	0			PUBLIC RESTROOM FACILITY ON MAIN STREET
CLINTON MAIN STREET INC200 S MAIN STREET CLINTON,MO 64735	43-1528229	501(C)(3)	18,700	0			PUBLIC BUILDLING RENOVATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CLINTON SCHOOL DISTRICT #124701 S 8TH ST CLINTON,MO 64735	44-6001380	501(C)(3)	5,308	0			GENERAL SUPPORT
CLINTON UNITED METHODIST CHURCHPO BOX 128 CLINTON,MO 64735	44-0590276	501(C)(3)	17,883	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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COLE CAMP SENIOR SERVICE BOARD206 W JUNGLE COLE CAMP,MO 65325	45-1798696	501(C)(3)	43,500	0			FOOD AND ACTIVITIES FOR THE ELDERLY
COMMUNITY FOUNDATION DUAL CREDIT SCHOLARSHIP FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	15,100	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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COMMUNITY FOUNDATION OF THE LAKE CAPACITY FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	6,970	0			GENERAL SUPPORT
COMMUNITY PARTNERSHIP OF THE OZARKS330 N JEFFERSON AVE SPRINGFIELD,MO 65806	43-1830026	501(C)(3)	44,763	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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COMMUNITY PARTNERSHIP OF THE OZARKS-RFR FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	12,000	0			GENERAL SUPPORT
CONSUMER CREDIT COUNSELING OF SPRINGFIELD RFR FUND 425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	12,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CONSUMER CREDIT COUNSELING SERVICEPO BOX 10266 SPRINGFIELD,MO 65808	43-1483251	501(C)(3)	24,000	0			GENERAL SUPPORT
CONVOY OF HOPE330 S PATTERSON AVE SPRINGFIELD,MO 65802	68-0051386	501(C)(3)	6,000	0			GENERAL SUPPORT

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COX HEALTH FOUNDATION3525 SOUTH NATIONAL 204 SPRINGFIELD,MO 65807	43-6810485	501(C)(3)	15,124	0			NURSING SCHOLARSHIPS
CRAWFORD COUNTY FOUNDATION INC34 VILLAGE 4 CUBA,MO 65453	43-1941534	501(C)(3)	61,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CROSSLINES-COC1710 E CHESTNUT EXP SPRINGFIELD,MO 65802	43-0903657	501(C)(3)	15,216	0			FOOD AND TOYS FOR THE NEEDY
DALLAS COUNTY YMCA 417 S JEFFERSON SPRINGFIELD,MO 65806	75-0800696	501(C)(3)	5,500	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DORA R-III SCHOOL FOUNDATION ACADEMIC ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	14,328	0			GENERAL SUPPORT
DOWNTOWN SPRINGFIELD COMMUNITY CINEMA5051 S NATIONAL BLDG 5-100 SPRINGFIELD,MO 65810	27-2922629	OTHER	67,990	0			COMMUNITY THEATRE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	43,127	0			GENERAL SUPPORT
DRURY UNIVERSITY SIFE 900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	24,650	0			TO SUPPORT WORK IN TANZANIA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EHS SCHOLARSHIP FUND 425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000	0			GENERAL SUPPORT
EL DORADO SPRINGS R-2 SCHOOLS901 S GRAND EL DORADO SPRINGS,MO 64744	44-6001481	501(C)(3)	5,525	0			DRAMA CLUB SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EVANGELICAL FREE CHURCH OF AMERICA901 EAST 78TH STREET MINNEAPOLIS,MN 55420	41-0721672	501(C)(3)	15,300	0			TO FEED THE HUNGRY
FAIR ACRES FAMILY YMCA FUND INC425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FAIRVIEW R-11 SCHOOL FOUNDATION ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	13,300	0			GENERAL SUPPORT
FAITH COMMUNITY HEALTH CENTER INC610 SOUTH SIXTH STREET BRANSON,MO 65616	94-3467834	501(C)(3)	27,500	0			GENERAL SUPPORT

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FAITH TABERNACLE APOSTOLIC CHURCH2548 N FREMONT AVE SPRINGFIELD,MO 65803	51-0425003	501(C)(3)	10,000	0			GENERAL SUPPORT
FAMILY VIOLENCE CENTERPO BOX 5972 SPRINGFIELD,MO 65801	43-1082063	501(C)(3)	36,014	0			SHELTER FOR VICTIMS OF ABUSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FAMILY VIOLENCE CENTER RFR FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	15,000	0			SHELTER FOR VICTIMS OF ABUSE
FEED HUNGER CHALLENGE FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,035	0			TO FEED THE HUNGRY

