efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493065002623

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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 $ 42,871,793

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 2011 (Part V, line 2a)	**5**	23
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)	22,793,926	22,744,988
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,872,283	5,924,310
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	99,855	133,858
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,766,064	28,803,156
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,139,149	12,546,539
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)	1,139,878	1,148,365
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 51,698		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,923,681	1,902,995
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14,202,708	15,597,899
19	Revenue less expenses Subtract line 18 from line 12	13,563,356	13,205,257

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	177,325,876	193,894,595
21	Total liabilities (Part X, line 26)	41,067,576	51,317,250
22	Net assets or fund balances Subtract line 21 from line 20	136,258,300	142,577,345

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

****** | 2013-02-26
Signature of officer | Date

SUSANNE GRAY ASSISTANT SECRETARY
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: JOE PAGE | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00887441

Firm's name (or yours if self-employed), address, and ZIP + 4: WHITLOCK SELIM & KEEHN LLP, 3271 E BATTLEFIELD SUITE 300, SPRINGFIELD, MO 65804 | EIN ▶ 43-1365401 | 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 12,546,539 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** ▶ $ 12,546,539

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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 temporarily restricted endowments, permanent endowments, 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		No
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	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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**	23		
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 or securities 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** Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	1		
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**	
b	Enter the aggregate 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 aggregate 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	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 made 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 made 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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				127,849	0	21,350
(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 TREASURER	2 00	X		X				0	0	0
(6) GLORIA GALANES AT LARGE	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 REGIONAL REPRESENTATIVE	2 00	X						0	0	0
(14) MARK NELSON IAB REPRESENTAVE	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
(17) CHRIS CRAIG 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(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) MEL SAUNDERS BOARD OF DIRECTORS	2 00	X						0	0	0
(23) SUSANNE GRAY ASSISTANT SECRETARY	40 00			X				89,949	0	16,331
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								217,798	0	37,681

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 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 Report compensation for the calendar year ending with or within the organization's tax year

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 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 22,744,988				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	22,744,988			
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) . . . . . ▶	3,062,477			3,062,477
	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	16,930,470				
	b	Less cost or other basis and sales expenses	14,068,637				
	c	Gain or (loss)	2,861,833				
	d	Net gain or (loss) . . . . . ▶		2,861,833	2,861,833		
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	MANAGEMENT FEES	900099	133,858	133,858		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		133,858			
	12	**Total revenue.** See Instructions . . . ▶		28,803,156	2,995,691	0	3,062,477

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	12,546,539	12,546,539		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	266,750		215,052	51,698
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	677,591		677,591	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	30,573		30,573	
9	Other employee benefits	104,685		104,685	
10	Payroll taxes	68,766		68,766	
11	Fees for services (non-employees)				
a	Management				
b	Legal	6,972		6,972	
c	Accounting	21,595		21,595	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	982,427		982,427	
g	Other				
12	Advertising and promotion				
13	Office expenses	180,896		180,896	
14	Information technology				
15	Royalties				
16	Occupancy	34,527		34,527	
17	Travel	15,975		15,975	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	44,021		44,021	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	39,023		39,023	
23	Insurance	28,643		28,643	
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	499,265		499,265	
b	FINANCIAL SOFTWARE	16,279		16,279	
c	PREMIUM EXPENSE	14,915		14,915	
d	STAFF DEVELOPMENT	11,789		11,789	
e					
f	All other expenses	6,668		6,668	
25	**Total functional expenses.** Add lines 1 through 24f	15,597,899	12,546,539	2,999,662	51,698
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		21,353,330	2	34,483,709
	3	Pledges and grants receivable, net		653,303	3	752,160
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 13,685,182			
	b	Less accumulated depreciation	10b 385,576	12,671,784	10c	13,299,606
	11	Investments—publicly traded securities		209,331	11	1,091,126
	12	Investments—other securities See Part IV, line 11		140,592,755	12	142,331,199
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,845,373	15	1,936,795
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		177,325,876	16	193,894,595
Liabilities	17	Accounts payable and accrued expenses		667,726	17	848,274
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		40,399,850	25	50,468,976
	26	**Total liabilities.** Add lines 17 through 25		41,067,576	26	51,317,250
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		9,518,224	27	6,508,060
	28	Temporarily restricted net assets		66,106,320	28	72,491,966
	29	Permanently restricted net assets		60,633,756	29	63,577,319
		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		136,258,300	33	142,577,345
	34	Total liabilities and net assets/fund balances		177,325,876	34	193,894,595

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	28,803,156
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,597,899
3	Revenue less expenses Subtract line 2 from line 1	3	13,205,257
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	136,258,300
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,886,212
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	142,577,345

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		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493065002623

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

2011

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 **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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	17,614,469	10,758,917	12,470,133	22,793,926	22,744,988	86,382,433
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	17,614,469	10,758,917	12,470,133	22,793,926	22,744,988	86,382,433
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)						4,473,846
6 **Public Support.** Subtract line 5 from line 4						81,908,587

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	17,614,469	10,758,917	12,470,133	22,793,926	22,744,988	86,382,433
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,954,148	1,812,466	2,586,567	3,098,649	3,062,477	12,514,307
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						98,896,740

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 2011 (line 6 column (f) divided by line 11 column (f))	**14**	82 820 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	83 000 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493065002623

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	91	
2	Aggregate contributions to (during year)	1,703,574	
3	Aggregate grants from (during year)	2,352,968	
4	Aggregate value at end of year	30,233,721	

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	82,582,642	66,886,684	58,008,461	70,692,678	
b	Contributions	3,605,968	10,446,739	4,514,897	3,080,192	
c	Investment earnings or losses	-1,622,019	11,802,392	7,828,280	-12,373,901	
d	Grants or scholarships	2,779,295	5,645,879	2,685,243	2,590,143	
e	Other expenditures for facilities and programs			17,033	139,075	
f	Administrative expenses	1,267,291	907,294	762,678	661,290	
g	End of year balance	80,520,005	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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	11,996,507			11,996,507
b Buildings		1,459,776	218,966	1,240,810
c Leasehold improvements				
d Equipment		211,199	159,024	52,175
e Other		17,700	7,586	10,114
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				13,299,606

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	2,504,160	F
(3) Other		
(A) MONEY MARKET	1,929,571	F
(B) NOTE RECEIVABLE	1,757,023	F
(C) MUTUAL FUNDS	103,434,775	F
(D) BONDS	4,067,305	F
(E) HEDGE FUNDS	28,638,365	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	142,331,199	

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	50,468,976
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	50,468,976

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	28,803,156
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,597,899
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,205,257
4	Net unrealized gains (losses) on investments	4	-7,025,046
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	138,834
9	Total adjustments (net) Add lines 4 - 8	9	-6,886,212
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,319,045

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	22,026,562
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	1,230,879		
e	Add lines **2a** through **2d**			2e	1,230,879
3	Subtract line **2e** from line **1**			3	20,795,683
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	982,427		
b	Other (Describe in Part XIV)	4b	7,025,046		
c	Add lines **4a** and **4b**			4c	8,007,473
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	28,803,156

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

1	Total expenses and losses per audited financial statements			1	15,818,273
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	1,202,801		
e	Add lines **2a** through **2d**			2e	1,202,801
3	Subtract line **2e** from line **1**			3	14,615,472
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	982,427		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	982,427
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	15,597,899

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 28,078 RECLASSIFICATIONS 110,756 TOTAL TO SCHEDULE D, PART XI, LINE 8 138,834
PART XII, LINE 2D - OTHER ADJUSTMENTS		MANAGEMENT FEE EXPENSE 1,202,801 ANNUAL ACTUARIAL ADJUSTMENT 28,078
PART XII, LINE 4B - OTHER ADJUSTMENTS		UNREALIZED LOSSES 7,025,046
PART XIII, LINE 2D - OTHER ADJUSTMENTS		MANAGEMENT EXPENSES 1,202,801

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493065002623

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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(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 listed in the line 1 table . . . . . ▶ _____

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ _____

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	700	14,754			
(2) COMMUNITY BETTERMENT	7550	205,674			
(3) EDUCATIONAL	1808	174,478			
(4) HEALTH AND GENERAL	7712	109,542			
(5) HUMAN SERVICES	20400	524,207			

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
ABUNDANCE MINISTRIES251 E PARKRIDGE DR BOLIVAR,MO 65613	26-2662879	501(C)(3)	35,000				FOREIGN MISSIONS
ABUNDANCE MINISTRIES FUND 425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	82,000				FOREIGN MISSIONS

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)	16,200				OUTREACH MINISTRY OF YOUTH WITH A MISSION
ALTON R-IV SCHOOL DISTRICTRT 2 BOX 2180 ALTON,MO 65606	43-6015516	501(C)(3)	6,180				EDUCATIONAL PROGRAMS

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 CANCER SOCIETY3322 S CAMPBELL G SPRINGFIELD,MO 65807	23-7040934	501(C)(3)	143,243				CANCER RESEARCH
AMERICAN HEART ASSOCIATION2446 E MADRID AVE SPRINGFIELD,MO 65804	13-5613797	501(C)(3)	19,676				HEART DISEASES RESEARCH AND PREVENTION

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 RED CROSS410 S JACKSON JOPLIN,MO 64801	44-0563832	501(C)(3)	10,000				TORNADO RELIEF
AMERICAN RED CROSS GREATER OZARKS CHAPTER 1545 N WEST BYPASS SPRINGFIELD,MO 65803	44-0563832	501(C)(3)	11,606				UNRESTRICTED

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
ARC OF THE OZARKS1501 E PYTHIAN SPRINGFIELD,MO 65802	43-6049004	501(C)(3)	18,176				SERVICES TO THOSE WITH DISABILITIES
AREA AGENCY ON AGING REGION TENPO BOX 3990 JOPLIN,MO 64803	43-1159115	501(C)(3)	20,800				TORNADO RECOVERY CASE MANAGER FOR SENIOR CITIZENS

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
ASH GROVE SCHOOLS100 MAPLE LANE ASH GROVE,MO 65604	44-6001727	501(C)(3)	7,080				EDUCATIONAL PROGRAMS
AVA R-1 SCHOOL DISTRICTPO BOX 338 AVA,MO 65608	44-6001736	501(C)(3)	5,200				EDUCATIONAL PROGRAMS

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
BAKERSFIELD SCHOOL DISTRICT R-IV1201 O HWY BAKERSFIELD,MO 65609	44-6002222	501(C)(3)	5,000				EDUCATIONAL PROGRAMS
BAPTIST GENERAL CONFERENCE - CONVERGE WORLDWIDE2002 S ARLINGTON HEIGHTS RD ARLINGTON HTS,IL 60005	36-2181949	501(C)(3)	23,000				SERVICES TO THE NEEDY THROUGH FAITH-BASED ACTIVITY

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 JASPER AND NEWTON COUNTIES3510 E 3RD JOPLIN,MO 64801	43-0971303	501(C)(3)	8,298				PROGRAMS FOR YOUTH
BIG BROTHERS BIG SISTERS OF THE OZARKS METRO SGF CHALLENGE GRANT425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	7,100				PROGRAMS FOR YOUTH

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
BLOOMSDALE CATHOLIC FOUNDATION FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	153,349				UNRESTRICTED
BLOOMSDALE VOLUNTEER FIRE DEPARTMENTPO BOX 42 BLOOMSDALE,MO 63627	43-1217976	501(C)(4)	10,230				RADIO & EQUIPMENT

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
BLOOMSDALE VOLUNTEER FIRE DEPARTMENTPO BOX 42 BLOOMSDALE,MO 63627	43-1217976	501(C)(4)	2,000				INSTALL GENERATOR
BOYS & GIRLS CLUB OF SOUTHWEST MISSOURI317 COMINGO JOPLIN,MO 64801	44-0627566	501(C)(3)	3,548				UNRESTRICTED

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 CLUB OF SOUTHWEST MISSOURI317 COMINGO JOPLIN,MO 64801	44-0627566	501(C)(3)	9,950				CHILD CARE SCHOLARSHIPS
BOYS & GIRLS CLUBS OF SPRINGFIELD1410 N FREMONT AVE SPRINGFIELD,MO 65802	44-0513659	501(C)(3)	24,042				UNRESTRICTED