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FELLOWSHIP OF CHRISTIAN ATHLETES 3259 E SUNSHINE SUITE G SPRINGFIELD,MO 65804	44-0610626	501(C)(3)	5,000	0			GENERAL SUPPORT
FIELDS OF PROMISE3017 OXFORD RD LAWRENCE,KS 66049	57-1235074	501(C)(3)	7,950	0			SUPPORT FOR CHILDREN IN ADIGRAT, ETHIOPIA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FIRST & CALVARY PRESBYTERIAN CHURCH 820 E CHERRY ST SPRINGFIELD,MO 65806	44-0555219	501(C)(3)	10,651	0			GENERAL SUPPORT
FIRST BAPTIST CHURCH - MIAMI OKPO BOX 1030 MIAMI,OK 74355	73-0634803	501(C)(3)	51,000	0			AFRICAN MISSION SUPPORT

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FIRST CHRISTIAN CHURCH 409 W 4TH ST JOPLIN,MO 64801	10-4220881	501(C)(3)	5,340	0			GENERAL SUPPORT
FIRST CHRISTIAN CHURCH OF GAINESVILLEPO BOX 125 GAINESVILLE,MO 65655	43-1127807	501(C)(3)	8,400	0			GENERAL SUPPORT

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FIRST PRESBYTERIAN CHURCH317 W 6TH ST CARTHAGE,MO 64836	44-0606868	501(C)(3)	8,392	0			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH617 S MAIN STREET CARTHAGE,MO 64836	44-0615076	501(C)(3)	12,602	0			GENERAL SUPPORT

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FORSYTH LIBRARYPO BOX 522 FORSYTH,MO 65653	43-1091486	501(C)(3)	12,700	0			LIBRARY SUPPORT SERVICES
FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS3002 W KILDEE LANE SPRINGFIELD,MO 65810	43-1560366	501(C)(3)	43,790	0			HEALTH HUNGER AND HYGIENE NEEDS FOR CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FREEMAN HOSPITAL FOUNDATION1102 WEST 32ND ST JOPLIN,MO 64804	43-1240629	501(C)(3)	23,750	0			GENERAL SUPPORT
FRIENDS OF STE GENEVIEVE COUNTY MEMORIAL HOSPITAL800 STE GENEVIEVE DRIVE STE GENEVIEVE,MO 63670	84-1633893	501(C)(3)	25,000	0			GENERAL SUPPORT

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GASCONADE COUNTY R-1 SCHOOL DISTRICT164 BLUE PRIDE DR HERMANN,MO 65041	43-6015434	501(C)(3)	19,019	0			GENERAL SUPPORT
GENERATIONS OF VIRTUE 16182 TIMBER MEADOW DRIVE COLORADO SPRINGS,CO 80908	14-1875193	501(C)(3)	7,000	0			GENERAL SUPPORT

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GEORGE A SPIVA CENTER FOR THE ARTS222 W 3RD ST JOPLIN,MO 64801	44-6006139	501(C)(3)	9,450	0			GENERAL SUPPORT
GEORGE AND NANCY BOESL MEMORIAL SCHOLARSHIP FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	6,600	0			GENERAL SUPPORT

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GIFT OF HOPE15366 US HIGHWAY 60 FORSYTH,MO 65653	43-1612944	501(C)(3)	6,000	0			FOOD FOR NEEDY CHILDREN
GLADE FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	7,000	0			GENERAL SUPPORT

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GOLDEN VALLEY MEMORIAL HOSPITAL FOUNDATION INC1600 N 2ND STREET CLINTON,MO 64735	43-0975390	501(C)(3)	7,500	0			GENERAL SUPPORT
GOOD SAMARITAN BOYS RANCHPO BOX 617 BRIGHTON,MO 65617	44-6006077	501(C)(3)	34,989	0			APPLIANCES FOR KITCHEN AND LAUNDRY ROOM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GOOD SAMARITAN BOYS RANCH RFR FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	6,000	0			GENERAL SUPPORT
GORDON COLLEGE255 GRAPEVINE COLLEGE WENHAM,MA 01984	04-2104258	501(C)(3)	10,000	0			GENERAL SUPPORT

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GRACE EPISCOPAL CHURCHPO BOX 596 CARTHAGE,MO 64836	44-0608719	501(C)(3)	30,364	0			GENERAL SUPPORT
GREENE COUNTY MEDICAL SOCIETY ALLIANCE1200 E WOODHURST DR STE D200 SPRINGFIELD,MO 65804	44-0515179	501(C)(3)	5,000	0			GENERAL SUPPORT