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 R-1 PUBLIC SCHOOLS 16474 N STATE HWY 125 BRADLEYVILLE,MO 65614	44-6004951	501(C)(3)	26,193				EDUCATIONAL PROGRAMS
BREAST CANCER FOUNDATION OF THE OZARKS330 N JEFFERSON AVE SPRINGFIELD,MO 65806	43-1881450	501(C)(3)	27,650				PROGRAMS AND ASSISTANCE FOR VICTIMS OF BREAST CANCER

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				PLAYGROUND EQUIPMENT
BRENTWOOD CHRISTIAN CHURCH1900 E BARATARIA SPRINGFIELD,MO 65804	44-6006164	501(C)(3)	4,000				A NEW FURNACE

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
BRIDGES FOR YOUTH1039 W NICHOLS SPRINGFIELD,MO 65802	43-1718841	501(C)(3)	13,799				AT RISK YOUTH PROGRAMS
BRIGHT FUTURES CONNECTIONS FOR SUCCESS - JOPLIN 3901 E 32ND ST JOPLIN,MO 64802	45-0889975	501(C)(3)	6,817				JOHN DEERE GATOR TX FOR BAND PROGRAM

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
BRIGHT FUTURES CONNECTIONS FOR SUCCESS - JOPLIN 3901 E 32ND ST JOPLIN,MO 64802	45-0889975	501(C)(3)	2,410				WINTERGUARD COSTUMES FOR JHS
BRIGHT FUTURES CONNECTIONS FOR SUCCESS - JOPLIN 3901 E 32ND ST JOPLIN,MO 64802	45-0889975	501(C)(3)	297				IRVING GLEE CLUB TSHIRTS

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
BRIGHT FUTURES CONNECTIONS FOR SUCCESS - JOPLIN 3901 E 32ND ST JOPLIN,MO 64802	45-0889975	501(C)(3)	1,491				MISC BAND EQUIPMENT FOR NORTH MIDDLE SCHOOL
BRIGHT FUTURES CONNECTIONS FOR SUCCESS - JOPLIN 3901 E 32ND ST JOPLIN,MO 64802	45-0889975	501(C)(3)	2,085				DRUMLINE JACKETS, CHOIR ROBE CLEANING, DRUMLINE TSHIRTS

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
BRUSH AND PALETTE CLUBPO BOX 145 HERMANN,MO 65041	43-6052682	501(C)(3)	22,180				RESTORATION WORK IN HERMANN CITY CEMETERY
BRUSH AND PALETTE CLUBPO BOX 145 HERMANN,MO 65041	43-6052682	501(C)(3)	14,175				UNRESTRICTED

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 BARNABAS 901 PRIVATE RD 2060 PURDY,MO 65734	33-1122930	501(C)(3)	5,696				UNRESTRICTED
CAMPUS CRUSADE FOR CHRISTPO BOX 628222 ORLANDO,FL 32862	95-6006173	501(C)(3)	5,000				NANCY WILSON

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
CAMPUS CRUSADE FOR CHRISTPO BOX 628222 ORLANDO,FL 32862	95-6006173	501(C)(3)	5,000				LIFE EDUCATION
CAMPUS CRUSADE FOR CHRISTPO BOX 628222 ORLANDO,FL 32862	95-6006173	501(C)(3)	10,000				FAITH BASED PROGRAMS

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
CAPE ARROWHEAD INC502 VINE STREET POPLAR BLUFF,MO 63901	43-1845986	501(C)(3)	13,000				PROGRAMS FOR YOUTH
CARE TO LEARN 411 N SHERMAN PKWY SPRINGFIELD,MO 65802	23-7290968	501(C)(3)	15,229				MEETING HEALTH, HUNGER AND HYGENE ISSUES FOR 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
CARE TO LEARN - EXPENSE FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	11,399				MEETING HEALTH, HUNGER AND HYGENE ISSUES FOR CHILDREN
CARE TO LEARN - ROGERSVILLE FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	885				MEETING HEALTH, HUNGER AND HYGENE ISSUES FOR 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
CARE TO LEARN - ROGERSVILLE FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000				MEETING HEALTH, HUNGER AND HYGENE ISSUES FOR CHILDREN
CARE TO LEARN - WILLARD FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,100				MEETING HEALTH, HUNGER AND HYGENE ISSUES FOR 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
CARE TO LEARN PERFORMANCE FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000				MEETING HEALTH, HUNGER AND HYGENE ISSUES FOR CHILDREN
CARL JUNCTION EDUCATION FOUNDATION206 S RONEY CARL JUNCTION, MO 64834	43-1776822	501(C)(3)	25,000				SCHOOL SUPPLIES

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
CARTHAGE COMMUNITY FOUNDATION OPERATING ENDOWMENT FUND 425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	23,046				COMMUNITY BETTERMENT
CARTHAGE R-9 SCHOOL FOUNDATION710 LYON STREET CARTHAGE,MO 64836	43-1712338	501(C)(3)	8,850				EDUCATIONAL PROGRAMS

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 METRO SPGFLD CHALLENGE GRANT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,000				COURT APPOINTED VOLUNTEER ADVOCACY FOR ABUSED AND NEGLECTED CHILDREN
CASA OF SOUTHWEST MISSOURIPO BOX 14364 SPRINGFIELD,MO 65814	43-1524185	501(C)(3)	6,888				COURT APPOINTED VOLUNTEER ADVOCACY FOR ABUSED AND NEGLECTED 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
CATHOLIC CHARITIES OF SOUTHERN MISSOURI INC601 S JEFFERSON SPRINGFIELD,MO 65806	44-0609997	501(C)(3)	68,875				SUPPORT AS RECOMMENDED BY LARRY & MARY JANE GRINSTEAD
CEDAR FALLS HIGH SCHOOL1015 DIVISION STREET CEDAR FALLS,IA 50613	42-0862684	501(C)(3)	9,266				EDUCATIONAL PROGRAMS

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
CENTER CITY CHRISTIAN OUTREACH INCPO BOX 8176 SPRINGFIELD,MO 65804	43-1276553	501(C)(3)	10,000				2011-2012 COMMUNITY INNOVATION GRANT AWARD
CHA FOUNDATION 2135 S EASTGATE SPRINGFIELD,MO 65809	74-2990817	501(C)(3)	5,454				WISHES FOR TERMINALLY ILL SENIORS

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 METRO SGF CHALLENGE GRANT FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	8,800				SERVICES FOR VICTIM OF ABUSE
CHILDREN'S CHOIRS OF SOUTHWEST MISSOURI411 N SHERMAN PARKWAY SPRINGFIELD,MO 65802	43-1638696	501(C)(3)	5,245				OPERATION AND PROGRAMS FOR CHOIRS

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
CHILDREN'S HAVEN OF SOUTHWEST MISSOURI701 S PICHER JOPLIN,MO 64801	04-3603881	501(C)(3)	54,618				CRISIS CARE OPERATIONAL EXPENSES
CHILDREN'S SMILE CENTERPO BOX 1833 OZARK,MO 65721	57-1196229	501(C)(3)	8,691				DENTAL SUPPLIES AND SCREENINGS

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 658063560	43-1657802	501(C)(3)	38,765				UNRESTRICTED
CHRISTIAN ACTION MINISTRIES620 6TH STREET BRANSON,MO 65616	43-1355905	501(C)(3)	1,542				TORNADO RELIEF

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 ACTION MINISTRIES620 6TH STREET BRANSON,MO 65616	43-1355905	501(C)(3)	10,000				UNRESTRICTED
CHRISTIAN ASSOCIATES 13192 STATE HWY 13 KIMBERLING CITY, MO 65686	43-1021298	501(C)(3)	8,774				ASSISTANCE 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
CHRISTIAN COUNTY FAMILY CRISIS CENTER 3715 N 12TH STREET OZARK,MO 65721	43-1928995	501(C)(3)	8,920				AID TO FAMILIES IN NEED
CHRISTIAN FELLOWSHIP BAPTIST CHURCH 4509 TROOST AVE KANSAS CITY,MO 64110	43-1595420	501(C)(3)	7,500				CHRISTIAN FELLOWSHIP MINISTRIES

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 RENEWAL ASSOCIATIONPO BOX 576 EDMONDS,WA 98020	91-1291259	501(C)(3)	5,000				GENERAL OPERATIONS
CHURCH ARMY USA BRANSON602 SOUTH 6TH STREET BRANSON,MO 65615	25-1624453	501(C)(3)	30,370				UNRESTRICTED

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
CITY OF CARTHAGE326 GRANT ST CARTHAGE,MO 64836	44-6000157	501(C)(3)	10,500				POLICE DEPARTMENT IMPROVEMENTS
CITY OF CARTHAGE326 GRANT ST CARTHAGE,MO 64836	44-6000157	501(C)(3)	1,000				POWERS MUSEUM - DIGITIZATION PROJECT

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
CITY OF MONETT PO BOX 110 MONETT,MO 65708	44-6000225	501(C)(3)	9,985				OUTDOOR BASKETBALL COURT
CITY OF SEYMOURPO BOX 247 SEYMOUR,MO 65746	44-6005586	501(C)(3)	14,517				UNRESTRICTED

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
CITY OF STE GENEVIEVE FIRE DEPARTMENT165 S FOURTH ST STE GENEVIEVE, MO 63670	43-6003164	501(C)(3)	6,000				TECHNICAL RESCUE TEAM RESPONSE TRAILER
CITY OF STE GENEVIEVE POLICE DEPARTMENT165 SOUTH 4TH STREET STE GENEVIEVE, MO 63670	43-6003164	501(C)(3)	8,346				MOBILE DATA TERMINALS

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
CLINTON AREA ARTS COUNCIL PO BOX 314 CLINTON,MO 64735	43-1846374	501(C)(3)	5,450				FOR GENERAL FUND AND AREA ARTS PROJECTS
CLINTON MAIN STREET INC200 S MAIN STREET CLINTON,MO 64735	43-1528229	501(C)(3)	20,000				CLINTON MAIN STREET PARTNERSHIP PROJECTS

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
CLINTON UNITED METHODIST CHURCHPO BOX 128 CLINTON,MO 64735	44-0590276	501(C)(3)	15,264				UNRESTRICTED
CMI VENTURES FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,000				RURAL SCHOOL RELATED SERVICES, STORIES, OTC WORK

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
COMMUNITY ALLIANCE FOR COMPASSIONATE CARE AT THE END OF LIFE1944 E SUNSHINE SUITE C SPRINGFIELD,MO 65804	43-1846863	501(C)(3)	8,536				UNRESTRICTED
COMMUNITY CLINIC OF JOPLIN701 S JOPLIN AVE JOPLIN,MO 64801	43-1643962	501(C)(3)	20,000				MEDICAL ASSISTANT

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
COMMUNITY HALL RENOVATION FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	13,300				UNRESTRICTED
COMMUNITY PARTNERSHIP OF THE OZARKS330 N JEFFERSON AVE SPRINGFIELD,MO 65806	43-1830026	501(C)(3)	54,500				UNRESTRICTED

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
COMMUNITY SUPPORT SERVICES 2312 ANNIE BAXTER AVE JOPLIN,MO 64804	43-1121898	501(C)(3)	24,330				MATERIALS FOR HOME RESIDENTS
CONGREGATION TEMPLE ISRAEL1 RABBI ALVAN D RUBIN DRIVE ST LOUIS,MO 63141	43-0653290	501(C)(3)	10,000				FAITH BASED PROGRAMS

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
COOPERATIVE BAPTIST FELLOWSHIP OF MISSOURI5 E KANSAS ST STE 200 LIBERTY,MO 64068	43-1583837	501(C)(3)	11,250				UNRESTRICTED
COUNCIL FOR A HEALTHY DENT COUNTYPO BOX 190 SALEM,MO 65560	27-2353430	501(C)(3)	5,000				UNRESTRICTED

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
COUNCIL OF CHURCHES OF THE OZARKSPO BOX 3947 SPRINGFIELD,MO 65808	43-0903657	501(C)(3)	7,139				UNRESTRICTED
COUNCIL OF CHURCHES OF THE OZARKSPO BOX 3947 SPRINGFIELD,MO 65808	43-0903657	501(C)(3)	5,000				CROSSLINES-EMERGENCY FOOD FOR STUDENTS