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GYN CANCERS ALLIANCE 3023 SOUTH FORT SUITE B SPRINGFIELD,MO 65807	43-1943170	501(C)(3)	13,500	0			GENERAL SUPPORT
HABITAT FOR HUMANITY OF SPRINGFIELD2410 S SCENIC AVE SPRINGFIELD,MO 65807	43-1470360	501(C)(3)	20,000	0			GENERAL SUPPORT

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HABITAT FOR HUMANITY RFR FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,000	0			GENERAL SUPPORT
HALFWAY R-III SCHOOL DISTRICT2150 HIGHWAY 32 HALFWAY,MO 65663	44-6001400	501(C)(3)	24,108	0			FOOD FOR NEEDY CHILDREN

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HALLTOWN BAPTIST CHURCH202 ELM DR HALLTOWN,MO 65664	43-1245841	501(C)(3)	6,434	0			GENERAL SUPPORT
HEART OF AFRICAPO BOX 521151 LONGWOOD,FL 32752	35-2121414	501(C)(3)	5,000	0			GENERAL SUPPORT

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HEART OF THE HILLS FOOD HARVESTPO BOX 1814 AVA,MO 65608	43-1680485	501(C)(3)	5,000	0			GENERAL SUPPORT
HEARTLIGHT MINISTRIES FOUNDATIONPO BOX 480 HALLSVILLE,TX 75650	20-3179800	501(C)(3)	10,000	0			GENERAL SUPPORT

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HENRY COUNTY LIBRARY 123 E GREEN STREET CLINTON,MO 64735	44-6000511	501(C)(3)	6,000	0			COMPUTER FOR THE LIBRARY
HOLY TRINITY CATHOLIC CHURCH2818 E BENNETT ST SPRINGFIELD,MO 65804	43-0889012	501(C)(3)	15,000	0			MAINTENANCE FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HOSPICE FOUNDATION OF THE OZARKS4121 S FREMONT AVE SUITE 120 SPRINGFIELD,MO 65804	43-1552783	501(C)(3)	5,201	0			GENERAL SUPPORT
HOUSTON R-1 EDUCATIONAL FOUNDATION ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,400	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HUMANE SOCIETY OF SOUTHWEST MISSOURI 3161 W NORTON RD SPRINGFIELD,MO 65803	44-0665040	501(C)(3)	47,906	0			ANIMAL WELFARE
IOWA STATE UNIVERSITY FOUNDATION2505 UNIVERSITY BLVD AMES,IA 50010	42-1143702	501(C)(3)	118,500	0			CHEMICAL ENGINERRING SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ISABEL'S HOUSE - CRISIS NURSERY OF THE OZARKS 2750 W BENNETT ST SPRINGFIELD,MO 65802	20-4574229	501(C)(3)	81,653	0			GENERAL SUPORT
JACKIE DALE BLANKENSHIP MEMORIAL SCHOLARSHIP FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	20,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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JAMES RIVER ASSEMBLY 6100 N 19TH ST OZARK,MO 65721	43-1564676	501(C)(3)	115,000	0			WATER WELL PROJECT
JEFFERSON AVENUE BAPTIST CHURCH316 E SUNSHINE SPRINGFIELD,MO 65807	10-2542687	501(C)(3)	5,740	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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JOHNSON COUNTY HISTORICAL SOCIETY302 N MAIN STREET WARRENSBURG,MO 64093	43-6049347	501(C)(3)	7,004	0			GENERAL SUPPORT
JOPLIN R-8 SCHOOL DISTRICT1717 EAST 15TH STREET JOPLIN,MO 64804	44-6003106	501(C)(3)	8,525	0			FOOD FOR NEEDY CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
JORDAN VALLEY COMMUNITY HEALTH CENTERPO BOX 5681 SPRINGFIELD,MO 65801	43-1602701	501(C)(3)	10,066	0			MEDICAL ASSISTANCE FOR LOW INCOME FAMILIES
KANAKUK INSTITUTE1353 LAKESHORE DRIVE BRANSON,MO 65616	43-1926319	501(C)(3)	20,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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KIDS ACROSS AMERICA FOUNDATION1429 LAKESHORE DRIVE BRANSON,MO 65616	43-1348373	501(C)(3)	5,000	0			GENERAL SUPPORT
KIWANIS FOUNDATION OF DOWNTOWN SPRINGFIELD PO BOX 9791 SPRINGFIELD,MO 65801	43-1207881	501(C)(3)	20,031	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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KIWANIS FOUNDATION OF DOWNTOWN SPRINGFIELD RFR FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,000	0			GENERAL SUPPORT
K-LIFE OF STONE COUNTY PO BOX 441 BRANSON,MO 65616	43-1894419	501(C)(3)	5,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
K-LIFE OF TANEY COUNTY 600 SOUTH 5TH BRANSON,MO 65616	43-1894419	501(C)(3)	12,300	0			GENERAL SUPPORT
KORNERSTONE INCPO BOX 396 SHELL KNOB,MO 65747	43-1820354	501(C)(3)	6,750	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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KSMUOZARKS PUBLIC BROADCASTING901 S NATIONAL SPRINGFIELD,MO 65804	44-6000308	501(C)(3)	16,290	0			PUBLIC RADIO/TELEVSION SUPPORT
LEAST OF THESEPO BOX 808 NIXA,MO 65714	43-1867039	501(C)(3)	13,750	0			GAS GENERATOR FOR PANTRY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LEAST OF THESE BUILDING FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000	0			FOOD THE LOW INCOME FAMILIES
LIGHTHOUSE CHILD & FAMILY CNTR2548 N FREMONT STE 100 SPRINGFIELD,MO 65803	26-2610308	501(C)(3)	22,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LIGHTHOUSE CHILD AND FAMILY DEV CENTER RED FLAG FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	11,000	0			GENERAL SUPPORT
LIVES UNDER CONSTRUCTION RANCH 296 BOYS RANCH ROAD LAMPE,MO 65681	46-0368556	501(C)(3)	13,250	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LOCKWOOD COMMUNITY FOUNDATION ACADEMIC FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	11,100	0			GENERAL SUPPORT
LREF SCHOOL AND COMMUNITY SCHOLARSHIP425 E TRAFFIWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	7,500	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MANSFIELD R-IV SCHOOL DISTRICT316 W OHIO AVE MANSFIELD,MO 65704	44-6004986	501(C)(3)	23,534	0			SCHOLARSHIPS
MCCUNE-BROOKS HEALTHCARE FOUNDATION INCPO BOX 734 CARTHAGE,MO 64836	43-1771403	501(C)(3)	11,250	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MIRACLE OF NAZARETH INTERNATIONAL FOUNDATION550 UNION STREET MISHAWAKA,IN 46544	35-2046656	501(C)(3)	5,000	0			GENERAL SUPPORT
MISSOURI COLLEGES FUND INC3401 W TRUMAN BLVD STE 202 JEFFERSON CITY,MO 65109	43-0680952	501(C)(3)	13,600	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MISSOURI STATE UNIVERSITY901 S NATIONAL SPRINGFIELD,MO 65897	44-6000308	501(C)(3)	219,500	0			EDUCATIONAL SERVICES FOR CHILDREN
MONETT CUB FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	7,301	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MORRISVILLE CEMETERY ASSOCIATION701 J HWY STOCKTON,MO 65785	44-0667307	501(C)(3)	9,210	0			FOR NEEDS & HISTORIC PRESERVATION
MSU - WEST PLAINS CAMPUS128 GARFIELD WEST PLAINS,MO 65775	43-1641443	501(C)(3)	7,400	0			LITERACY AWARENESS PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MSU FOUNDATION300 S JEFFERSON STE 100 SPRINGFIELD,MO 65806	43-1234200	501(C)(3)	23,500	0			SUPPORT FOR LOCAL THEATRE
MT VERNON SCHOOLS730 S LANDRUM MT VERNON,MO 65712	44-6003597	501(C)(3)	27,398	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NATIONAL INSTITUTE OF MARRIAGE2175 SUNSET INN ROAD BRANSON,MO 65616	86-0418475	501(C)(3)	50,000	0			GENERAL SUPPORT
NEW COVENANT ACADEMY 3304 S COX SPRINGFIELD,MO 65807	43-1226560	501(C)(3)	450,000	0			CURRICULUM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NIXA EDUCATION FOUNDATION LEGACY FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	11,100	0			GENERAL SUPPORT
NIXA R-II SCHOOL DISTRICT301 S MAIN STREET NIXA,MO 65714	44-6003678	501(C)(3)	27,560	0			GENERAL SUPPORT

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OMNI CENTER FOR PEACE JUSTICE AND ECOLOGY 3274 N LEE AVE FAYETTEVILLE,AR 72703	20-1247116	501(C)(3)	5,000	0			GENERAL SUPPORT
OPTIONS PREGNANCY CLINIC309 B ATLANTIC STREET BRANSON,MO 65616	43-1642900	501(C)(3)	5,250	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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OTC FOUNDATION1001 E CHESTNUT EXPY SPRINGFIELD,MO 65802	43-1753974	501(C)(3)	44,785	0			GENERAL SUPPORT
OZARK COUNTY INTER AGENCY COUNCILPO BOX 68 GAINESVILLE,MO 65655	43-1788326	501(C)(3)	5,500	0			GENERAL SUPPORT