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
COUNCIL OF CHURCHES OF THE OZARKSPO BOX 3947 SPRINGFIELD,MO 65808	43-0903657	501(C)(3)	10,000				PROGRAMMING FOR NEEDY CHILDREN
COX COLLEGE OF NURSING3801 S NATIONAL SPRINGFIELD,MO 65807	44-0577118	501(C)(3)	10,000				NURSING SCHOLARSHIPS

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
COX HEALTH FOUNDATION3525 SOUTH NATIONAL 204 SPRINGFIELD,MO 65807	43-6810485	501(C)(3)	2,000				COLO RECTAL PREVENTION FUND
COX HEALTH FOUNDATION3525 SOUTH NATIONAL 204 SPRINGFIELD,MO 65807	43-6810485	501(C)(3)	4,800				HEALTH INCENTIVE AWARDS

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
COX HEALTH FOUNDATION3525 SOUTH NATIONAL 204 SPRINGFIELD,MO 65807	43-6810485	501(C)(3)	53,387				UNRESTRICTED
COX HEALTH FOUNDATION3525 SOUTH NATIONAL 204 SPRINGFIELD,MO 65807	43-6810485	501(C)(3)	750				CANCER SCREENINGS

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
CRAWFORD COUNTY FOUNDATION INC 34 VILLAGE 4 CUBA,MO 65453	43-1941534	501(C)(3)	10,500				ACADEMIC BOOSTERS PROGRAM
CRAWFORD COUNTY FOUNDATION INC 34 VILLAGE 4 CUBA,MO 65453	43-1941534	501(C)(3)	40,000				TO BENEFIT CUBA DEVELOPMENT GROUP

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
CRAWFORD COUNTY FOUNDATION INC 34 VILLAGE 4 CUBA,MO 65453	43-1941534	501(C)(3)	10,000				UNRESTRICTED
CRAWFORD COUNTY R-I SCHOOL DISTRICT 1444 OLD HWY 66 BOURBON,MO 65441	43-6000916	501(C)(3)	500				SCHOLARSHIPS

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
CRAWFORD COUNTY R-I SCHOOL DISTRICT 1444 OLD HWY 66 BOURBON,MO 65441	43-6000916	501(C)(3)	5,000				BACK PACK PROGRAM FOR NEEDY CHILDREN
CROSSLINES CHURCHES OF THE JOPLIN AREAPO BOX 1242 JOPLIN,MO 64801	43-1272794	501(C)(3)	25,000				AID TO FAMILIES IN NEED

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
CROSSLINES METRO SGF CHALLENGE GRANT FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	8,800				AID TO FAMILIES IN NEED
CROSSLINES-COC 1710 E CHESTNUT EXP SPRINGFIELD,MO 65802	43-0903657	501(C)(3)	17,497				FOOD 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
DALLAS COUNTY BETTERMENT ASSOCIATION OBANNON BANK - PO BOX 85 BUFFALO,MO 65622	43-1846573	501(C)(3)	800				DICTIONARY PROJECT
DALLAS COUNTY BETTERMENT ASSOCIATION OBANNON BANK - PO BOX 85 BUFFALO,MO 65622	43-1846573	501(C)(3)	1,000				TORNADO RELIEF

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
DALLAS COUNTY BETTERMENT ASSOCIATION OBANNON BANK - PO BOX 85 BUFFALO,MO 65622	43-1846573	501(C)(3)	1,000				LIGHT UP THE CITY PROJECT
DALLAS COUNTY BETTERMENT ASSOCIATION OBANNON BANK - PO BOX 85 BUFFALO,MO 65622	43-1846573	501(C)(3)	1,000				JOPLIN DISASTER RELIEF

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
DALLAS COUNTY BETTERMENT ASSOCIATION OBANNON BANK - PO BOX 85 BUFFALO,MO 65622	43-1846573	501(C)(3)	1,000				SW MO CELTIC HERITAGE FESTIVAL AND HIGHLAND GAMES
DALLAS COUNTY BETTERMENT ASSOCIATION OBANNON BANK - PO BOX 85 BUFFALO,MO 65622	43-1846573	501(C)(3)	1,000				COMMUNITY BEAUTIFICATION

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
DALLAS COUNTY R-I SCHOOL DISTRICT309 W COMMERCIAL ST BUFFALO, MO 65622	44-6001998	501(C)(3)	14,000				EDUCATIONAL PROGRAMS
DELMINA WOODS COMMUNITY COUNCIL8872 STATE HIGHWAY H FORSYTH, MO 65653	11-3699689	501(C)(3)	5,000				UNRESTRICTED

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
DESIGNING WOMEN FOUNDATIONPO BOX 104 POPLAR BLUFF,MO 63901	80-0495123	501(C)(3)	9,868				CULTURAL AND EDUCATIONAL ENRICHMENT OF YOUTH
DEVELOPMENTAL CENTER OF THE OZARKS1545 E PYTHIAN SPRINGFIELD,MO 65802	44-0614402	501(C)(3)	4,000				UNRESTRICTED

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
DEVELOPMENTAL CENTER OF THE OZARKS1545 E PYTHIAN SPRINGFIELD,MO 65802	44-0614402	501(C)(3)	1,000				FIRST STEPS THERAPY PROGRAM
DISCOVERY CENTER 438 E ST LOUIS ST SPRINGFIELD,MO 65806	43-1568214	501(C)(3)	9,400				PRESIDENT'S GRANT

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
DOLLYWOOD FOUNDATION2700 DOLLYWOOD PARK BLVD PIGEON FORGE,TN 378634113	62-1348105	501(C)(3)	6,029				CHILDREN'S EDUCATIONAL PROGRAMMING
DORA R- III SCHOOL DISTRICT HWY 181 SOUTH DORA,MO 65637	44-6001504	501(C)(3)	700				FUNDING DOLLY PARTON IMAGINATION LIBRARY

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
DORA R- III SCHOOL DISTRICTHWY 181 SOUTH DORA,MO 65637	44-6001504	501(C)(3)	40,000				DORA SCHOOL ATHLETICS PROGRAM
DORA R- III SCHOOL DISTRICTHWY 181 SOUTH DORA,MO 65637	44-6001504	501(C)(3)	5,000				ART PROGRAMING

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
DORA R- III SCHOOL DISTRICT HWY 181 SOUTH DORA,MO 65637	44-6001504	501(C)(3)	800				UNRESTRICTED
DOWNTOWN SPRINGFIELD COMMUNITY CINEMA FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	19,600				UNRESTRICTED

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
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	2,000				FOR LEMONT DOBSON'S HISTORY PROJECT
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	11,663				EDUCATIONAL PROGRAMMING

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
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	13,750				GROUNDS MAINTENANCE
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	63,100				CHOCOLATE UNIVERSITY PROGRAM

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
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	12,000				PRE-MED SCHOLARSHIPS
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	3,000				DIABETES UNDERGRADUATE RESEARCH PROGRAM

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
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	500				HAMMONS SCHOOL OF ARCHITECTURE FUNDING
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	6,125				SUMMERSCAPE SCHOLARSHIPS

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
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	25,000				CENTER FOR NON-PROFIT COMMUNICATIONS PROGRAMMING
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	22,657				SCHOLARSHIPS FOR SENIOR STUDENTS AT DRURY

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
DUENWEG FIRE DEPT701 S JOPLIN JOPLIN,MO 64801	43-1273133	501(C)(3)	10,000				FIREFIGHTERS SALARY/EQUIPMENT
ELDON AREA COMMUNITY BETTERMENT ASSOCIATIONPO BOX 209 ELDON,MO 65026	43-1881618	501(C)(3)	3,043				ELDON ATHLETIC BOOSTER CLUB - EQUIPMENT

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
ELDON AREA COMMUNITY BETTERMENT ASSOCIATIONPO BOX 209 ELDON,MO 65026	43-1881618	501(C)(3)	560				MILLER COUNTY BOARD FOR SERVICES FOR DEVELOPMENTALLY DISABLED
ELDON AREA COMMUNITY BETTERMENT ASSOCIATIONPO BOX 209 ELDON,MO 65026	43-1881618	501(C)(3)	869				PAVE AMERICORPS - SUPPLIES FOR VOLUNTEERS

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
ELDON AREA COMMUNITY BETTERMENT ASSOCIATIONPO BOX 209 ELDON,MO 65026	43-1881618	501(C)(3)	1,500				PAVE AMERICORPS - BUDDY PACK PROGRAM
ELDON AREA COMMUNITY BETTERMENT ASSOCIATIONPO BOX 209 ELDON,MO 65026	43-1881618	501(C)(3)	1,000				ELDON GARDEN CLUB

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
ELDON AREA COMMUNITY BETTERMENT ASSOCIATIONPO BOX 209 ELDON,MO 65026	43-1881618	501(C)(3)	2,500				ELDON PTO - BACK TO SCHOOL FAIR
ELDON AREA COMMUNITY BETTERMENT ASSOCIATIONPO BOX 209 ELDON,MO 65026	43-1881618	501(C)(3)	336				ELDON DOLPHINS SWIM TEAM

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
ELDON AREA COMMUNITY BETTERMENT ASSOCIATIONPO BOX 209 ELDON,MO 65026	43-1881618	501(C)(3)	416				MILLER COUNTY CHILD ADVOCACY COUNCIL
ELDON FFA ALUMNI SCHOLARSHIP FUND425 E TRAFFICWAY SPRINGFIELD,MO 65805	23-7290968	501(C)(3)	5,000				SCHOLARHIPS

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
ELDON HIGH SCHOOL101 S PINE ST ELDON,MO 65026	44-6002437	501(C)(3)	33,625				ELDON LOCKERS
EMINENCE R-I SCHOOL DISTRICT1 REDWING DR EMINENCE,MO 65466	43-6002059	501(C)(3)	15,000				ART PROGRAMING

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
EVANGEL UNIVERSITY1111 N GLENSTONE SPRINGFIELD,MO 65802	44-0589787	501(C)(3)	12,000				PRE-MED SCHOLARSHIPS
EVANGEL UNIVERSITY1111 N GLENSTONE SPRINGFIELD,MO 65802	44-0589787	501(C)(3)	1,250				FOR GROUNDS MAINTENANCE

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
EVANGELICAL FREE CHURCH OF AMERICA901 EAST 78TH STREET MINNEAPOLIS,MN 554201300	41-0721672	501(C)(3)	21,600				HUNGARY MINISTRY CENTER
FAIR ACRES FAMILY YMCA FUND INC425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000				UNRESTRICTED

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
FAIR ACRES FAMILY YMCA INC 2600 GRAND AVE CARTHAGE,MO 64836	43-1558437	501(C)(3)	8,996				FAMILY AND YOUTH PROGRAMMING SERVICES
FAITH COMMUNITY HEALTH CENTER INC610 SOUTH SIXTH STREET BRANSON,MO 65616	94-3467834	501(C)(3)	1,600				UPDATED COMPUTER AND MEDICAL SOFTWARE

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
FAITH COMMUNITY HEALTH CENTER INC610 SOUTH SIXTH STREET BRANSON,MO 65616	94-3467834	501(C)(3)	30,000				UNRESTRICTED
FELLOWSHIP BIBLE CHURCH4855 S FARM ROAD 205 ROGERSVILLE,MO 65742	43-1657145	501(C)(3)	5,000				TEXTBOOKS FOR TANZANIA

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
FELLOWSHIP BIBLE CHURCH4855 S FARM ROAD 205 ROGERSVILLE,MO 65742	43-1657145	501(C)(3)	100,000				UNRESTRICTED
FELLOWSHIP OF CHRISTIAN ATHLETES - SOUTH CENTRAL MISSOURI206 N MAPLE BLUE EYE,MO 65611	44-0610626	501(C)(3)	12,500				UNRESTRICTED

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
FIELDS OF PROMISE3017 OXFORD RD LAWRENCE,KS 66049	57-1235074	501(C)(3)	4,270				SUPPORTING 10 CHILDREN IN ADIGRAT, ETHIOPIA
FIELDS OF PROMISE3017 OXFORD RD LAWRENCE,KS 66049	57-1235074	501(C)(3)	4,200				SUPPORT FOR BOYS HOME