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OZARK COUNTY MINISTERIAL ALLIANCE PO BOX 34 GAINESVILLE,MO 65655	43-1855970	501(C)(3)	14,000	0			FOOD FOR NEEDY CHILDREN
OZARK GREENWAYSPO BOX 50733 SPRINGFIELD,MO 65805	43-1525122	501(C)(3)	6,850	0			GENERAL SUPPORT

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OZARK PRESBYTERIAN CHURCHPO BOX 328 OZARK,MO 65721	43-1419658	501(C)(3)	15,000	0			GENERAL SUPPORT
OZARK REGIONAL LAND TRUSTPO BOX 440007 ST LOUIS,MO 63144	43-1304715	501(C)(3)	5,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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OZARK R-VI SCHOOLSPO BOX 166 OZARK,MO 65721	44-6003892	501(C)(3)	22,400	0			CLOTHING AND SHOES FOR THE NEEDY
OZARK TRAILS COUNCIL BSA1616 S EASTGATE SPRINGFIELD,MO 65807	44-0546294	501(C)(3)	20,000	0			GENERAL SUPPORT

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OZARKS FAMILY YMCA1 YMCA DRIVE MOUNTAIN GROVE,MO 65711	43-1617662	501(C)(3)	30,751	0			GENERAL SUPPORT
OZARKS FOOD HARVEST PO BOX 5746 SPRINGFIELD,MO 65801	43-1426384	501(C)(3)	116,437	0			FOOD FOR LOW INCOME FAMILIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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OZARKS FOOD HARVEST RFR FUND425 E TRAFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	15,000	0			FOOD FOR LOW INCOME FAMILIES
OZARKS LITERACY COUNCIL300 SOUTH JEFFERSON SUITE 302 SPRINGFIELD,MO 65806	43-1162068	501(C)(3)	20,004	0			LITERACY AWARENESS PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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OZARKS LITERACY RFR FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,000	0			LITERACY AWARENESS PROGRAM
OZARKS REGIONAL YMCA 417 S JEFFERSON SPRINGFIELD,MO 65806	44-0545283	501(C)(3)	149,035	0			GENERAL SUPPORT

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OZARKS REGIONAL YMCA RFR FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	15,000	0			GENERAL SUPPORT
OZARKS WATER WATCH UPPER WHITE RIVER BASIN FOUNDATIONPO BOX 636 KIMBERLING CITY,MO 65686	43-1942991	501(C)(3)	6,250	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PAWNEE COUNTY WORKSHOPPO BOX 63 CLEVELAND,OK 74020	73-1216618	501(C)(3)	11,800	0			YOUTH CENTER SUPPORT
POLK COUNTY TRAIL MAINTENANCE ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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POWERS MUSEUMPO BOX 593 CARTHAGE,MO 64836	43-1432884	OTHER	50,119	0			GENERAL SUPPORT
PRAYER MOUNTAIN OF THE OZARKSPO BOX 40 BRANSON,MO 65615	73-1109099	501(C)(3)	5,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PREGNANCY CARE CENTER 1342 E PRIMROSE STE C SPRINGFIELD,MO 65804	43-1786978	501(C)(3)	15,000	0			GENERAL SUPPORT
PRIMROSE PLACE3850 S NATIONAL STE 500 SPRINGFIELD,MO 65807	43-1183783	501(C)(3)	45,899	0			GENERAL SUPPORT

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REPUBLIC COMMUNITY GRANTMAKING ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000	0			GENERAL SUPPORT
RICH AND TERESA WALLACE BENEVOLENCE FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,417	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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RONALD MCDONALD HOUSE949 E PRIMROSE ST SPRINGFIELD,MO 65807	43-1371143	501(C)(3)	39,146	0			GENERAL SUPPORT
RONALD MCDONALD HOUSE RFR FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	15,000	0			GENERAL SUPPORT

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ROTARY CLUB OF SPRINGFIELD NORTH - MAKING DREAMS REAL FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,000	0			GENERAL SUPPORT
RURAL SCHOOLS PARTNERSHIP CAPACITY BUILDING FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	20,250	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SALEM AREA COMMUNITY BETTERMENT ASSOC INC PO BOX 732 SALEM,MO 65560	43-1677891	501(C)(3)	22,000	0			OZARK NATURAL/CULTURAL RESOURCE CENTER
SALEM PUBLIC LIBRARY 102 N JACKSON SALEM,MO 65560	04-3690774	501(C)(3)	10,000	0			LIBRARY SUPPORT SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SALVATION ARMYPO BOX 9685 SPRINGFIELD,MO 65801	58-0660607	501(C)(3)	12,193	0			GENERAL SUPPORT
SALVATION ARMY - COFFEYVILLE KANSASPO BOX 514 COFFEYVILLE,KS 67337	13-5562351	501(C)(3)	5,817	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SALVATION ARMY - DENT COUNTYPO BOX 229 SALEM,MO 65560	43-0653584	501(C)(3)	5,000	0			GENERAL SUPPORT
SAN FRANCISCO BICYCLE COALITION EDUCATION FUND833 MARKET STREET 10TH FLOOR SAN FRANCISCO,CA 94103	20-5182730	501(C)(3)	7,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SCENIC AMERICA1250 I STREET NW STE 750 WASHINGTON,DC 20005	23-2188166	501(C)(3)	5,000	0			GENERAL SUPPORT
SECOND BAPTIST CHURCH 3111 E BATTLEFIELD SPRINGFIELD,MO 65804	44-0656227	501(C)(3)	10,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SHEWMAKER PERFORMING ARTS CENTERTECHNOLOGY ENHANCEMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	31,000	0			GENERAL SUPPORT
SIGMA HOUSE800 S PARK AVE SPRINGFIELD,MO 65802	43-1105899	501(C)(3)	7,000	0			TREATMENT FOR MEDICAL AND DENTAL CONDITIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SOUTHWEST BAPTIST UNIVERSITY1601 S SPRINGFIELD BOLIVAR,MO 65613	44-0567385	501(C)(3)	10,763	0			REBUILD CHAPEL
SOUTHWEST R-V SCHOOL DISTRICT529 E PINEVILLE RD WASHBURN,MO 65772	44-6001471	501(C)(3)	13,000	0			FOOD FOR NEEDY CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SPRINGFIELD CATHOLIC SCHOOLS3520 S CULPEPPER CT STE C SPRINGFIELD,MO 65804	44-0619146	501(C)(3)	8,500	0			GENERAL SUPPORT
SPRINGFIELD COUNCIL OF PTAS1359 E ST LOUIS SPRINGFIELD,MO 65802	23-7126624	501(C)(3)	10,884	0			CLOTHING AND SHOES FOR THE NEEDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SPRINGFIELD PUBLIC SCHOOLS NUTRITION SERVICES3002 WEST KILDEE LANE SPRINGFIELD,MO 65810	44-6005539	501(C)(3)	12,507	0			MEALS FOR LOW INCOME CHILDREN
SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)(3)	44,889	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SPRINGFIELD SYMPHONY ORCHESTRA411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-0797224	501(C)(3)	30,963	0			GENERAL SUPPORT
SPRINGFIELD-GREENE COUNTY LIBRARYPO BOX 760 SPRINGFIELD,MO 65801	05-0534215	501(C)(3)	7,896	0			LIBRARY SUPPORT SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SPRINGFIELD-GREENE COUNTY PARK BOARD 1923 N WELLER SPRINGFIELD,MO 65803	44-6000268	501(C)(3)	76,388	0			HANDICAP BALL FIELD DEVELOPMENT
SRO LYRIC THEATRE411 SHERMAN AVE SPRINGFIELD,MO 65802	43-1222808	501(C)(3)	5,519	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SRO YOUNG ARTS ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65807	23-7290968	501(C)(3)	14,841	0			GENERAL SUPPORT
ST ANN'S CATHOLIC CHURCHPO BOX 803 CARTHAGE,MO 64836	44-0653009	501(C)(3)	10,500	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ST JOHN'S FOUNDATION FOR COMMUNITY HEALTH 1235 E CHEROKEE ST SPRINGFIELD,MO 65804	32-0195818	501(C)(3)	28,948	0			VISION REHABILITATION CENTER DEVELOPMENT
ST JOSEPH CENTER204 HAMPTON DRIVE VENICE,CA 90291	95-3874381	501(C)(3)	7,500	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
STE GENEVIEVE ART GUILD23761 BOURBON RD STE GENEVIEVE,MO 63670	73-1646050	501(C)(3)	8,036	0			GENERAL SUPPORT
STEAMBOAT SPRINGS WINTER SPORTS CLUB FOUNDATIONPO BOX 774487 STEAMBOAT SPRINGS,CO 80477	74-2254732	501(C)(3)	5,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SUMMIT SCHOOL2155 W CHESTERFIELD BLVD SPRINGFIELD,MO 65807	75-3166533	501(C)(3)	25,000	0			PLAYGROUND RENOVATION
TABERNACLE OF PRAISE MINISTRIES380 EAGLE DRIVE FORSYTH,MO 65653	65-1033141	501(C)(3)	10,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
THE CARING PEOPLE164 CORPORATE PLACE BRANSON,MO 65616	43-1748286	501(C)(3)	58,500	0			GENERAL SUPPORT
THE FOUNDATION THE COUNCIL OF CHURCHES OF THE OZARKS3000 E CHESTNUT EXPWY STE A SPRINGFIELD,MO 65802	43-1819544	501(C)(3)	10,712	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
THE JOPLIN FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	22,250	0			GENERAL SUPPORT
THE KITCHEN1630 N JEFFERSON AVE SPRINGFIELD,MO 65803	43-1384531	501(C)(3)	27,650	0			OUTREACH PROGRAM FOR HOMELESS TEENS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