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
FIRST & CALVARY PRESBYTERIAN CHURCH820 E CHERRY ST SPRINGFIELD,MO 65806	44-0555219	501(C)(3)	10,186				UNRESTRICTED
FIRST BAPTIST CHURCH - MIAMI OKPO BOX 1030 MIAMI,OK 74355	73-0634803	501(C)(3)	100,000				UNRESTRICTED

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
FIRST BAPTIST CHURCH - MIAMI OKPO BOX 1030 MIAMI,OK 74355	73-0634803	501(C)(3)	100,000				AFRICA MISSION ACCOUNT
FIRST BAPTIST CHURCH OF CAPE FAIRPO BOX 129 CAPE FAIR,MO 65624	43-1368166	501(C)(3)	5,000				CHURCH BLDG FUND OR COMMUNITY NEEDS

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
FIRST CHRISTIAN CHURCH409 W 4TH ST JOPLIN,MO 64801	01-4220881	501(C)(3)	7,000				TORNADO RELIEF
FIRST CHRISTIAN CHURCH409 W 4TH ST JOPLIN,MO 64801	01-4220881	501(C)(3)	330				ANNUAL DISTRIBUTION

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
FIRST CHRISTIAN CHURCH OF GAINESVILLEPO BOX 125 GAINESVILLE,MO 65655	43-1127807	501(C)(3)	200				FUEL AND SNACKS
FIRST CHRISTIAN CHURCH OF GAINESVILLEPO BOX 125 GAINESVILLE,MO 65655	43-1127807	501(C)(3)	22,000				PROJECTS AND PROGRAMS AT THE FIRST CHRISTIAN CHURCH OF GAINESVILLE

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
FIRST PRESBYTERIAN CHURCH115 W CHESTNUT ST CARTHAGE,MO 64836	44-0606868	501(C)(3)	8,681				UNRESTRICTED
FIRST UNITED METHODIST CHURCH OF CARTHAGE617 S MAIN STREET CARTHAGE,MO 64836	44-0615076	501(C)(3)	13,022				UNRESTRICTED

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
FORDLAND CLINIC INC1059 BARTON DR FORDLAND,MO 65652	43-1791656	501(C)(3)	9,200				MEDICAL ASSISTANCE FOR LOW INCOME CLIENTS
FOREST INSTITUTE OF PROFESSIONAL PSYCHOLOGY2885 W BATTLEFIELD SPRINGFIELD,MO 65807	31-1560433	501(C)(3)	5,000				UNRESTRICTED

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
FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS 3002 W KILDEE LANE SPRINGFIELD,MO 65810	43-1560366	501(C)(3)	37,468				FOR EDUCATIONAL PURPOSES
FREEMAN HOSPITAL FOUNDATION1102 WEST 32ND ST JOPLIN,MO 64804	43-1240629	501(C)(3)	10,000				UNRESTRICTED

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
FRIENDS OF ANIMALS HUMANE SOCIETY INCPO BOX 516 ELDON,MO 65026	43-1305256	501(C)(3)	8,500				HUMANE CARE OF ANIMALS
FRIENDS OF OPERATION US 2885 WEST BATTLEFIELD ROAD SPRINGFIELD,MO 65807	73-1682215	501(C)(3)	5,000				RELATIONSHIP EDUCATION

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
GALENA COMMUNITY CHURCHP O BOX 66 GALENA,MO 65656	43-1107586	501(C)(3)	2,598				BUILDING FUND
GALENA COMMUNITY CHURCHP O BOX 66 GALENA,MO 65656	43-1107586	501(C)(3)	2,598				UNRESTRICTED

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
GALESBURG COMMUNITY FOUNDATION575 N KELLOGG ST GALESBURG,IL 61401	37-1159944	501(C)(3)	5,500				FOR EDUCATIONAL PURPOSES
GASCONADE COUNTY R-1 SCHOOL DISTRICT 164 BLUE PRIDE DR HERMANN,MO 65041	43-6015434	501(C)(3)	16,283				SUPPORTING THE SCHOOL DISTRICT

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
GASCONADE COUNTY R-1 SCHOOL DISTRICT 164 BLUE PRIDE DR HERMANN,MO 65041	43-6015434	501(C)(3)	600				DRAMA DEPARTMENT EXPENSES
GCR-1 ALUMNI ASSOCIATION II FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000				FOR EDUCATIONAL PURPOSES

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
GEORGE A SPIVA CENTER FOR THE ARTS 222 W 3RD ST JOPLIN,MO 64801	44-6006139	501(C)(3)	5,000				INSTRUCTOR FEES,EDUCATIONAL PROGRAMMING,SCHOLARSHIPS
GLADE PROJECT OF THE GREATER OZARKS AUDUBON SOCIETYPO BOX 3231 SPRINGFIELD, MO 65808	43-1730027	501(C)(3)	15,000				ENVIRONMENTAL

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
GOOD SAMARITAN BOYS RANCHPO BOX 617 BRIGHTON,MO 65617	44-6006077	501(C)(3)	1,250				ENDOWMENT BUILDING GRANT
GOOD SAMARITAN BOYS RANCHPO BOX 617 BRIGHTON,MO 65617	44-6006077	501(C)(3)	10,799				UNRESTRICTED

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
GOOD SAMARITAN CARE CLINIC501 W HWY 60 MOUNTAIN VIEW, MO 65548	52-2418664	501(C)(3)	5,000				HEALTH CARE AND DENTAL SERVICES FOR LOW INCOME INDIVIDUALS
GOOD SHEPHERD LUTHERAN CHURCH8975 COUNTY LANE 170 CARTHAGE, MO 64836	43-1454432	501(C)(3)	5,616				FAITH BASED PROGRAMS

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
GORDON COLLEGE255 GRAPEVINE COLLEGE WENHAM, MA 01984	04-2104258	501(C)(3)	184,000				FOR EDUCATIONAL PURPOSES
GRACE EPISCOPAL CHURCH820 HOWARD ST CARTHAGE, MO 64836	44-0608719	501(C)(3)	13,474				FAITH BASED PROGRAMS

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
GREENE COUNTY MEDICAL SOCIETY ALLIANCE1200 E WOODHURST DR STE D200 SPRINGFIELD,MO 65804	44-0515179	501(C)(3)	5,000				HEALTH PROGRAMMING
GREENE COUNTY SENIOR BOARDPO BOX 9766 SPRINGFIELD,MO 65804	37-1709405	501(C)(3)	40,000				ELDERLY ISSUES

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
GYN CANCERS ALLIANCE3023 SOUTH FORT SUITE B SPRINGFIELD,MO 65807	43-1943170	501(C)(3)	6,650				AID TO CANCER VICTIMS
HALFWAY R-III SCHOOL DISTRICT 2150 HIGHWAY 32 HALFWAY,MO 65663	44-6001400	501(C)(3)	6,775				FOR EDUCATIONAL PURPOSES

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
HANDYMAN CONNECTION SERVICES METRO SGF CHALLENGE GRANT FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	8,800				ELDERLY ISSUES
HARTVILLE R- II SCHOOL DISTRICT 1 EAGLE LANDING PARKWAY HARTVILLE,MO 65667	44-6004984	501(C)(3)	9,048				FOR EDUCATIONAL PURPOSES

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
HEALTHY HALF PINTS FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000				MILK FOR LOW INCOME SCHOOL CHILREN
HEART 4 WOMENPO BOX 136 SPARTA,MO 65753	42-1705852	501(C)(3)	5,500				FAITH BASED PROGRAMS

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
HEARTLIGHT MINISTRIES FOUNDATIONPO BOX 480 HALLSVILLE,TX 75650	20-3179800	501(C)(3)	10,000				UNRESTRICTED
HICKORY COUNTY CARESPO BOX 188 WHEATLAND,MO 65779	43-3308607	501(C)(3)	8,643				UNRESTRICTED

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
HIGH STREET BAPTIST CHURCH 900 N EASTGATE SPRINGFIELD,MO 65802	44-0563819	501(C)(3)	10,000				HEALTH HYGENE AND HUNGER ASSISTANCE FOR CHILDREN
HISTORY MUSEUM FOR SPRINGFIELD-GREENE COUNTY 830 N BOONVILLE SPRINGFIELD,MO 65802	51-0148860	501(C)(3)	5,518				CULTURAL PROGRAMMING

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
HOLY TRINITY CATHOLIC CHURCH 2818 E BENNETT ST SPRINGFIELD,MO 65804	43-0889012	501(C)(3)	108,000				FAITH BASED PROGRAMS
HOPE FOR TOMORROW FUND 425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000				SAFETY TO VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE

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
HOUSE OF HOPE JOPLIN INCORPORATEDPO BOX 605 WEBB CITY,MO 64870	20-8269697	501(C)(3)	15,000				HELP TO HEAL HURTING TEENS AND RESTORE BROKEN FAMILIES
HUMANE SOCIETY OF SOUTHWEST MISSOURI3161 W NORTON RD SPRINGFIELD,MO 65803	44-0665040	501(C)(3)	73,879				UNRESTRICTED

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 MISSOURI3161 W NORTON RD SPRINGFIELD,MO 65803	44-0665040	501(C)(3)	20,000				SMALL DOG ADOPTION AREA
INDEPENDENT LIVING CENTER 2639 E 34TH STREET JOPLIN,MO 64804	43-1714219	501(C)(3)	15,000				TRAINING EXPENSE FOR ASSIST ELDERLY

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
ISABEL'S HOUSE - CRISIS NURSERY OF THE OZARKS 2750 W BENNETT ST SPRINGFIELD,MO 65802	20-4574229	501(C)(3)	9,385				CARE FOR CHILDREN IN CRISIS
JEFFERSON AVENUE BAPTIST CHURCH316 E SUNSHINE SPRINGFIELD,MO 65807	01-2542687	501(C)(3)	5,191				FAITH BASED PROGRAMS

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
JOHN LINDEN HAYES DONOR ADVISED FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000				COMMUNITY BETTERMENT
JOPLIN AREA HABITAT FOR HUMANITY211 S MAIN STREET SUITE 216 JOPLIN,MO 64801	43-1524876	501(C)(3)	62,500				HOUSE REBUILDING AND STORM SHELTERS

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
JOPLIN FAMILY YMCA510 WALL JOPLIN,MO 64802	44-0552026	501(C)(3)	46,745				HUMAN SERVICES FOR RECOVERY OF JOPLIN
JOPLIN HABITAT FOR HUMANITY 315 S BLACKCAT ROAD JOPLIN,MO 64801	43-1524876	501(C)(3)	8,000				5 COMPUTERS,PHONES,DESKS,PRINTERS

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
JOPLIN LONG TERM RECOVERY COMMITTEE1110 EAST 7TH STREET JOPLIN,MO 64801	26-2189665	501(C)(3)	375,000				REBUILDING AND REPAIRING HOMES
JOPLIN LONG TERM RECOVERY COMMITTEE1110 EAST 7TH STREET JOPLIN,MO 64801	26-2189665	501(C)(3)	125,000				TORNADO DAMAGE ASSISTANCE

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
JOPLIN R-8 SCHOOL DISTRICT1717 EAST 15TH STREET JOPLIN,MO 64804	44-6003106	501(C)(3)	744,234				TORNADO RECOVERY/REBUILDING
JOPLIN RECOVERY FUND 425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	11,000				TORNADO VICTIM AID

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)	11,164				MEDICAL ASSISTANCE
JUNIOR LEAGUE OF SPRINGFIELD2574 E BENNETT ST SPRINGFIELD,MO 65804	43-6050075	501(C)(3)	6,250				EDUCATIONAL AND CHARITABLE PURPOSES

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 COUNTY600 SOUTH 5TH BRANSON,MO 65616	43-1894419	501(C)(3)	5,000				FOR TANEY AND STONE COUNTIES
KABOOM4455 CONNECTICUT AVE NW STE B100 WASHINGTON,DC 20008	52-1970904	501(C)(3)	78,570				JOPLIN PLAYGROUND

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
KANAKUK INSTITUTE1353 LAKESHORE DRIVE BRANSON,MO 65616	43-1926319	501(C)(3)	28,000				UNRESTRICTED
KIDS ACROSS AMERICA FOUNDATION1429 LAKESHORE DRIVE BRANSON,MO 65616	43-1348373	501(C)(3)	50,000				UNRESTRICTED

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
KIDSMART---TOOLS FOR LEARNING 12175 BRIDGETON BRIDGETON,MO 63044	43-1906392	501(C)(3)	5,000				FOR EDUCATIONAL PURPOSES
KORNERSTONE INC PO BOX 396 SHELL KNOB,MO 65747	43-1820354	501(C)(3)	15,631				FAITH BASED PROGRAMS

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
KSMUOZARKS PUBLIC BROADCASTING901 S NATIONAL SPRINGFIELD,MO 65804	44-6000308	501(C)(3)	27,220				PUBLIC RADIO AND PUBLIC TELEVISION PROGRAMMING
LACLEDE COUNTY R-1 SCHOOL726 W JEFFERSON CONWAY,MO 65632	44-6005870	501(C)(3)	5,286				FOR EDUCATIONAL PURPOSES

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
LAFAYETTE HOUSE 1809 CONNOR AVE JOPLIN,MO 64804	44-0556865	501(C)(3)	102,548				FOR WOMEN RECOVERY NEEDS
LAKELAND SCHOOL DISTRICT 12530 LAKELAND SCHOOL DR DEEPWATER,MO 64740	43-1042567	501(C)(3)	6,000				NEW PA SYSTEM FOR SCHOOL

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
LEAST OF THESE PO BOX 808 NIXA,MO 65714	43-1867039	501(C)(3)	26,098				FOOD AND CLOTHING FOR THE NEEDY
LEGAL AID OF WESTERN MISSOURI-- JOPLIN OFFICE 302 S JOPLIN JOPLIN,MO 64801	43-1643962	501(C)(3)	25,000				LEGAL HELP FOR LOW INCOME

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
LIGHTHOUSE CHILD & FAMILY DEVELOPMENT CENTER900 N BENTON LAY HALL 308B SPRINGFIELD,MO 65802	26-2610308	501(C)(3)	17,850				CHILDREN AND FAMILY SERVICES
LIVES UNDER CONSTRUCTION BOYS RANCH296 BOYS RANCH ROAD LAMPE,MO 65681	46-0368556	501(C)(3)	5,600				UNRESTRICTED

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
LOCKWOOD R-I SCHOOL DISTRICT 400 W 4TH ST LOCKWOOD,MO 65682	44-6003265	501(C)(3)	18,860				FOR EDUCATIONAL PURPOSES
MANDY HAMPTON MEMORIAL SCHOLARSHIP425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	12,455				FOR EDUCATIONAL PURPOSES

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
MANSFIELD R-IV SCHOOL DISTRICT 316 W OHIO AVE MANSFIELD,MO 65704	44-6004986	501(C)(3)	18,398				SCHOLARSHIPS FOR 42 STUDENTS
MARSHFIELD AREA COMMUNITY GRANTMAKING ENDOWMENT FUND 425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	12,305				COMMUNITY BETTERMENT

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
MEDICAL MISSIONS FOR CHRISTPO BOX 1948 CAMDENTON,MO 65020	20-3637019	501(C)(3)	7,500				HEALTHCARE ASSISTANCE TO COMMUNITY
MENNONITE DISASTER SERVICE583 AIRPORT ROAD LITITZ,PA 17543	23-2713127	501(C)(3)	40,000				FUNDS TO SUPPORT 620 VOLUNTEERS WITH LODGING, MEALS, AND TRANSPORTATION

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
MERAMEC REGIONAL PLANNING COMMISSION4 INDUSTRIAL DR ST JAMES,MO 65559	12-5606850	501(C)(3)	130,053				UNRESTRICTED
MERCY FOUNDATION FOR COMMUNITY HEALTH1235 E CHEROKEE ST SPRINGFIELD,MO 65804	32-0195818	501(C)(3)	500				RADIOLOGIC TECH HEALTH INCENTIVE AWARD

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
MERCY FOUNDATION FOR COMMUNITY HEALTH1235 E CHEROKEE ST SPRINGFIELD,MO 65804	32-0195818	501(C)(3)	1,000				SAFE AND SOBER PROM NIGHT
MERCY FOUNDATION FOR COMMUNITY HEALTH1235 E CHEROKEE ST SPRINGFIELD,MO 65804	32-0195818	501(C)(3)	5,485				UNRESTRICTED

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
MERCY HOSPITAL - JOPLIN2817 ST JOHNS BLVD JOPLIN,MO 64804	27-0814858	501(C)(3)	33,320				PSYCHOLOGICAL HEALTH POST-DISASTER RESPONSE
MET CPO FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	6,700				COMMUNITY BETTERMENT

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
MIRACLE OF NAZARETH INTERNATIONAL FOUNDATION550 UNION STREET MISHAWAKA,IN 46544	35-2046656	501(C)(3)	5,000				UNRESTRICTED
MISSOURI COLLEGES FUND INC 3401 W TRUMAN BLVD STE 202 JEFFERSON CITY,MO 65109	43-0680952	501(C)(3)	13,600				FOR EDUCATIONAL PURPOSES

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
MISSOURI CONSERVATION HERITAGE FOUNDATIONPO BOX 366 JEFFERSON CITY,MO 65102	43-1797156	501(C)(3)	10,000				THE BENNETT SPRING PLATFORM PROJECT
MONETT AREA YMCA 205 EUCLID AVE MONETT,MO 65708	44-0545283	501(C)(3)	30,363				FOR CAPITAL CAMPAIGN

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
MS SOCIETY1675 E SEMINOLE ST J SPRINGFIELD,MO 65804	44-0613436	501(C)(3)	48,830				UNRESTRICTED
MSU - WEST PLAINS CAMPUS 128 GARFIELD WEST PLAINS,MO 65775	43-1641443	501(C)(3)	8,611				FOR EDUCATIONAL PURPOSES

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
MSU FOUNDATION 300 S JEFFERSON STE 100 SPRINGFIELD,MO 65806	43-1234200	501(C)(3)	100				UNRESTRICTED
MSU FOUNDATION 300 S JEFFERSON STE 100 SPRINGFIELD,MO 65806	43-1234200	501(C)(3)	1,000				CENTURY BANK OF THE OZARKS BANKING SCHOLARSHIP

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
MSU FOUNDATION 300 S JEFFERSON STE 100 SPRINGFIELD,MO 65806	43-1234200	501(C)(3)	2,500				"MACBETH" SCHOOL MATINEE PERFORMANCE
MSU FOUNDATION 300 S JEFFERSON STE 100 SPRINGFIELD,MO 65806	43-1234200	501(C)(3)	1,000				LOWELL FLEENOR MUSIC SCHOLARSHIP

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
MSU FOUNDATION 300 S JEFFERSON STE 100 SPRINGFIELD,MO 65806	43- 1234200	501(C)(3)	5,000				COLLEGE OF HUMANITIES AND PUBLIC AFFAIRS
MSU FOUNDATION 300 S JEFFERSON STE 100 SPRINGFIELD,MO 65806	43- 1234200	501(C)(3)	2,500				FOUNDER'S CLUB/SCHOLARSHIP

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
MSU FOUNDATION 300 S JEFFERSON STE 100 SPRINGFIELD,MO 65806	43-1234200	501(C)(3)	13,000				PRE-MED SCHOLARSHIPS ($12K) CALLAWAY SCHOLARSHIPS ($1K)
MSU FOUNDATION 300 S JEFFERSON STE 100 SPRINGFIELD,MO 65806	43-1234200	501(C)(3)	2,500				MARY JO WYNN ACADEMIC ACHIEVEMENT CENTER

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
MT VERNON SCHOOLS730 S LANDRUM MT VERNON,MO 65712	44-6003597	501(C)(3)	26,140				ANNUAL DISTRIBUTION
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE STE 500 ALPHARETTA,GA 30009	58-1493949	501(C)(3)	6,000				AID 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
NATIONAL INSTITUTE OF MARRIAGE2175 SUNSET INN ROAD BRANSON,MO 65616	86-0418475	501(C)(3)	68,750				UNRESTRICTED
NAVIGATORSPO BOX 6000 COLORDADO SPRINGS,CO 80934	84-6007896	501(C)(3)	6,000				FAITH BASED PROGRAMS

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
NEW BOURBON PORT AUTHORITY PO BOX 366 PERRYVILLE, MO 63775	43-1325286	501(C)(3)	100,000				UNRESTRICTED
NEW BOURBON PORT AUTHORITY PO BOX 366 PERRYVILLE, MO 63775	43-1325286	501(C)(3)	35,000				HARBOR EXCAVATION FOR PORT FACILITY

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
NEW CREATION CHURCH1831 S CONNOR AVE JOPLIN,MO 64804	26-1986233	501(C)(3)	10,000				SUPPLIES AND STORAGE SHEDS FOR HOMELESS
NIXA JUNIOR HIGH SCHOOL 205 NORTH ST NIXA,MO 65714	44-6003678	501(C)(3)	1,000				BOOKS AND BOOKSHELVES

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
NIXA JUNIOR HIGH SCHOOL 205 NORTH ST NIXA,MO 65714	44-6003678	501(C)(3)	1,340				CRAZY TRAITS GENETIC EDUCATION
NIXA JUNIOR HIGH SCHOOL 205 NORTH ST NIXA,MO 65714	44-6003678	501(C)(3)	2,013				MEDIA AND COMPUTER SOFTWARE

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
NIXA JUNIOR HIGH SCHOOL 205 NORTH ST NIXA,MO 65714	44-6003678	501(C)(3)	1,582				EARPHONES AND MICROPHONES FOR COMPUTER LABS
NIXA JUNIOR HIGH SCHOOL 205 NORTH ST NIXA,MO 65714	44-6003678	501(C)(3)	159				LOGIC BASED GAMES

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
NIXA JUNIOR HIGH SCHOOL 205 NORTH ST NIXA,MO 65714	44-6003678	501(C)(3)	500				3 MICROSCOPES
NIXA JUNIOR HIGH SCHOOL 205 NORTH ST NIXA,MO 65714	44-6003678	501(C)(3)	490				5 HANDHELD GPS UNITS

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
NIXA R-II SCHOOL DISTRICT301 S MAIN ST NIXA,MO 65714	44-6003678	501(C)(3)	22,869				HEALTH HYGENE AND HUNGER ASSISTANCE FOR CHILDREN
NIXA R-II SCHOOL DISTRICT301 S MAIN ST NIXA,MO 65714	44-6003678	501(C)(3)	344				MARRE CONFERENCE EXPENSES

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
NIXA R-II SCHOOL DISTRICT301 S MAIN ST NIXA,MO 65714	44-6003678	501(C)(3)	18,021				UNRESTRICTE
NIXA R-II SCHOOL DISTRICT301 S MAIN ST NIXA,MO 65714	44-6003678	501(C)(3)	678				ESOL PROGRAM

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
NIXA R-II SCHOOL DISTRICT301 S MAIN ST NIXA,MO 65714	44-6003678	501(C)(3)	1,071				SCHOOL BUS WINDOW TINTING
NIXA R-II SCHOOL DISTRICT301 S MAIN ST NIXA,MO 65714	44-6003678	501(C)(3)	3,651				STUDENT NEEDS

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
NIXA R-II SCHOOL DISTRICT301 S MAIN ST NIXA,MO 65714	44-6003678	501(C)(3)	357				SCHOOL SUPPLIES
OACAC OF TANEY COUNTY610 S 6TH ST 202 BRANSON,MO 65616	43-0836672	501(C)(3)	30,000				TORNADO DISASTER RELIEF

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
OLEAN JAYCEES PO BOX 56 OLEAN,MO 65064	43-1246918	501(C)4	7,350				COMMUNITY BETTERMENT
OPTIONS PREGNANCY CLINIC309 B ATLANTIC STREET BRANSON,MO 65616	43-1642900	501(C)(3)	5,000				UNRESTRICTED

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
ORLT CASH ACCOUNTPO BOX 8960 SPRINGFIELD,MO 65801	43-1304715	501(C)(3)	5,000				LAND CONSERVATION
OTC FOUNDATION 1001 E CHESTNUT EXPY SPRINGFIELD,MO 65802	43-1753974	501(C)(3)	1,000				READ RIGHT PROGRAM

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
OTC FOUNDATION 1001 E CHESTNUT EXPY SPRINGFIELD,MO 65802	43-1753974	501(C)(3)	3,000				SCHOLARSHIPS FOR DENTAL PROGRAM
OTC FOUNDATION 1001 E CHESTNUT EXPY SPRINGFIELD,MO 65802	43-1753974	501(C)(3)	14,074				UNRESTRICTED

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
OTC FOUNDATION 1001 E CHESTNUT EXPY SPRINGFIELD,MO 65802	43-1753974	501(C)(3)	9,000				HEALTH INCENTIVE AWARDS
OTC FOUNDATION 1001 E CHESTNUT EXPY SPRINGFIELD,MO 65802	43-1753974	501(C)(3)	2,000				LPN SCHOLARSHIPS

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
OTC FOUNDATION 1001 E CHESTNUT EXPY SPRINGFIELD,MO 65802	43-1753974	501(C)(3)	4,704				6 PARTIAL SCHOLARSHIPS ASN & MLT STUDENTS
OTC FOUNDATION 1001 E CHESTNUT EXPY SPRINGFIELD,MO 65802	43-1753974	501(C)(3)	25,000				ALLIED HEALTH MATCHING GRANT

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
OTC FOUNDATION 1001 E CHESTNUT EXPY SPRINGFIELD,MO 65802	43-1753974	501(C)(3)	2,900				SPRING 2012 SCHOLARSHIPS
OZARK ADVENTURES3000 GREEN MOUNTAIN DR 107 BRANSON,MO 65616	47-0915970	501(C)(3)	25,000				UNRESTRICTED

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
OZARK CENTER FOR AUTISM3006 MCCLELLAND BLVD JOPLIN,MO 64804	43-0821959	501(C)(3)	25,000				SUPPLIES
OZARK CENTER FOR AUTISM3006 MCCLELLAND BLVD JOPLIN,MO 64804	43-0821959	501(C)(3)	800				EDUCATIONAL AIDS

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
OZARK GREENWAYSPO BOX 50733 SPRINGFIELD,MO 65805	43-1525122	501(C)(3)	5,200				UNRESTRICTED
OZARK GREENWAYSPO BOX 50733 SPRINGFIELD,MO 65805	43-1525122	501(C)(3)	1,000				LAND TRUST MONITORING FUND

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
OZARK MOUNTAIN FAMILY YMCA175 INDUSTRIAL PARK DRIVE HOLLISTER,MO 65672	44-0545283	501(C)(3)	35,000				UNRESTRICTED
OZARK R-VI SCHOOLSPO BOX 166 OZARK,MO 65721	44-6003892	501(C)(3)	6,300				CLOTHING,SHOES, FOOD

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
OZARK TRAILS COUNCIL BSA1616 S EASTGATE SPRINGFIELD,MO 65807	44-0546294	501(C)(3)	6,160				YOUTH PROGRAMMING
OZARKS COUNSELING CENTER1550 E BATTLEFIELD STE A SPRINGFIELD,MO 65804	44-0595115	501(C)(3)	10,000				UNRESTRICTED

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
OZARKS FAMILY YMCA1 YMCA DRIVE MOUNTAIN GROVE,MO 65711	43-1617662	501(C)(3)	41,500				UNRESTRICTED
OZARKS FOOD HARVESTPO BOX 5746 SPRINGFIELD,MO 65801	43-1426384	501(C)(3)	238,183				FEEDING PROGRAMS

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
OZARKS FOOD HARVEST CRG FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	31,501				FOOD PROGRAM FOR THE NEEDY
OZARKS FOOD HARVEST METRO SGF CHALLENGE GRANT FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	7,000				FOOD PROGRAM 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
OZARKS MEDICAL CENTER FOUNDATION401 WASHINGTON AVE WEST PLAINS,MO 65775	43-1834356	501(C)(3)	10,000				EMERGENCY DEPT PHYSICAL PLANT
OZARKS MEDICAL CENTER FOUNDATION401 WASHINGTON AVE WEST PLAINS,MO 65775	43-1834356	501(C)(3)	50,000				EMERGENCY DEPT MEDICAL DIRECTOR FUNDS

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
OZARKS MEDICAL CENTER FOUNDATION401 WASHINGTON AVE WEST PLAINS,MO 65775	43-1834356	501(C)(3)	43				LAUNDRY SERVICES
OZARKS REGIONAL YMCA417 S JEFFERSON SPRINGFIELD,MO 65806	44-0545283	501(C)(3)	11,000				UNRESTRICTED

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
OZARKS REGIONAL YMCA METRO SGF CHALLENGE GRANT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	12,500				UNRESTRICTED
OZARKS WATER WATCH UPPER WHITE RIVER BASIN FOUNDATIONPO BOX 636 KIMBERLING CITY, MO 65686	43-1942991	501(C)(3)	12,500				UNRESTRICTED

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
PATRIOT FAMILY SCHOLARSHIP FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	2,500				FOR EDUCATIONAL PURPOSES
PAWNEE COUNTY WORKSHOPPO BOX 63 CLEVELAND,OK 74020	73-1216618	501(C)(3)	53,989				EDUCATIONAL FILMS FOR SCHOOLS AND WORKSHOPS

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
PLACEWORKS PROJECT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	20,000				ARTS PROGRAMMING IN RURAL SCHOOLS
POLK COUNTY HEALTH CENTER 1317 W BROADWAY BOLIVAR,MO 65613	43-1268665	501(C)(3)	1,000				GREATER POLK COUNTY FARMERS MARKET

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
POLK COUNTY HEALTH CENTER 1317 W BROADWAY BOLIVAR, MO 65613	43-1268665	501(C)(3)	10,000				HEALTH ASSISTANCE FOR LOW INCOME
POMONA COLLEGE 333 N COLLEGE WAY CLAREMONT, CA 91711	95-1664112	501(C)(3)	15,000				UNRESTRICTED

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
POWERS MUSEUM PO BOX 593 CARTHAGE,MO 64836	43-1432884	501(C)(3)	411,178				OPERATIONAL SUPPORT
PRATER FAMILY FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	15,000				FOR EDUCATIONAL PURPOSES

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
PRAYER MOUNTAIN OF THE OZARKSPO BOX 40 BRANSON,MO 65615	73-1109099	501(C)(3)	5,000				UNRESTRICTED
PREFERRED FAMILY HEALTH CARE900 E LAHARPE KIRKSVILLE,MO 63501	43-1236557	501(C)(3)	15,000				TREATMENT/RECOVERY

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
PREGNANCY CARE CENTER1342 E PRIMROSE STE C SPRINGFIELD,MO 65804	43-1786978	501(C)(3)	25,799				UNRESTRICTED
PRIMROSE PLACE 3850 S NATIONAL STE 500 SPRINGFIELD,MO 65807	43-1183783	501(C)(3)	42,722				FOR FOR PATIENTS WITH ALZHEIMERS DISEASE

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
PURDY R-II SCHOOLS201 S GABBY GIBBONS DRIVE PURDY,MO 65734	44-6004109	501(C)(3)	11,000				ARTS PROGRAMMING IN RURAL SCHOOLS
RAZORBACK FOUNDATION1295 S RAZORBACK RD FAYETTEVILLE,AR 72701	71-0540644	501(C)(3)	5,000				UNRESTRICTED

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
REAL ENCOUNTER 2381 S FARM ROAD 107 SPRINGFIELD,MO 65802	20-8057537	501(C)(3)	10,000				UNRESTRICTED
REEDS SPRING R-IV SCHOOL DISTRICT20281 ST HWY 413 REEDS SPRING,MO 65737	44-6004145	501(C)(3)	300				GARDEN PROJECT

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
REEDS SPRING R-IV SCHOOL DISTRICT20281 ST HWY 413 REEDS SPRING, MO 65737	44-6004145	501(C)(3)	2,000				SCHOOL SUPPLIES
REEDS SPRING R-IV SCHOOL DISTRICT20281 ST HWY 413 REEDS SPRING, MO 65737	44-6004145	501(C)(3)	300				SCHOOL MAGAZINE

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
REEDS SPRING R-IV SCHOOL DISTRICT20281 ST HWY 413 REEDS SPRING, MO 65737	44-6004145	501(C)(3)	300				PICTUREMATE CAMERA
REEDS SPRING R-IV SCHOOL DISTRICT20281 ST HWY 413 REEDS SPRING, MO 65737	44-6004145	501(C)(3)	298				FATAL VISION GOGGLES

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
REEDS SPRING R-IV SCHOOL DISTRICT 20281 ST HWY 413 REEDS SPRING, MO 65737	44-6004145	501(C)(3)	2,000				CPS SYSTEM FOR INTERMEDIATE SCHOOL
REEDS SPRING R-IV SCHOOL FOUNDATION SCHOLARSHIP FUND425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	20,500				FOR EDUCATIONAL PURPOSES

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
REGIONAL GIRLS SHELTER2740 E PYTHIAN SPRINGFIELD,MO 65802	43-1699263	501(C)(3)	12,000				BUILDING MAINTENANCE
REGIONAL GIRLS SHELTER2740 E PYTHIAN SPRINGFIELD,MO 65802	43-1699263	501(C)(3)	2,642				UNRESTRICTED

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
REPUBLIC R-III SCHOOLS518 N HAMPTON REPUBLIC,MO 65738	44-6004149	501(C)(3)	15,000				STUDENT NEEDS
REPUBLIC R-III SCHOOLS518 N HAMPTON REPUBLIC,MO 65738	44-6004149	501(C)(3)	1,000				HIGH SCHOOL MUSIC DEPARTMENT

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
REPUBLIC R-III SCHOOLS518 N HAMPTON REPUBLIC,MO 65738	44-6004149	501(C)(3)	1,000				HIGH SCHOOL SCIENCE DEPARTMENT
RONALD MCDONALD HOUSE TOOTH TRUCK METRO SGF CHALLENGE GRANT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	12,500				HEALTH SERVICES FOR 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
ROY BLUNT YMCA OF BOLIVAR1710 W BROADWAY BOLIVAR,MO 65613	44-0545283	501(C)(3)	5,000				FOR THE POOL
RURAL SCHOOL AND COMMUNITY TRUST1530 WILSON BLVD STE 240 ARLINGTON,VA 22209	56-1924246	501(C)(3)	10,550				SCHOOL RELATED 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
SAFEHAVEN OF THE OZARKS4760 WASHITA COURT SPRINGFIELD,MO 65809	36-4673992	501(C)(3)	8,750				HELP PREVENT CHILD ABUSE IN FOSTER CARE
SALEM AREA COMMUNITY BETTERMENT ASSOC INCPO BOX 732 SALEM,MO 65560	43-1677891	501(C)(3)	17,000				COMMUNITY BETTERMENT

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
SALEM PUBLIC LIBRARY102 N JACKSON SALEM,MO 65560	04-3690774	501(C)(3)	5,000				UNRESTRICTED
SALVATION ARMY PO BOX 9685 SPRINGFIELD,MO 65801	58-0660607	501(C)(3)	14,245				UNRESTRICTED

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
SALVATION ARMY PO BOX 9685 SPRINGFIELD,MO 65801	58-0660607	501(C)(3)	1,000				CHRISTMAS ASSISTANCE PROGRAM
SALVATION ARMY - COFFEYVILLE KANSASPO BOX 514 COFFEYVILLE,KS 67337	13-5562351	501(C)(3)	5,343				UNRESTRICTED

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
SALVATION ARMY - DENT COUNTY PO BOX 229 SALEM,MO 65560	43-0653584	501(C)(3)	8,000				UNRESTRICTED
SALVATION ARMY - JOPLIN320 E 8TH JOPLIN,MO 64801	44-0545998	501(C)(3)	600				UNRESTRICTED

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
SALVATION ARMY - JOPLIN320 E 8TH JOPLIN,MO 64801	44-0545998	501(C)(3)	10,000				TORNADO RELIEF FOR VICTIMS
SALVATION ARMY--ST LOUIS 1130 HAMPTON AVE ST LOUIS,MO 63139	22-2406344	501(C)(3)	25,000				CASE WORKER EXPENSES FOR JOPLIN TORNADO DAMAGED AREA

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
SAMARITAN'S PURSE INTERNATIONAL RELIEFPO BOX 3000 BOONE,NC 28607	58-1437002	501(C)(3)	10,120				JOPLIN TORNADO DAMAGED AREA RELIEF
SAN FRANCISCO BICYCLE COALITION EDUCATION FUND 833 MARKET STREET 10TH FLOOR SAN FRANCISCO,CA 94103	20-5182730	501(C)(3)	7,000				SAN FRANCISCO BICYCLE COALITION

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
SHARE IT FORWARD100 CORPORATE PL BRANSON,MO 65616	20-1582086	501(C)(3)	25,000				UNRESTRICTED FOR FAMILIES HELPING FAMILIES
SIGMA HOUSE800 S PARK AVE SPRINGFIELD,MO 65802	43-1105899	501(C)(3)	5,000				DRUG AND ALCOHOL REHABILITATION 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
SIGMA HOUSE800 S PARK AVE SPRINGFIELD,MO 65802	43-1105899	501(C)(3)	1,250				ENDOWMENT BUILDING GRANT
SMITH-GLYNN-CALLAWAY FNDTN SCHSHIP FUND IN HONOR OF DR PETERSON425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	19,984				FOR EDUCATIONAL PURPOSES

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)	770				UNRESTRICTED
SOUTHWEST BAPTIST UNIVERSITY1601 S SPRINGFIELD BOLIVAR,MO 65613	44-0567385	501(C)(3)	12,000				PRE-MED SCHOLARSHIPS

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)	4,000				MABEE CHAPEL RENOVATION
SOUTHWEST BAPTIST UNIVERSITY1601 S SPRINGFIELD BOLIVAR,MO 65613	44-0567385	501(C)(3)	200				ATHLETICS PROGRAMMING

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)	5,000				STEINWAY PIANO FOR MUSIC PROGRAM
SPRINGFIELD CATHOLIC SCHOOLS3520 S CULPEPPER CT STE C SPRINGFIELD,MO 65804	44-0619146	501(C)(3)	29,000				UNRESTRICTED

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 COUNCIL OF PTAS 1359 E ST LOUIS SPRINGFIELD,MO 65802	23-7126624	501(C)(3)	10,503				CLOTHING BANK
SPRINGFIELD PUBLIC SCHOOLS NUTRITION SERVICES3002 WEST KILDEE LANE SPRINGFIELD,MO 65810	44-6005539	501(C)(3)	7,679				MILK PROGRAM

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)	11,170				BREAKFAST IN THE CLASSROOM PROGRAM
SPRINGFIELD PUBLIC SCHOOLS NUTRITION SERVICES3002 WEST KILDEE LANE SPRINGFIELD,MO 65810	44-6005539	501(C)(3)	6,000				CLASSROOM EQUIPMENT

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)	2,500				TELETECH GRANT FOR BREAKFAST IN THE CLASSROOM
SPRINGFIELD PUBLIC SCHOOLS TEMP FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	18,600				FOR EDUCATIONAL PURPOSES

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 R-12 PUBLIC SCHOOLS 1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)(3)	1,285				HEALTH SERVICES - HEAD LICE TREATMENT
SPRINGFIELD R-12 PUBLIC SCHOOLS 1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)(3)	3,000				BUS PASSES

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 R-12 PUBLIC SCHOOLS 1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)(3)	2,500				UNDERPRIVILEGED CHILDREN'S FUND OPTICAL CARE
SPRINGFIELD R-12 PUBLIC SCHOOLS 1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)(3)	2,442				TEACHER TO ATTEND HOLOCAUST EDUCATION WORKSHOP

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 R-12 PUBLIC SCHOOLS 1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)(3)	81				CARVER FOOD PANTRY
SPRINGFIELD R-12 PUBLIC SCHOOLS 1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)(3)	500				HEALTHY HABITS GRANT

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 R-12 PUBLIC SCHOOLS 1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)(3)	200				FACING RACISM SCHOLARSHIP
SPRINGFIELD R-12 PUBLIC SCHOOLS 1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)(3)	2,500				VISION NEEDS

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 REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)(3)	7,650				MISSOURI LITERACY FESTIVAL
SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)(3)	15,925				UNRESTRICTED

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 REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)(3)	25,500				COLLABORATIVE ENDOWMENT CAMPAIGN
SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)(3)	2,500				ARTS IN THE PARK - MOXIE

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 REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)(3)	1,500				APSI GRANT AND PERSHING MIDDLE SCHOOL PROJECT
SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)(3)	2,000				TUESDAY ART CLASS SUPPLIES AND FEES

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)	1,500				EXPENSES FOR MARVIN HAMLISCH PROGRAM
SPRINGFIELD SYMPHONY ORCHESTRA411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-0797224	501(C)(3)	500				MUSIC AND OPERATIONS

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)	1,500				COSTS ASSOCIATED WITH MEDIA ADVERTISING WITH A FOCUS ON THE 77TH SEASON
SPRINGFIELD SYMPHONY ORCHESTRA411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-0797224	501(C)(3)	11,470				UNRESTRICTED

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 LIBRARYPO BOX 760 SPRINGFIELD,MO 65801	05-0534215	501(C)(3)	7,322				UNRESTRICTED
SPRINGFIELD-GREENE COUNTY PARK BOARD1923 N WELLER SPRINGFIELD,MO 65803	44-6000268	501(C)(3)	100,838				JENNY LINCOLN PLAYGROUND EQUIPMENT

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 BOARD1923 N WELLER SPRINGFIELD,MO 65803	44-6000268	501(C)(3)	100				CODP VOLLEYBALL PROGRAM
SPRINGFIELD-GREENE COUNTY PARK BOARD1923 N WELLER SPRINGFIELD,MO 65803	44-6000268	501(C)(3)	259,152				MIRACLE FIELD BASEBALL

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 BOARD1923 N WELLER SPRINGFIELD,MO 65803	44-6000268	501(C)(3)	100				DICKERSON PARK ZOO
SPRINGFIELD-GREENE COUNTY PARK BOARD1923 N WELLER SPRINGFIELD,MO 65803	44-6000268	501(C)(3)	100				RUTLEDGE WILSON PARK

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 BOARD1923 N WELLER SPRINGFIELD,MO 65803	44-6000268	501(C)(3)	1,500				IMPROVEMENTS TO KAY FINNIE DOGWOOD GARDEN
SRO LYRIC THEATRE411 N SHERMAN AVE SPRINGFIELD,MO 65802	43-1222808	501(C)(3)	210				FOR VOICE SCHOLARSHIPS

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 LYRIC THEATRE411 N SHERMAN AVE SPRINGFIELD,MO 65802	43-1222808	501(C)(3)	3,844				UNRESTRICTED
SRO LYRIC THEATRE411 N SHERMAN AVE SPRINGFIELD,MO 65802	43-1222808	501(C)(3)	1,500				IMPLEMENATION OF PHASE II MARKETING EFFORT FOR NEW AUDIENCE DEVELOPMENT

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 ANN'S CATHOLIC CHURCHPO BOX 803 CARTHAGE,MO 64836	44-0653009	501(C)(3)	14,000				UNRESTRICTED
ST BERNARD PROJECTREBUILD JOPLIN8324 PARC PLACE CHALMETTE,LA 70043	26-2189665	501(C)(3)	125,000				RESTRICTED POST-TORNADO HOUSING CONSTRUCTION IN JOPLIN, MO

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 COLLEGE OF NURSING & HEALTH SCIENCES OF SBU4431 S FREMONT SPRINGFIELD,MO 65804	32-0195818	501(C)(3)	2,500				HEALTH INCENTIVE AWARDS FOR ASN & BSN STUDENTS
ST JOHN'S COLLEGE OF NURSING & HEALTH SCIENCES OF SBU4431 S FREMONT SPRINGFIELD,MO 65804	32-0195818	501(C)(3)	10,000				NURSING SCHOLARSHIPS

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 MERCY REGIONAL FOUNDATION1 ST JOHNS PLAZA JOPLIN,MO 64804	32-0195818	501(C)(3)	44,920				UNRESTRICTED
ST MARY'S CATHOLIC ELEMENTARY SCHOOL931 BYERS AVE JOPLIN,MO 64801	14-8782080	501(C)(3)	3,500				UNRESTRICTED

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 MARY'S CATHOLIC ELEMENTARY SCHOOL931 BYERS AVE JOPLIN,MO 64801	14-8782080	501(C)(3)	3,000				MUSIC PROGRAM
ST PATRICK'S CATHOLIC CHURCH638 WEST D AVENUE KINGMAN,KS 67068	48-0543796	501(C)(3)	5,525				UNRESTRICTED

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 CO SHELTERED WORKSHOP10929 INDUSTRIAL DRIVE STE GENEVIEVE, MO 63670	51-0200666	501(C)(3)	13,195				NEW BALER
STE GENEVIEVE COMMUNITY SERVICES FORUM PO BOX 248 STE GENEVIEVE, MO 63670	43-1656059	501(C)(3)	15,000				STE GEN YANKS - ROOF

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 COMMUNITY SERVICES FORUM PO BOX 248 STE GENEVIEVE, MO 63670	43-1656059	501(C)(3)	1,000				CHAMBER SUMMER MUSIC SERIES
STE GENEVIEVE COMMUNITY SERVICES FORUM PO BOX 248 STE GENEVIEVE, MO 63670	43-1656059	501(C)(3)	10,000				KNIGHTS OF COLUMBUS - RETAINING WALL

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 COMMUNITY SERVICES FORUM PO BOX 248 STE GENEVIEVE, MO 63670	43-1656059	501(C)(3)	2,000				FARMER'S MARKET
STE GENEVIEVE COMMUNITY SERVICES FORUM PO BOX 248 STE GENEVIEVE, MO 63670	43-1656059	501(C)(3)	10,000				LIONS CLUB - COSTS TO COMPLETE LION'S PARK BLDG

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 COMMUNITY SERVICES FORUM PO BOX 248 STE GENEVIEVE, MO 63670	43-1656059	501(C)(3)	3,000				SOUND SYSTEM FOR CHAMBER'S SUMMER CONCERT SERIES
STE GENEVIEVE COUNTY ASSESSOR55 S 3RD ST 4 STE GENEVIEVE, MO 63670	43-6003165	501(C)(3)	9,000				COMPUTER SYSTEM

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 COUNTY CIRCUIT COURT55 S 3RD STE GENEVIEVE, MO 63670	43-6003859	501(C)(3)	10,000				ELECTION EQUIPMENT
STE GENEVIEVE COUNTY COMMUNITY FOUNDATION SCHOLARSHIP FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	18,000				SCHOLARSHIPS

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 COUNTY EMERGENCY MANGEMENT295 BROOKS DRIVE STE GENEVIEVE, MO 63670	43-6003165	501(C)(3)	18,900				P 25 RADIOS
STE GENEVIEVE COUNTY FIREFIGHTERS ASSOCIATION165 S 4TH STE GENEVIEVE, MO 63670	43-1400975	501(C)(3)	10,000				TRAINING 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
STE GENEVIEVE COUNTY FIREFIGHTERS ASSOCIATION165 S 4TH STE GENEVIEVE,MO 63670	43-1400975	501(C)(3)	4,185				CDF GRANT #2 STORAGE BUILDING
STE GENEVIEVE COUNTY NUTRITION CENTER 727 PARKWOOD DRIVE STE GENEVIEVE,MO 63670	52-1072753	501(C)(3)	5,000				MONEY FOR SUPPLIES

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 PARISH ST VINCENT DE PAUL SOCIETY49 DUBOURG PLACE STE GENEVIEVE, MO 63670	43-0653472	501(C)(3)	12,000				MONEY FOR FOOD
STE GENEVIEVE SHERIFF'S DEPARTMENT5 BASLER DR STE GENEVIEVE, MO 63670	43-6003165	501(C)(3)	30,000				EQUIPMENT STORAGE

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
STOCKTON AREA MINISTERIAL ALLIANCEPO BOX 171 STOCKTON,MO 65785	20-1957662	501(C)(3)	2,800				CHRISTMAS BASKET FUND
STOCKTON AREA MINISTERIAL ALLIANCEPO BOX 171 STOCKTON,MO 65785	20-1957662	501(C)(3)	1,000				SCHOOL SUPPLIES FOR BACK TO SCHOOL FAIR

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
STOCKTON AREA MINISTERIAL ALLIANCEPO BOX 171 STOCKTON,MO 65785	20-1957662	501(C)(3)	4,000				SAMA GEN BENEVOLENCE FUND OR FOOD PANTRY
SUNRISE ROTARY CHARITABLE FUND 425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	6,982				SUNRISE ROTARY DISTRIBUTION

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
THAYER R-II PUBLIC SCHOOLS 401 E WALNUT ST THAYER,MO 65791	43-6004425	501(C)(3)	14,000				FOR EDUCATIONAL PURPOSES
THE CARING PEOPLE164 CORPORATE PLACE BRANSON,MO 65616	43-1748286	501(C)(3)	80,000				FAITH PROMISE

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 CHILD ADVOCACY CENTER1033 E WALNUT ST SPRINGFIELD,MO 65806	43-1729079	501(C)(3)	37,791				UNRESTICTED
THE FOUNDATION THE COUNCIL OF CHURCHES OF THE OZARKS3000 E CHESTNUT EXPWY STE A SPRINGFIELD,MO 65802	43-1819544	501(C)(3)	12,471				DISTRIBUTION

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 GINNY ROSS FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000				UNRESTRICTED
THE KITCHEN1630 N JEFFERSON AVE SPRINGFIELD,MO 65803	43-1384531	501(C)(3)	200				FOR THE NEED SINCE THE FIRE

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 KITCHEN1630 N JEFFERSON AVE SPRINGFIELD,MO 65803	43-1384531	501(C)(3)	72,825				UNRESTRICTED
THE KITCHEN1630 N JEFFERSON AVE SPRINGFIELD,MO 65803	43-1384531	501(C)(3)	4,480				RARE BREED PROGRAM - DIRECT SERVICES, NOT FOR OPERATING OR BUILDING

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 KITCHEN1630 N JEFFERSON AVE SPRINGFIELD,MO 65803	43-1384531	501(C)(3)	24,000				NURTURING CENTER
THE THOMAS H AND JOSEPHINE BAIRD MEMORIAL FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	8,000				UNRESTRICTED

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 VICTIM CENTER METRO SGF CHALLENGE GRANT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	12,500				UNRESTRICTED
TORCHBEARER FOUNDATIONPO BOX 6674 BRANSON,MO 65615	47-0847030	501(C)(3)	12,000				UNRESTRICTED

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
TRACY MURPHY MEMORIAL SCHOLARSHIP FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	11,045				UNRESTRICTED
TRI COUNTY PREGNANCY RESOURCE CENTER PO BOX 107 AURORA,MO 65605	30-0645046	501(C)(3)	38,600				DISTRIBUTION

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)	1,250				ENDOWMENT BUILDING GRANT
TRI COUNTY PREGNANCY RESOURCE CENTERPO BOX 107 AURORA,MO 65605	30-0645046	501(C)(3)	1,350				WEBSITE DEVELOPMENT FOR THE TRI COUNTY PREGNANCY RESOURCE CENTER

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
UNITED METHODIST CHURCH OF SALEM MISSOURI 801 EAST SCENIC RIVERS BLVD SALEM,MO 65560	43-0731516	501(C)(3)	27,000				UNRESTRICTED
UNITED METHODIST CHURCH OF SALEM MISSOURI 801 EAST SCENIC RIVERS BLVD SALEM,MO 65560	43-0731516	501(C)(3)	10,000				CHILDRENS' BACKPACK PROGRAM

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
UNITED MINISTRIES IN HIGHER EDUCATION1141 E MONROE ST SPRINGFIELD,MO 65807	51-0155226	501(C)(3)	12,653				UNRESTRICTED
UNITED WAY OF THE OZARKS320 N JEFFERSON SPRINGFIELD,MO 65806	44-0552047	501(C)(3)	27,623				UNRESTRICTED

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
UNITED WAY OF THE OZARKS320 N JEFFERSON SPRINGFIELD,MO 65806	44-0552047	501(C)(3)	8,500				EARLY CHILDHOOD GRANT AWARD
UNIVERSITY OF MISSOURI--COLUMBIA ARPO BOX 807012 KANSAS CITY,MO 64180	43-6003859	501(C)(3)	9,350				BUILDING COMMUNITY CAPACIT IN RURAL MISSOURI

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
UNIVERSITY OF MISSOURI-KANSAS CITY PHARMACY FOUNDATION2464 CHARLOTTE STREET HSB 2309 KANSAS CITY, MO 64108	43-6043840	501(C)(3)	5,000				SCHOLARSHIPS
VALLE SCHOOLS20 NORTH FOURTH STREET STE GENEVIEVE, MO 63670	43-0653472	501(C)(3)	52,144				FOR EDUCATIONAL PURPOSES

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)	5,000				VIOLENT CRIME SURVIVOR SERVICES
VICTORY MISSION PO BOX 2884 SPRINGFIELD,MO 65801	43-1345089	501(C)(3)	3,000				CLOTHING FOR STUDENTS

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
VICTORY MISSION PO BOX 2884 SPRINGFIELD,MO 65801	43-1345089	501(C)(3)	8,641				UNRESTRICTED
VISION REHABILITATION CENTER OF THE OZARKS1661 W ELFINDALE ST SPRINGFIELD,MO 65807	27-2017276	501(C)(3)	5,000				EDUCATIONAL VIDEO ON LOW VISION 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
WARSAW SCHOOL DISTRICT20363 LANE OF CHAMPIONS WARSAW,MO 65355	44-6005440	501(C)(3)	5,000				UNRESTRICTED
WASHINGTON AVENUE BAPTIST CHURCH1722 N NATIONAL AVE SPRINGFIELD,MO 65803	75-3261641	501(C)(3)	13,700				BUILDING FUND AND UNRESTRICTED

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
WATERED GARDENS531 KENTUCKY AVE JOPLIN,MO 64801	20-2586821	501(C)(3)	50,100				UNRESTRICTED
WEBSTER COUNTY FOOD PANTRYPO BOX 684 MARSHFIELD,MO 65706	43-1803156	501(C)(3)	5,533				UNRESTRICTED

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
WEINGARTEN VOLUNTEER FIRE DEPARTMENT 13491 HWY 32 STE GENEVIEVE, MO 63670	43-1326479	501(C)(3)	11,000				EXTRICATION & GENERATOR
WESLEY UNITED METHODIST CHURCH922 W REPUBLIC RD SPRINGFIELD,MO 65807	43-6067877	501(C)(3)	9,578				UNRESTRICTED

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
WEST PLAINS R-7 SCHOOL DISTRICT613 WEST FIRST STREET WEST PLAINS, MO 65775	44-6004756	501(C)(3)	75				WP - RVII SWATT PROGRAM
WEST PLAINS R-7 SCHOOL DISTRICT613 WEST FIRST STREET WEST PLAINS, MO 65775	44-6004756	501(C)(3)	21,628				UNRESTRICTED

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
WEST PLAINS R-7 SCHOOL DISTRICT 613 WEST FIRST STREET WEST PLAINS,MO 65775	44-6004756	501(C)(3)	2,500				BEFORE AND AFTER SCHOOL PROGRAM
WESTVILLE HIGH SCHOOL SCHOLARSHIP FUNDWESTVILLE HIGH SCHOOL WESTVILLE,OK 74965	73-1078340	501 (C)(3)	6,484				UNRESTRICTED

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
WHITE RIVER VALLEY HISTORICAL SOCIETYPO BOX 84145 FORSYTH,MO 65653	43-1650276	501(C)(3)	6,000				UNRESTRICTED
WILDCAT GLADES CONSERVATION & AUDUBON CENTER 201 W RIVIERA RD STE A JOPLIN,MO 64804	13-1624102	501(C)(3)	1,000				OPERATION BACKYARD RECOVERY

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
WILDCAT GLADES CONSERVATION & AUDUBON CENTER 201 W RIVIERA RD STE A JOPLIN,MO 64804	13-1624102	501(C)(3)	21,790				PROGRAMMING WORKSHOP COSTS AND PLANTS FOR REBUILDING
WILLARD CHILDREN'S CHARITABLE FOUNDATION SCHOLARSHIP FUND 425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	6,092				UNRESTRICTED

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 CHILDREN'S HEALTH AND DENTAL FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	11,852				UNRESTRICTED
WILLARD R-II SCHOOL DISTRICT 460 E KIME ST WILLARD,MO 65781	44-6004826	501(C)(3)	5,000				SPECIAL NEEDS TRANSITION 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
WILLARD R-II SCHOOL DISTRICT460 E KIME ST WILLARD,MO 65781	44-6004826	501(C)(3)	1,312				UNRESTRICTED
WILLARD R-II SCHOOL DISTRICT460 E KIME ST WILLARD,MO 65781	44-6004826	501(C)(3)	300				EQUIPMENT FOR CHILD NEEDS

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 R-II SCHOOL DISTRICT460 E KIME ST WILLARD,MO 65781	44-6004826	501(C)(3)	6,000				IPADS AND SOFTWARE FOR SEVERLY DISABLED STUDENTS
WORLD VISION 4220 MONTEREY OAKS BLVD AUSTIN,TX 78749	95-3202116	501(C)(3)	5,000				UNRESTRICTED

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
WYCLIFFE BIBLE TRANSLATORSPO BOX 628200 ORLANDO,FL 328628200	95-1831097	501(C)(3)	15,960				FAITH BASED PROGRAMS
YOUNG LIFE - MISSOURI SMALL TOWNS3170 E SUNSHINE ST STE B SPRINGFIELD,MO 65804	84-0385934	501(C)(3)	50,000				UNRESTRICTED

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
YOUNG LIFE - ROGERSVILLEPO BOX 1366 ROGERSVILLE,MO 65742	84-0385934	501(C)(3)	35,000				UNRESTRICTED BUDGETARY NEEDS OF ROGERSVILLE YOUNG LIFE
YOUTH EMPOWERMENT TEMPORARY FUND 425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	8,644				UNRESTRICTED

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493065002623

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

2011

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	X	1	130,000	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	56	1,500,262	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests	X	1	88,889	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	X	1	70,000	APPRAISAL
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (CASH VALUE LIFE INSURANCE)	X	2	117,818	FMV
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?	30a		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?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		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: 93493065002623

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

2011

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
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST FORMS MUST BE COMPLETED BY BOARD MEMBERS AND STAFF
	FORM 990, PART VI, SECTION B, LINE 15	REVIEWED AND DETERMINED BY THE EXECUTIVE COMMITTEE
	FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -7,025,046 ANNUITY ACTUARIAL ADJUSTMENT 28,078 RECLASSIFICATIONS 110,756 TOTAL TO FORM 990, PART XI, LINE 5 -6,886,212
ANSWER YES TO QUESTIONS PLEASE EXPLAIN IF THE PROCESS HAS CHANGED	PART XI LINE 2C	NO CHANGE IN THE PROCESS FROM PRIOR YEARS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493065002623

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

2011

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	(g) Section 512(b)(13) controlled organization 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
(3) OZARKS CHARITABLE REAL ESTATE FOUNDATION LLC PO BOX 8960 SPRINGFIELD, MO 65807 41-2086647	FOUNDATION RECEIVES, MANAGES AND DISTRIBUTES REAL ESTATE DONATIONS FOR CFO	MO	501(C)(3)	11A			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 related organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from related organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**	**No**
e	Loans or loan guarantees by related organization(s)	**1e**	**No**
f	Sale of assets to related organization(s)	**1f**	**No**
g	Purchase of assets from related organization(s)	**1g**	**No**
h	Exchange of assets with related organization(s)	**1h**	**No**
i	Lease of facilities, equipment, or other assets to related organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from related organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for related organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by related organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1m**	**No**
n	Sharing of paid employees with related organization(s)	**1n**	**No**
o	Reimbursement paid to related organization(s) for expenses	**1o**	**No**
p	Reimbursement paid by related organization(s) for expenses	**1p**	**No**
q	Other transfer of cash or property to related organization(s)	**1q**	**No**
r	Other transfer of cash or property from related 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description