THE KITCHEN CAPACITY BUILDING FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	47,033	0			HOUSING FOR THE HOMELESS
THE KITCHEN FOUNDATION1630 N JEFFERSON SPRINGFIELD,MO 65803	43-1747868	501(C)(3)	11,826	0			HOUSING FOR THE HOMELESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE KITCHEN RFR FUND 425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	15,000	0			HOUSING FOR THE HOMELESS
THE LISA BUCKNER EDUCATIONAL ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
THE SMILE TRAIN28TH FLOOR NEW YORK,NY 10010	13-3661416	501(C)(3)	5,100	0			DENTAL SERVICES FOR LOW INCOME
THE VICTIM CENTER RFR FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	15,000	0			SHELTER FOR VICTIMS OF ABUSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
THOMASVILLE PLACE BASED EDUCATION FUND 425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	38,000	0			GENERAL SUPPORT
TORCHBEARER FOUNDATIONPO BOX 6674 BRANSON,MO 65615	47-0847030	501(C)(3)	12,250	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
TRI COUNTY PREGNANCY RESOURCE CENTERPO BOX 107 AURORA,MO 65605	30-0645046	501(C)(3)	9,420	0			GENERAL SUPPORT
TRUMAN LAKE COMMUNITY FOUNDATIONPO BOX 463 CLINTON,MO 64735	23-7290968	501(C)(3)	6,957	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TURNING POINT MINISTRIESPO BOX 22127 CHATTANOOGA,TN 37422	58-1881966	501(C)(3)	15,000	0			GENERAL SUPPORT
UNITED METHODIST CHURCH OF SALEM MISSOURI801 EAST SCENIC RIVERS BLVD SALEM,MO 65560	43-0731516	501(C)(3)	36,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNITED MINISTRIES IN HIGHER EDUCATION1141 E MONROE ST SPRINGFIELD,MO 65807	51-0155226	501(C)(3)	14,660	0			GENERAL SUPPORT
UNITED WAY OF THE OZARKS320 N JEFFERSON SPRINGFIELD,MO 65806	44-0552047	501(C)(3)	6,366	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF IOWA FOUNDATION1 WEST PARK ROAD IOWA CITY,IA 52244	42-0796760	501(C)(3)	1,180,443	0			GENERAL SUPPORT
VALLE SCHOOLS20 NORTH FOURTH STREET STE GENEVIEVE,MO 63670	43-0653472	501(C)(3)	99,625	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
VICTIM CENTER INC819 N BOONVILLE AVE SPRINGFIELD,MO 65802	43-1149629	501(C)3	34,112	0			GENERAL SUPPORT
VICTORY MISSIONPO BOX 2884 SPRINGFIELD,MO 65801	43-1345089	501(C)(3)	7,886	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WARSAW EDUCATION FOUNDATION ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	8,760	0			GENERAL SUPPORT
WARSAW SCHOOL DISTRICT20363 LANE OF CHAMPIONS WARSAW,MO 65355	44-6005440	501(C)(3)	19,754	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WASHINGTON AVENUE BAPTIST CHURCH1722 N NATIONAL AVE SPRINGFIELD,MO 65803	75-3261641	501(C)(3)	34,200	0			GENERAL SUPPORT
WEAUBLEAU R-III SCHOOL DISTRICT509 N CENTER ST WEAUBLEAU,MO 65774	44-6004736	501(C)(3)	15,875	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WESLEY UNITED METHODIST CHURCH922 W REPUBLIC RD SPRINGFIELD,MO 65807	43-6067877	501(C)(3)	9,861	0			GENERAL SUPPORT
WESLEY UNITED METHODIST CHURCH BOWMAN425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	9,408	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WEST PLAINS CHRISTIAN CLINICPO BOX 988 WEST PLAINS,MO 65775	27-1307333	501(C)(3)	10,000	0			PLAYGROUND RENOVATION
WEST PLAINS R-7 EDUCATION FOUNDATION GENERAL FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WHEELER FAMILY SCHOLARSHIP FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	12,500	0			GENERAL SUPPORT
WHITE RIVER HISTORICAL SOCIETYPO BOX 333 ROCKAWAY BEACH,MO 65740	43-1650276	501(C)(3)	6,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
WILLARD CHARITABLE FOUNDATION SCHOLARSHIP FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,026	0			GENERAL SUPPORT
WILLARD CHILDREN'S HEALTH AND DENTAL FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	6,965	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WILLARD EDUCATIONAL ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	11,000	0			GENERAL SUPPORT
WILLARD R-II SCHOOL DISTRICT460 E KIME ST WILLARD,MO 65781	44-6004826	501(C)(3)	8,437	0			ITEMS FOR SPECIAL NEEDS STUDENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WILLOW SPRINGS CFPO BOX 345 WILLOW SPRINGS,MO 65793	43-1622500	501(C)(3)	8,200	0			GENERAL SUPPORT
WONDERLAND CAMP18591 MILLER CIRCLE ROCKY MOUNT,MO 65072	43-0965327	501(C)(3)	82,000	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORLDSERVE INTERNATIONALPO BOX 472085 TULSA,OK 74147	43-1535009	501(C)(3)	15,000	0			WATER WELL PROJECT
WYCLIFFE BIBLE TRANSLATORSPO BOX 628200 ORLANDO,FL 32862	95-1831097	501(C)(3)	11,970	0			GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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YOUNG LIFE - MISSOURI SMALL TOWNS3170 E SUNSHINE ST STE B SPRINGFIELD,MO 65804	84-0385934	501(C)(3)	50,000	0			GENERAL SUPPORT

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS INC

Employer identification number
23-7290968

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	55	4,796,823	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	1	77,778	APPRAISAL
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 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?		No
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?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
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		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135050852

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS INC

Employer identification number
23-7290968

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		CHAIRMAN OF THE AUDIT OPERATIONS REVIEWS AND PRESENTS IT TO THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST FORMS MUST BE COMPLETED BY BOARD MEMBERS AND STAFF

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	REVIEWED AND DETERMINED BY THE EXECUTIVE COMMITTEE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 14,496,623 ANNUITY ACTUARIAL ADJUSTMENT -45,991 RECLASSIFICATION TO AGENCY FUNDS -636,399 TOTAL TO FORM 990, PART XI, LINE 5 13,814,233

Identifier	Return Reference	Explanation
ANSWER YES TO QUESTIONS PLEASE EXPLAIN IF THE PROCESS HAS CHANGED	PART XI LINE 2C	NO CHANGE IN THE PROCESS FROM PRIOR YEARS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS INC

Employer identification number
23-7290968

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

(a) Name, address, and EIN 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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) COMMUNITY FOUNDATION OF THE OZARKS STOCK TRUST 425 E TRAFFICWAY SPRINGFIELD, MO 65806 71-6225763	THE FOUNDATION RECEIVES AND DISTRIBUTES FUNDS FOR CHARITABLE PURPOSES	MO	501(C)(3)	11A			No
(2) LEZAH STENGER FOUNDATION 5051 S NATIONAL AVE SPRINGFIELD, MO 65810 43-1872019	ORGANIZED AS A SUPPORTING ORGANIZATION FOR THE COMMUNITY FOUNDATION	MO	501(C)(3)	11C			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization 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	No
b	Gift, grant, or capital contribution to other organization(s)	1b	No
c	Gift, grant, or capital contribution from other organization(s)	1c	No
d	Loans or loan guarantees to or for other organization(s)	1d	No
e	Loans or loan guarantees by other organization(s)	1e	No
f	Sale of assets to other organization(s)	1f	No
g	Purchase of assets from other organization(s)	1g	No
h	Exchange of assets	1h	No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	No
n	Sharing of paid employees	1n	No
o	Reimbursement paid to other organization for expenses	1o	No
p	Reimbursement paid by other organization for expenses	1p	No
q	Other transfer of cash or property to other organization(s)	1q	No
r	Other transfer of cash or property from other organization(s)	1r	No

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate 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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation