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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 province, country, and ZIP or foreign postal code
SPRINGFIELD, MO 65801

D Employer identification number
23-7290968

E Telephone number
(417)864-6199

G Gross receipts $ 63,645,324

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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
TO ADMINISTER FUNDS FOR DONORS AND AGENCIES AND PROVIDE GRANTMAKING SERVICES TO NONPROFITS IN SOUTHERN 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 2014 (Part V, line 2a)	**5**	25
6	Total number of volunteers (estimate if necessary)	**6**	800
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
Revenue	**8** Contributions and grants (Part VIII, line 1h)	15,503,566	18,801,627
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,554,084	6,526,826
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	341,138	462,205
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,398,788	25,790,658
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,271,450	14,431,497
	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)	1,330,836	1,345,547
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶53,541		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,346,452	2,398,532
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,948,738	18,175,576
	19 Revenue less expenses Subtract line 18 from line 12	2,450,050	7,615,082

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	254,755,547	255,894,783
	21 Total liabilities (Part X, line 26)	87,036,113	85,630,374
	22 Net assets or fund balances Subtract line 21 from line 20	167,719,434	170,264,409

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

****** | 2016-05-11
Signature of officer | Date

SUSANNE GRAY ASSISTANT SECRETARY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOSEPH PAGE	JOSEPH PAGE			P00887441

Firm's name ▶ WHITLOCK SELIM & KEEHN LLP | Firm's EIN ▶ 43-1365401

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

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

TO ADMINISTER FUNDS FOR DONORS AND AGENCIES AND PROVIDE GRANTMAKING SERVICES TO NONPROFITS IN SOUTHERN 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 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 $ 14,431,497 including grants of $ 14,431,497) (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** ▶ 14,431,497

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	12		
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	25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
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" to line 3b, provide an explanation in Schedule O* . . .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		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 as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	Yes	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	Yes	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response or note to any line 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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

▶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 or note to any line in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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) RICHARD CAVENDER CHAIR	2 00	X		X				0	0	0
(2) STEPHANIE STENGER MONTGOMERY VICE-CHAIR	2 00	X		X				0	0	0
(3) JAMI S PEEBLES SECRETARY	2 00	X		X				0	0	0
(4) ROSALIE WOOTEN BOARD OF DIRECTORS	2 00	X						0	0	0
(5) JUDITH GONZALEZ BOARD OF DIRECTORS	2 00	X						0	0	0
(6) KAREN MILLER REGIONAL REPRESENTATIVE	2 00	X						0	0	0
(7) MARK NELSON IAB REPRESENTAVE	2 00	X						0	0	0
(8) SANDRA THOMASON BOARD OF DIRECTORS	2 00	X						0	0	0
(9) CHRIS CRAIG BOARD OF DIRECTORS	2 00	X						0	0	0
(10) ROB FOSTER BOARD OF DIRECTORS	2 00	X						0	0	0
(11) BRIAN HAMMONS BOARD OF DIRECTORS	2 00	X						0	0	0
(12) GARY A POWELL AT-LARGE REPRESENTATIBVE	2 00	X						0	0	0
(13) ROBIN WALKER BOARD OF DIRECTORS	2 00	X						0	0	0
(14) RON PENNEY 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
(15) RANDY HOWARD BOARD OF DIRECTORS	2 00	X						0	0	0
(16) JEAN TWITTY BOARD OF DIRECTORS	2 00	X						0	0	0
(17) ROGER D SHAW TREASURER	2 00	X		X				0	0	0
(18) MITCH HOLMES BOARD OF DIRECTORS	2 00	X						0	0	0
(19) JARED LIGHTLE BOARD OF DIRECTORS	2 00	X						0	0	0
(20) SHARI HOFFMAN BOARD OF DIRECTORS	2 00	X						0	0	0
(21) GLORIA GALANES CHAIRMAN EMERITUS	2 00	X						0	0	0
(22) BRIAN FOGLE PRESIDENT	40 00			X				132,620	0	25,143
(23) SUSANNE GRAY ASSISTANT SECRETARY	40 00			X				103,599	0	20,761

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	236,219	0	45,904

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 ▶ 2

			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**	Yes	
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

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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 18,801,627				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	18,801,627			
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)	▶	3,791,621			3,791,621
	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	40,589,871				
	b Less cost or other basis and sales expenses	37,854,666				
	c Gain or (loss)	2,735,205				
	d Net gain or (loss)	▶	2,735,205			2,735,205
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	455,439	455,439		
	b OTHER REVENUES	900099	6,766	6,766		
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d	▶	462,205			
	12 **Total revenue.** See Instructions	▶	25,790,658	462,205	0	6,526,826

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	11,334,425	11,334,425		
2 Grants and other assistance to domestic individuals See Part IV, line 22	3,097,072	3,097,072		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	290,385		236,844	53,541
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	803,982		803,982	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,541		33,541	
9 Other employee benefits	142,014		142,014	
10 Payroll taxes	75,625		75,625	
11 Fees for services (non-employees)				
a Management				
b Legal	47,905		47,905	
c Accounting	23,250		23,250	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,254,595		1,254,595	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	186,542		186,542	
14 Information technology				
15 Royalties				
16 Occupancy	46,368		46,368	
17 Travel	12,257		12,257	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,613		19,613	
20 Interest	14,891		14,891	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,452		39,452	
23 Insurance	33,074		33,074	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a OTHER EXPENSES	425,189		425,189	
b TRANSFERS	101,384		101,384	
c PREMIUM EXPENSE	76,862		76,862	
d DONOR RECOGNITION	41,561		41,561	
e All other expenses	75,589		75,589	
25 **Total functional expenses.** Add lines 1 through 24e	18,175,576	14,431,497	3,690,538	53,541
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		45,336,891	2	45,960,007
	3	Pledges and grants receivable, net		761,447	3	765,866
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		860,744	7	1,462,893
	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 12,999,971			
	b	Less accumulated depreciation	10b 492,395	13,629,092	10c	12,507,576
	11	Investments—publicly traded securities		796,422	11	2,421,258
	12	Investments—other securities See Part IV, line 11		191,490,224	12	190,892,103
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,880,727	15	1,885,080
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		254,755,547	16	255,894,783
Liabilities	17	Accounts payable and accrued expenses		471,894	17	401,276
	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	Loans and other 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		865,722	23	819,821
	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		85,698,497	25	84,409,277
	26	**Total liabilities.** Add lines 17 through 25		87,036,113	26	85,630,374
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		9,054,691	27	8,490,126
	28	Temporarily restricted net assets		90,910,274	28	93,152,720
	29	Permanently restricted net assets		67,754,469	29	68,621,563
		Organizations that do not follow SFAS 117 (ASC 958), 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		167,719,434	33	170,264,409
	34	Total liabilities and net assets/fund balances		254,755,547	34	255,894,783

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,790,658
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,175,576
3	Revenue less expenses Subtract line 2 from line 1	3	7,615,082
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	167,719,434
5	Net unrealized gains (losses) on investments	5	-5,282,219
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	212,112
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	170,264,409

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS INC

Employer identification number
23-7290968

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

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

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

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

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	23,557,153	16,315,524	16,580,824	15,271,657	18,801,627	90,526,785
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	23,557,153	16,315,524	16,580,824	15,271,657	18,801,627	90,526,785
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,368,332
6 **Public support.** Subtract line 5 from line 4						87,158,453

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	23,557,153	16,315,524	16,580,824	15,271,657	18,801,627	90,526,785
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,098,649	3,062,477	3,494,770	2,087,955	2,537,026	14,280,877
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						104,807,662

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**	83 160 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	**15**	81 060 %

16a **33 1/3% support test—2014.** 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—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

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

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133039636

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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	272	
2	Aggregate value of contributions to (during year)	6,337,600	
3	Aggregate value of grants from (during year)	5,029,345	
4	Aggregate value at end of year	43,860,662	

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		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, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included 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 (ASC 958) relating to these items

a Revenue 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 acquisition, 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 XIII

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	101,665,506	90,336,417	80,520,005	82,582,642	66,886,684
b	Contributions	5,052,305	4,824,378	6,640,927	3,605,968	10,446,739
c	Net investment earnings, gains, and losses	-1,705,759	12,063,751	8,106,301	-1,622,019	11,802,392
d	Grants or scholarships	3,562,745	4,060,287	3,609,190	2,779,295	5,645,879
e	Other expenditures for facilities and programs					
f	Administrative expenses	1,560,703	1,498,753	1,321,626	1,267,291	907,294
g	End of year balance	99,888,603	101,665,506	90,336,417	80,520,005	82,582,642

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

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

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

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

		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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	11,308,061			11,308,061
b Buildings		1,459,776	328,450	1,131,326
c Leasehold improvements				
d Equipment		211,432	158,030	53,402
e Other		20,702	5,915	14,787
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				12,507,576

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	2,111,469	F
(3) Other		
(A) MONEY MARKET	2,798,048	F
(B) NOTE RECEIVABLE	1,367,583	F
(C) MUTUAL FUNDS	140,721,127	F
(D) BONDS	2,003,208	F
(E) HEDGE FUNDS	40,510,451	F
(F) OTHER	1,380,217	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	190,892,103	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
AGENCY FUNDS	84,409,277
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	84,409,277

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	21,043,457
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-5,282,219		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,789,613		
e	Add lines **2a** through **2d**			2e	-3,492,606
3	Subtract line **2e** from line **1**			3	24,536,063
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	1,254,595		
c	Add lines **4a** and **4b**			4c	1,254,595
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	25,790,658

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	18,686,614
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 XIII)	2d	1,765,633		
e	Add lines **2a** through **2d**			2e	1,765,633
3	Subtract line **2e** from line **1**			3	16,920,981
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	1,254,595		
c	Add lines **4a** and **4b**			4c	1,254,595
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	18,175,576

Part XIII Supplemental Information

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

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	MANAGEMENT FEE EXPENSE 1,765,632 ANNUAL ACTUARIAL ADJUSTMENT 23,981
PART XI, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT FEES NETTED AGAINST INCOME 1,254,595
PART XII, LINE 2D - OTHER ADJUSTMENTS	MANAGEMENT FEE EXPENSE 1,765,632 ROUNDING 1
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT FESS NETTED AGAINST INCOME 1,254,595

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS INC

Employer identification number
23-7290968

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 . . . . . ▶ 432

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) ARTS, CULTURE	2	17,570			
(2) COMMUNITY BETTERMENT	2036	1,032,086			
(3) DIVERSITY	1	144			
(4) EDUCATIONAL	931	1,476,330			
(5) ENVIRONMENT	9	20,084			
(6) HEALTH, GENERAL	55	54,504			
(7) HUMAN SERVICE	1069	496,354			

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

Return Reference	Explanation

Additional Data

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
30TH ANNIVERSARY CAMPAIGN FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,481				UNRESTRICTED
AB FREEMAN SCHOOL OF BUSINESS - TULANE UNIVERSITY7 MCALISTER PLACE STE 400 NEW ORLEANS,LA 70118	72-0423889	501(C)(3)	5,000				ANNUAL FUND
ADOPTION MINISTRY OF YWAMPO BOX 1145 PUYALLUP,WA 98371	71-0921217	501(C)(3)	9,000				FUNDING FOR GIRLS HOME

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ADOPTION MINISTRY OF YWAMPO BOX 1145 PUYALLUP,WA 98371	71-0921217	501(C)(3)	4,000				RENT FOR CHILDREN'S HOME ADDIS ABSDA
ADOPTION MINISTRY OF YWAMPO BOX 1145 PUYALLUP,WA 98371	71-0921217	501(C)(3)	2,302				UNRESTRICTED
ALTON COMMUNITY GRANTMAKING FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,050				UNRESTRICTED

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ALTON PUBLIC SCHOOL FOUNDATION FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,876				UNRESTRICTED
AMBASSADORS FOR CHILDREN-COCPO BOX 3947 SPRINGFIELD,MO 65808	43-0903657	501(C)(3)	7,000				UNRESTRICTED
AMERICAN CANCER SOCIETY3322 S CAMPBELL G SPRINGFIELD,MO 65807	23-7040934	501(C)(3)	135,625				CANCER RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AMERICAN CANCER SOCIETY3322 S CAMPBELL G SPRINGFIELD,MO 65807	23-7040934	501(C)(3)	8,884				UNRESTRICTED FOR MISSOURI DIVISION
AMERICAN CANCER SOCIETY3322 S CAMPBELL G SPRINGFIELD,MO 65807	23-7040934	501(C)(3)	150				RELAY FOR LIFE - BOLIVAR
AMERICAN CANCER SOCIETY3322 S CAMPBELL G SPRINGFIELD,MO 65807	23-7040934	501(C)(3)	9,004				UNRESTRICTED FOR THE HIGH PLAINS DIVISION

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AMERICAN CANCER SOCIETY3322 S CAMPBELL G SPRINGFIELD,MO 65807	23-7040934	501(C)(3)	3,827				UNRESTRICTED FOR THE GREENE COUNTY UNIT IN SPRINGFIELD
AMERICAN CANCER SOCIETY3322 S CAMPBELL G SPRINGFIELD,MO 65807	23-7040934	501(C)(3)	3,250				UNRESTRICTED
AMERICAN CANCER SOCIETY3322 S CAMPBELL G SPRINGFIELD,MO 65807	23-7040934	501(C)(3)	350				RELAY OF LIFE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AMERICAN HEART ASSOCIATION2446 E MADRID AVE SPRINGFIELD,MO 65804	13-5613797	501(C)(3)	10,276				GO RED AND HEART WALK EVENTS
AMERICAN HEART ASSOCIATION2446 E MADRID AVE SPRINGFIELD,MO 65804	13-5613797	501(C)(3)	8,884				UNRESTRICTED FOR MISSOURI SOUTH CENTRAL REGION
AMERICAN HEART ASSOCIATION2446 E MADRID AVE SPRINGFIELD,MO 65804	13-5613797	501(C)(3)	1,500				2015 ROCK AND RED BASH

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AMERICAN KIDS INC158 POINT ROYALE DRIVE BRANSON,MO 65616	73-1243062	501(C)(3)	21,038				UNRESTRICTED
AMERICAN RED CROSS GREATER OZARKS CHAPTER1545 N WEST BYPASS SPRINGFIELD,MO 65803	44-0563832	501(C)(3)	2,500				DISASTER ASSISTANCE
AMERICAN RED CROSS GREATER OZARKS CHAPTER1545 N WEST BYPASS SPRINGFIELD,MO 65803	44-0563832	501(C)(3)	500				2015 RUN FOR REDINESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AMERICAN RED CROSS NATIONAL HEADQUARTERS 2025 E ST NW WASHINGTON,DC 20006	44-0563832	501(C)(3)	11,843				UNRESTRICTED FOR THE GREATER OZARKS CHAPTER IN SPRINGFIELD,MO
ANNE DRUMMONDFRIENDS OF THE GARDEN ENDOWMENT FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,356				UNRESTRICTED
ANNIE BUSCH FUND FOR EARLY LITERACY425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	8,730				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ARC OF THE OZARKS1501 E PYTHIAN SPRINGFIELD,MO 65802	43-6049004	501(C)(3)	10,804				UNRESTRICTED
ARC OF THE OZARKS1501 E PYTHIAN SPRINGFIELD,MO 65802	43-6049004	501(C)(3)	4,000				RIVENDALE PROGRAM
ARC OF THE OZARKS1501 E PYTHIAN SPRINGFIELD,MO 65802	43-6049004	501(C)(3)	2,500				CASSVILLE BRANCH

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ARC OF THE OZARKS ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	11,809				UNRESTRICTED
ASH GROVE SCHOOLS100 MAPLE LANE ASH GROVE,MO 65604	44-6001727	501(C)(3)	8,000				SCHOLARSHIPS AND TEACHER AWARD
BARCEDA FAMILIES413 W WATER ST LAMAR,MO 64759	01-0586306	501(C)(3)	19,300				CHILD ABUSE PREVENTION PROGRAM

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BEHIND THE CURTAIN FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	17,136				UNRESTRICTED
BIG BROTHERS BIG SISTERS OF THE OZARKS 3372 W BATTLEFIELD SPRINGFIELD,MO 65807	43-0971303	501(C)(3)	500				UNRESTRICTED
BIG BROTHERS BIG SISTERS OF THE OZARKS 3372 W BATTLEFIELD SPRINGFIELD,MO 65807	43-0971303	501(C)(3)	5,000				RECRUITING BIG BROTHERS

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BIG BROTHERS BIG SISTERS OF THE OZARKS METRO SGF CHALLENGE GRANT425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	6,000				COMMUNITY RESPONSE CHALLENGE SUPPORTING YOUTH
BIG BROTHERSBIG SISTERS ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65807	23-7290968	501(C)(3)	16,588				UNRESTRICTED
BILL WALLIS SCHOLARSHIP425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	20,500				2014-15 SCHOLARSHIPS

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BOLIVAR AREA COMMUNITY FOUNDATION GRANTMAKING FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	13,605				COMMUNITY BETTERMENT
BOLIVAR CARE TO LEARN ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,000				HEALTH,HUNGER, HYGIENE
BOLIVAR R-I SCHOOL DISTRICT524 W MADISON BOLIVAR,MO 65613	44-6000506	501(C)(3)	700				LITTLE LIBERATOR CHILD CARE CENTER

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BOLIVAR R-I SCHOOL DISTRICT524 W MADISON BOLIVAR,MO 65613	44-6000506	501(C)(3)	1,000				BOLIVAR PRIMARY PTA
BOLIVAR R-I SCHOOL DISTRICT524 W MADISON BOLIVAR,MO 65613	44-6000506	501(C)(3)	3,500				RACHEL'S CHALLENGE
BOLIVAR R-I SCHOOL DISTRICT524 W MADISON BOLIVAR,MO 65613	44-6000506	501(C)(3)	182				HEALTH HUNGER HYGIENE

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BOYS & GIRLS CLUB OF THE OZARKS1460 BEE CREEK RD BRANSON,MO 65616	43-1664669	501(C)(3)	7,500				THANKS 4 GIVING GALA
BOYS & GIRLS CLUB OF THE OZARKS1460 BEE CREEK RD BRANSON,MO 65616	43-1664669	501(C)(3)	30,000				GOLD SPONSOR GALA
BOYS & GIRLS CLUB OF THE WEST PLAINS AREA 613 WEST 1ST STREET WEST PLAINS,MO 65775	27-4455082	501(C)(3)	2,500				UNRESTRICTED

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BOYS & GIRLS CLUBS OF SPRINGFIELD1410 N FREMONT AVE SPRINGFIELD,MO 65802	44-0513659	501(C)(3)	4,484				RESILIENT COMMUNITY DISASTER PREPAREDNESS GRANT FUNDING
BOYS & GIRLS CLUBS OF SPRINGFIELD1410 N FREMONT AVE SPRINGFIELD,MO 65802	44-0513659	501(C)(3)	18,873				UNRESTRICTED
BOYS & GIRLS CLUBS OF SPRINGFIELD1410 N FREMONT AVE SPRINGFIELD,MO 65802	44-0513659	501(C)(3)	184				CLOTHING FOR YOUTH OF THE YEAR

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BOYS & GIRLS CLUBS OF SPRINGFIELD1410 N FREMONT AVE SPRINGFIELD,MO 65802	44-0513659	501(C)(3)	1,208				PROGRAMS FOR CHILDREN
BOYS & GIRLS CLUBS OF SPRINGFIELD1410 N FREMONT AVE SPRINGFIELD,MO 65802	44-0513659	501(C)(3)	1,014				SCHOLARSHIPS FOR LOW INCOME CHILDREN
BOYS & GIRLS CLUBS OF SPRINGFIELD1410 N FREMONT AVE SPRINGFIELD,MO 65802	44-0513659	501(C)(3)	3,714				SUPPORT FOR POWER OF MUSIC PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOYS & GIRLS TOWN METRO SPFD CHALLENGE GRANT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	700				UNRESTRICTED
BOYS & GIRLS TOWN METRO SPFD CHALLENGE GRANT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	6,000				SUPPORT FOR HOMELESS CHILDREN THROUGH RED FLAG CHALLENGE PROGRAM
BOYS & GIRLS TOWN OF MISSOURI GREAT CIRCLE 1212 W LOMBARD ST SPRINGFIELD,MO 65806	43-0681471	501(C)(3)	12,500				COMMUNITY BETTERMENT PROJECT

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BOYS & GIRLS TOWN OF MISSOURI GREAT CIRCLE 1212 W LOMBARD ST SPRINGFIELD,MO 65806	43-0681471	501(C)(3)	2,000				UNRESTRICTED
BRADLEYVILLE R-1 PUBLIC SCHOOLS16474 N STATE HWY 125 BRADLEYVILLE,MO 65614	44-6004951	501(C)(3)	87				HEALTH HUNGER HYGIENE
BRADLEYVILLE R-1 PUBLIC SCHOOLS16474 N STATE HWY 125 BRADLEYVILLE,MO 65614	44-6004951	501(C)(3)	8,035				SCHOLARSHIPS

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BREAST CANCER FOUNDATION OF THE OZARKS330 N JEFFERSON AVE SPRINGFIELD,MO 65806	43-1881450	501(C)(3)	21,500				UNRESTRICTED
BREAST CANCER FOUNDATION OF THE OZARKS330 N JEFFERSON AVE SPRINGFIELD,MO 65806	43-1881450	501(C)(3)	6,000				CLIENT DISTRIBTION, MAMMOGRAPHY PROGRAM, CHILDREN'S FUND
BRIDGE OF FAITH COMMUNITY CHURCHPO BOX 1059 ROCKAWAY BEACH,MO 65740	20-8112523	501(C)(3)	500				RESORT UNITS TO PROVIDE JOBS FOR LOCAL RESIDENTS

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BRIDGE OF FAITH COMMUNITY CHURCHPO BOX 1059 ROCKAWAY BEACH,MO 65740	20-8112523	501(C)(3)	25,000				UNRESTRICTED
BRIDGES FOR YOUTHPO BOX 9866 SPRINGFIELD,MO 65801	43-1718841	501(C)(3)	9,000				UNRESTRICTED
BRIDGES FOR YOUTHPO BOX 9866 SPRINGFIELD,MO 65801	43-1718841	501(C)(3)	2,000				SCHOOL CENTERS FOR CHILDREN AGES 6-18

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BRIDGES FOR YOUTHPO BOX 9866 SPRINGFIELD,MO 65801	43-1718841	501(C)(3)	2,500				PLAYGROUND EQUIPMENT
BRIDGES FOR YOUTHPO BOX 9866 SPRINGFIELD,MO 65801	43-1718841	501(C)(3)	9,000				$500 UNRESTRICTED $200 MADISON STREET FACILITY OPERATIONAL COSTS
BROSELEY SENIOR CITIZENS INCPO BOX 123 BROSELEY,MO 63932	43-1121837	501(C)(3)	8,500				MEALS FOR SENIORS

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BRYANT WATERSHED PROJECTTRILLIUM TRUST PO BOX 1725 WEST PLAINS,MO 65775	43-1889711	501(C)(3)	95,993				UNRESTRICTED
BURRELL BEHAVIORAL HEALTH1300 BRADFORD PKWY SPRINGFIELD,MO 65804	43-1081715	501(C)(3)	2,125				CLASSROOM INNOVATION PROJECT
BURRELL BEHAVIORAL HEALTH1300 BRADFORD PKWY SPRINGFIELD,MO 65804	43-1081715	501(C)(3)	7,200				EARLY CHILDHOOD TRAUMA TRAINING

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BURRELL CENTER FND FOR ABUSED WOMEN & CHILDRENPO BOX 1611 SPRINGFIELD,MO 65801	43-1467704	501(C)(3)	5,077				SUPPORT FOR ABUSED WOMEN AND CHILDREN
CALVARY BAPTIST CHURCH600 EAST 50TH STREET JOPLIN,MO 64804	43-0998210	501(C)(3)	27,540				UNRESTRICTED
CAMP BARNABAS3322 S CAMPBELL AVE SPRINGFIELD,MO 65807	33-1122930	501(C)(3)	6,000				CAMP BARNABAS PREP PROGRAM

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CAMP BARNABAS3322 S CAMPBELL AVE SPRINGFIELD,MO 65807	33-1122930	501(C)(3)	5,743				CAMP MAINTENANCE
CAMP BARNABAS3322 S CAMPBELL AVE SPRINGFIELD,MO 65807	33-1122930	501(C)(3)	9,965				UNRESTRICTED
CAMP PENUELPO BOX 367 IRONTON,MO 63650	23-7318998	501(C)(3)	5,000				UNRESTRICTED

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CAMP QUALITY OZARKS 2721 KENNEDY AVENUE JOPLIN,MO 64801	38-2208796	501(C)(3)	7,000				HUMAN SERVICES
CAMPUS CRUSADE FOR CHRIST (CRU)PO BOX 628222 ORLANDO,FL 32832	95-6006173	501(C)(3)	28,600				UNRESTRICTED
CAMPUS CRUSADE FOR CHRIST (CRU)PO BOX 628222 ORLANDO,FL 32832	95-6006173	501(C)(3)	19,000				JESUS FILM PROJECT

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CAPE GIRARDEAU PUBLIC SCHOOLS FOUNDATION 301 N CLARK CAPE GIRARDEAU,MO 63701	43-1666808	501(C)(3)	7,500				HEALTH HUNGER HYGIENE
CAPS FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	25,000				WORKFORCE READINESS
CARE TO LEARN411 N SHERMAN PKWY SPRINGFIELD,MO 65802	47-1494384	501(C)(3)	139,771				HEALTH HUNGER HYGIENE

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CARE TO LEARN411 N SHERMAN PKWY SPRINGFIELD,MO 65802	47-1494384	501(C)(3)	1,029				PENGUINS PRINCESSESS EVENT
CARE TO LEARN - BRADLEYVILLE ENDOWMENT FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	60,000				HEALTH HUNGER HYGIENE
CARE TO LEARN - BRADLEYVILLE FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	22,281				HEALTH HUNGER HYGIENE

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CARE TO LEARN - CAPE GIRARDEAU FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	7,500				HEALTH HUNGER HYGIENE
CARE TO LEARN - FORDLAND FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,473				HEALTH HUNGER HYGIENE
CARE TO LEARN - GREENFIELD FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000				HEALTH HUNGER HYGIENE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 - HARTVILLE FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,000				HEALTH HUNGER HYGIENE
CARE TO LEARN - HAZELWOOD FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	15,000				HEALTH HUNGER HYGIENE
CARE TO LEARN - NIXA FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	8,240				HEALTH HUNGER HYGIENE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,000				HEALTH HUNGER HYGIENE
CARE TO LEARN - SPRINGFIELD FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	52,833				HEALTH HUNGER HYGIENE
CARE TO LEARN - SPRINGFIELD FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	6,051				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CARE TO LEARN - ST CHARLES FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	15,000				HEALTH HUNGER HYGIENE
CARE TO LEARN - WARREN COUNTY R-III FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	15,000				HEALTH HUNGER HYGIENE
CARTERVILLE CHRISTIAN CHURCH20123 GRAVEL ROAD JOPLIN,MO 64801	43-1285221	501(C)(3)	10,376				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CARTHAGE COMMUNITY FOUNDATION OPERATING ENDOWMENT FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	30,518				COMMUNITY BETTERMENT
CARTHAGE CRISIS CENTER100 S MAIN ST CARTHAGE,MO 64836	43-1769385	501(C)(3)	4,523				DISASTER RESILIENCY PROGRAM IMPLIMENTATION MATERIALS
CARTHAGE CRISIS CENTER100 S MAIN ST CARTHAGE,MO 64836	43-1769385	501(C)(3)	4,000				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 CRISIS CENTER ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	14,527				UNRESTRICTED
CARTHAGE HUMANE SOCIETY13860 DOG KENNEL LANE CARTHAGE,MO 64836	43-6064526	501(C)(3)	3,000				UNRESTRICTED
CARTHAGE HUMANE SOCIETY13860 DOG KENNEL LANE CARTHAGE,MO 64836	43-6064526	501(C)(3)	2,000				NEW KARUNDA BEDS FOR CATS AND DOGS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 PUBLIC LIBRARY612 S GARRISON CARTHAGE,MO 64836	20-0301568	501(C)(3)	6,637				UNRESTRICTED
CARTHAGE R-9 SCHOOL DISTRICT710 LYON STREET CARTHAGE,MO 64836	44-6002057	501(C)(3)	3,000				FOR CAREER DEVELOPMENT EDUCATION
CARTHAGE R-9 SCHOOL DISTRICT710 LYON STREET CARTHAGE,MO 64836	44-6002057	501(C)(3)	3,000				FOR NURSING EDUCATION PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CARTHAGE R-9 SCHOOL FOUNDATION2600 S RIVER CARTHAGE,MO 64836	43-1712338	501(C)(3)	2,000				UNRESTRICTED
CARTHAGE R-9 SCHOOL FOUNDATION2600 S RIVER CARTHAGE,MO 64836	43-1712338	501(C)(3)	2,000				CARTHAGE R-9 BUSINESS & EDUCATION COMMITTEE FOR SENIOR ETHICS DAY
CARTHAGE R-9 SCHOOL FOUNDATION2600 S RIVER CARTHAGE,MO 64836	43-1712338	501(C)(3)	2,000				BRIGHT FUTURES OF CARTHAGE FOOD HARVEST

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CASA METRO SPGFLD CHALLENGE GRANT FUND 425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	6,000				SUPPORT FOR VOLUNTEER COORDINATOR THROUGH RED FLAG CHALLENGE PROGRAM
CASA OF SOUTHWEST MISSOURIPO BOX 4853 SPRINGFIELD,MO 65808	43-1524185	501(C)(3)	18,300				SUPPORT FOR VOLUNTEER TRAINING
CASA OF SOUTHWEST MISSOURIPO BOX 4853 SPRINGFIELD,MO 65808	43-1524185	501(C)(3)	1,268				BENEFIT CHILDREN IN GREEN COUNTY, MO

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CASA OF SOUTHWEST MISSOURIPO BOX 4853 SPRINGFIELD,MO 65808	43-1524185	501(C)(3)	2,717				UNRESTRICTED
CASA OF SOUTHWEST MISSOURIPO BOX 4853 SPRINGFIELD,MO 65808	43-1524185	501(C)(3)	500				FRIENDS OF A CHILD CLUB
CATHOLIC CHARITIES OF SOUTHERN MISSOURI424 EAST MONASTERY STREET SPRINGFIELD,MO 65807	80-0455890	501(C)(3)	10,000				DINNER TO SUPPORT LIFEHOUSE CRISIS MATERNITY HOME

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CATHOLIC CHARITIES OF SOUTHERN MISSOURI424 EAST MONASTERY STREET SPRINGFIELD,MO 65807	80-0455890	501(C)(3)	441,000				FOR HOUSING IN TORNADO EFFECTED AREA
CATHOLIC CHARITIES OF SOUTHERN MISSOURI424 EAST MONASTERY STREET SPRINGFIELD,MO 65807	80-0455890	501(C)(3)	4,000				LIFEHOUSE CRISIS MATERNITY HOME
CATHOLIC RELIEF SERVICESPO BOX 17152 BALTIMORE,MD 21298	13-5563422	501(C)(3)	5,500				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CEDAR FALLS HIGH SCHOOL1015 DIVISION STREET CEDAR FALLS,IA 50613	42-0862684	501(C)(3)	7,648				SCHOLARSHIPS AND CURRICULUM
CHANCE IN CHARGE211 SOUTH UNION STREET SPRINGFIELD,MO 65802	47-1106435	501(C)(3)	6,500				UNRESTRICTED
CHAPEL FOR THE EXCEPTIONAL3631 CAMBRIDGE AVENUE ST LOUIS,MO 63143	43-1554639	501(C)(3)	5,000				TECHNOLOGY NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHILD ADVOCACY CENTER METRO SGF CHALLENGE GRANT FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	6,700				COMMUNITY RESPONSE CHALLENGE SUPPORTING FORENSIC EXAMS
CHILDREN'S HAVEN OF SOUTHWEST MISSOURI 711 SOUTH PICHER AVENUE JOPLIN,MO 64801	04-3603881	501(C)(3)	3,000				UNRESTRICTED
CHILDREN'S SMILE CENTERPO BOX 1833 OZARK,MO 65721	57-1196229	501(C)(3)	1,822				PURCHASE TWO PARADIGM LED CURING LIGHTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHILDREN'S SMILE CENTERPO BOX 1833 OZARK,MO 65721	57-1196229	501(C)(3)	7,416				DENTAL SUPPLIES AND CARE
CHILDREN'S SMILE CENTERPO BOX 1833 OZARK,MO 65721	57-1196229	501(C)(3)	896				HEALTH HUNGER HYGIENE
CHILDREN'S SMILE CENTERPO BOX 1833 OZARK,MO 65721	57-1196229	501(C)(3)	4,062				UNRESTRICTED

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CHILDREN'S SMILE CENTER ENDOWMENT FUNDPO BOX 8960 SPRINGFIELD,MO 65801	23-7290968	501(C)(3)	6,285				UNRESTRICTED
CHRIST EPISCOPAL CHURCH601 E WALNUT ST SPRINGFIELD,MO 65806	43-1657802	501(C)(3)	49,179				UNRESTRICTED
CHRIST EPISCOPAL CHURCH601 E WALNUT ST SPRINGFIELD,MO 65806	43-1657802	501(C)(3)	250				LAGONANE PARTNERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHRISTIAN ACTION MINISTRIES610 S 6TH STREET STE 102 BRANSON,MO 65616	43-1355905	501(C)(3)	10,000				UNRESTRICTED
CHRISTIAN ACTION MINISTRIES610 S 6TH STREET STE 102 BRANSON,MO 65616	43-1355905	501(C)(3)	500				PURCHASE OF FOOD FOR LOW-INCOME FAMILIES
CHRISTIAN ASSOCIATES OF TABLE ROCK LAKE 13192 STATE HWY 13 KIMBERLING CITY,MO 65686	43-1021298	501(C)(3)	2,400				UNRESTRICTED

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CHRISTIAN ASSOCIATES OF TABLE ROCK LAKE 13192 STATE HWY 13 KIMBERLING CITY,MO 65686	43-1021298	501(C)(3)	2,462				PLAYGROUND AREA IMPROVEMENT
CHRISTIAN BROTHERS COLLEGE1850 DELASALLE DRIVE ST LOUIS,MO 63141	43-0653280	501(C)(3)	5,000				EDUCATIONAL PROGRAMMING
CHRISTIAN COUNTY FAMILY CRISIS CENTERPO BOX 455 OZARK,MO 65721	43-1928995	501(C)(3)	20,500				UNRESTRICTED

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CHRISTIAN COUNTY FAMILY CRISIS CENTERPO BOX 455 OZARK,MO 65721	43-1928995	501(C)(3)	2,000				UTILITIES
CHRISTIAN RENEWAL ASSOCIATIONPO BOX 576 EDMONDS,WA 98020	91-1291259	501(C)(3)	5,000				UNRESTRICTED
CHRISTIAN SUPPORT CENTER678 S NATIONAL AVE SPRINGFIELD,MO 65804	06-1779384	501(C)(3)	1,240				UNRESTRICTED

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CHRISTIAN SUPPORT CENTER678 S NATIONAL AVE SPRINGFIELD,MO 65804	06-1779384	501(C)(3)	17,029				COMMUNITY RESPONSE CHALLENGE SUPPORTING HOMELESS WOMEN
CHRISTIAN SUPPORT CENTER METRO SGF CHALLENGE FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	7,000				COMMUNITY RESPONSE CHALLENGE SUPPORTING HOMELESS WOMEN
CITY OF ALTONPO BOX 247 ALTON,MO 65606	43-1031014	501(C)(3)	5,000				VOLUNTEER FIRE DEPARTMENT BUILDING PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY OF AURORAPO BOX 30 AURORA,MO 65605	44-6000134	501(C)(3)	25,800				WHITE PARK POOL IMPROVEMENTS
CITY OF AVAPO BOX 967 AVA,MO 65608	44-6000136	501(C)(3)	15,943				NEW DOG POUND
CITY OF BILLINGS251 NE ELM ST BILLINGS,MO 65610	12-4868330	501(C)(3)	5,000				PARK RENOVATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY OF HERMANN1902 JEFFERSON STREET HERMANN,MO 65041	43-6001607	501(C)(3)	4,501				HEALTH SERVICES FOR CANCER PATIENTS
CITY OF MOUNTAIN VIEW 126 NORTH OAK MOUNTAIN VIEW,MO 65548	44-6000228	501(C)(3)	5,000				FOR ROTARY CLUB OF MOUNTAIN VIEW FOR MOUNTAIN VIEW NATURE PARK EXPENSES
CITY OF MOUNTAIN VIEW 126 NORTH OAK MOUNTAIN VIEW,MO 65548	44-6000228	501(C)(3)	2,008				EXPENSES OF YOUTH CENTER

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CITY OF REEDS SPRINGPO BOX 171 REEDS SPRING,MO 65737	44-0666029	501(C)(3)	20,000				HISTORIC BUILDING RENOVATION
CITY OF SEYMOURPO BOX 247 SEYMOUR,MO 65746	44-6005586	501(C)(3)	485				EMERGENCY MANAGEMENT BROCHURE
CITY OF SEYMOURPO BOX 247 SEYMOUR,MO 65746	44-6005586	501(C)(3)	15,961				LIBRARY EXPENSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY OF SPRINGFIELD MISSOURI840 BOONVILLE SPRINGFIELD,MO 65802	44-6000268	501(C)(3)	4,158				COMMUNITY BETTERMENT PROJECT
CITY OF SPRINGFIELD MISSOURI840 BOONVILLE SPRINGFIELD,MO 65802	44-6000268	501(C)(3)	7,625				FOR INTERNS WORKING IN MUNICIPAL GOVERNMENT
CITY OF STE GENEVIEVE FIRE DEPARTMENT165 S FOURTH ST STE GENEVIEVE,MO 63670	43-6003164	501(C)(3)	6,000				TECH RESCUE EQUIPMENT & TRAINING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY OF STE GENEVIEVE POLICE DEPARTMENT165 SOUTH 4TH STREET STE GENEVIEVE,MO 63670	43-6003164	501(C)(3)	7,091				VESTS FOR OFFICERS
CLINTON UNITED METHODIST CHURCH601 S 4TH ST CLINTON,MO 64735	44-0590276	501(C)(3)	16,855				UNRESTRICTED
COLLEGE OF THE OZARKS PO BOX 17 POINT LOOKOUT,MO 65726	44-0556862	501(C)(3)	7,500				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITIES OF RECOVERY -- CORE602 SOUTH 6TH STREET BRANSON,MO 65615	46-1516182	501(C)(3)	31,202				UNRESTRICTED
COMMUNITIES OF RECOVERY -- CORE602 SOUTH 6TH STREET BRANSON,MO 65615	46-1516182	501(C)(3)	5,000				MAINTENANCE SUPPORT
COMMUNITY DEVELOPMENT FUND A FIELD OF INTEREST CAPACITY BUILDING425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000				GUEST SPEAKER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY FOUNDATION DUAL CREDIT FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,571				UNRESTRICTED
COMMUNITY FOUNDATION OF THE OZARKS425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	9,888				UNRESTRICTED
COMMUNITY HEALTH CLINIC OF JOPLIN701 S JOPLIN JOPLIN,MO 64801	43-1643962	501(C)(3)	11,700				HEALTH ASSESSMENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 OUTREACH MINISTRIESPO BOX 181 BOLIVAR,MO 65613	26-1545304	501(C)(3)	16,301				UNRESTRICTED
COMMUNITY OUTREACH MINISTRIESPO BOX 181 BOLIVAR,MO 65613	26-1545304	501(C)(3)	150				COMMUNITY BETTERMENT
COMMUNITY OUTREACH MINISTRIESPO BOX 181 BOLIVAR,MO 65613	26-1545304	501(C)(3)	3,000				SHEPHERDS PLACE & MISC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY OUTREACH MINISTRIESPO BOX 181 BOLIVAR,MO 65613	26-1545304	501(C)(3)	1,000				HUNGER CHALLENGE
COMMUNITY PARTNERSHIP OF THE OZARKS330 N JEFFERSON AVE SPRINGFIELD,MO 65806	43-1830026	501(C)(3)	12,000				EARLY CHILDHOOD EDUCATOR TRAINING
COMMUNITY PARTNERSHIP OF THE OZARKS330 N JEFFERSON AVE SPRINGFIELD,MO 65806	43-1830026	501(C)(3)	8,000				SPRINGFIELD METRO INNOVATION GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY PARTNERSHIP OF THE OZARKS330 N JEFFERSON AVE SPRINGFIELD,MO 65806	43-1830026	501(C)(3)	1,000				UNRESTRICTED
COMMUNITY PARTNERSHIP OF THE OZARKS330 N JEFFERSON AVE SPRINGFIELD,MO 65806	43-1830026	501(C)(3)	2,000				SAFE & SANITARY HOMES COLLABORATIVE
COMMUNITY PARTNERSHIP OF THE OZARKS330 N JEFFERSON AVE SPRINGFIELD,MO 65806	43-1830026	501(C)(3)	5,000				RESILIENT COMMUNITY DISASTER PREPAREDNESS GRANT FUNDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY PARTNERSHIP OF THE OZARKS330 N JEFFERSON AVE SPRINGFIELD,MO 65806	43-1830026	501(C)(3)	20,000				FINANCIAL LITERACY FOR LOW TO MODERATE INCOME INDIVIUALS
COMMUNITY PARTNERSHIP OF THE OZARKS330 N JEFFERSON AVE SPRINGFIELD,MO 65806	43-1830026	501(C)(3)	1,000				ACHIEVING COLLECTIVE IMPACT TRAINING
COMMUNITY PARTNERSHIP OF THE OZARKS330 N JEFFERSON AVE SPRINGFIELD,MO 65806	43-1830026	501(C)(3)	14,200				ASSISTING FAMILIES TO RELOCATE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 PARTNERSHIP OF THE OZARKS330 N JEFFERSON AVE SPRINGFIELD,MO 65806	43-1830026	501(C)(3)	73				SUPPORT HIGHER EDUCATION PROGRAM
COMMUNITY PARTNERSHIP OF THE OZARKS CAPACITY BUILDING FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	23,189				UNRESTRICTED
COMMUNITY SUPPORT SERVICES2312 ANNIE BAXTER AVE JOPLIN,MO 64804	43-1121898	501(C)(3)	5,000				TECHNOLOGY SECURITY UPGRADES FOR DISASTER RESILIENCY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECT2CULTURE407 SOUTH PENNSYLVANIA AVE STE 101-C JOPLIN,MO 64801	45-1779223	501(C)(3)	48,000				ARCHITECTURAL PLANS FOR JOPLIN MEMORIAL HALL
CONNECT2CULTURE407 SOUTH PENNSYLVANIA AVE STE 101-C JOPLIN,MO 64801	45-1779223	501(C)(3)	20,300				FOR PERFORMING ARTS CENTER
CONSERVATION FORCE 3240 SOUTH 1-10 SERVICE ROAD W SUITE 200 METAIRIE,LA 70001	72-1364493	501(C)(3)	5,000				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CONSUMER CREDIT COUNSELING METRO SPF CHALLENGE GRANT FUND 425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	6,000				COMMUNITY RESPONSE GRANT PROGRAM - CREDIT COUNSELING FOR LOW INCOME FAMILIES
CONSUMER CREDIT COUNSELING SERVICEPO BOX 10266 SPRINGFIELD,MO 65808	43-1483251	501(C)(3)	12,175				COMMUNITY RESPONSE GRANT PROGRAM - CREDIT COUNSELING FOR LOW INCOME FAMILIES
CONVOY OF HOPE1660 N CAMPBELL AVE SPRINGFIELD,MO 65803	68-0051386	501(C)(3)	1,400				MABABU EMPOWERED GIRLS HYGIENE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONVOY OF HOPE1660 N CAMPBELL AVE SPRINGFIELD,MO 65803	68-0051386	501(C)(3)	2,500				MWAYA GIRLS TUTORING PROGRAM
CONVOY OF HOPE1660 N CAMPBELL AVE SPRINGFIELD,MO 65803	68-0051386	501(C)(3)	21,472				MWAYA LUNCH PROGRAM FOR 2015
CONVOY OF HOPE1660 N CAMPBELL AVE SPRINGFIELD,MO 65803	68-0051386	501(C)(3)	6,000				SUPPORT THE WORK IN NEPAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CONVOY OF HOPE1660 N CAMPBELL AVE SPRINGFIELD,MO 65803	68-0051386	501(C)(3)	11,130				TRIP TO TANZANIA
CONVOY OF HOPE1660 N CAMPBELL AVE SPRINGFIELD,MO 65803	68-0051386	501(C)(3)	11,400				CONSTRUCTION 2 CLASSROOMS MABABU ELEMENTARY SCHOOL TANZANIA
CONVOY OF HOPE1660 N CAMPBELL AVE SPRINGFIELD,MO 65803	68-0051386	501(C)(3)	950				EMPOWERED GIRLS TANZANIA

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CONVOY OF HOPE1660 N CAMPBELL AVE SPRINGFIELD,MO 65803	68-0051386	501(C)(3)	2,000				WOMEN'S EMPOWERMENT PROGRAM
CONVOY OF HOPE1660 N CAMPBELL AVE SPRINGFIELD,MO 65803	68-0051386	501(C)(3)	2,000				SCHOOL BOOKS MABABU ELEMENTARY SCHOOL TANZANIA
CONVOY OF HOPE1660 N CAMPBELL AVE SPRINGFIELD,MO 65803	68-0051386	501(C)(3)	21,000				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 HEARTLAND PO BOX 679 LIBERTY,MO 64069	43-1583837	501(C)(3)	13,400				UNRESTRICTED
COOPERATIVE BAPTIST FELLOWSHIP HEARTLAND PO BOX 679 LIBERTY,MO 64069	43-1583837	501(C)(3)	1,200				$1000 UNRESTRICTED $200 GLOBAL MISSIONS
CORVALLIS WALDORF SCHOOL3855 NE HIGHWAY 20 CORVALLIS,OR 97330	93-1121512	501(C)(3)	5,000				TEACHER SALARY/MUSIC INSTRUCTION CLASS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COUCH SCHOOL R-1 FOUNDATION ENDOWMENT FUNDPO BOX 8960 SPRINGFIELD,MO 65801	23-7290968	501(C)(3)	5,059				UNRESTRICTED
COUNCIL FOR A HEALTHY DENT COUNTYPO BOX 190 SALEM,MO 65560	27-2353430	501(C)(3)	7,500				UNRESTRICTED
COUNCIL OF CHURCHES OF THE OZARKSPO BOX 3947 SPRINGFIELD,MO 65808	43-0903657	501(C)(3)	10,250				AMBASSADORS FOR CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COUNCIL OF CHURCHES OF THE OZARKSPO BOX 3947 SPRINGFIELD,MO 65808	43-0903657	501(C)(3)	3,250				SAFE TO SLEEP
COUNCIL OF CHURCHES OF THE OZARKSPO BOX 3947 SPRINGFIELD,MO 65808	43-0903657	501(C)(3)	9,000				EARLY CHILDHHOD CHILD CARE AWARE
COUNCIL OF CHURCHES OF THE OZARKSPO BOX 3947 SPRINGFIELD,MO 65808	43-0903657	501(C)(3)	1,000				COMPASSION CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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)	3,872				UNRESTRICTED
COUNCIL OF CHURCHES OF THE OZARKSPO BOX 3947 SPRINGFIELD,MO 65808	43-0903657	501(C)(3)	2,500				ST PATRICK'S DAY GALA
COUNCIL OF CHURCHES OF THE OZARKSPO BOX 3947 SPRINGFIELD,MO 65808	43-0903657	501(C)(3)	100				COMPASSION CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COX HEALTH FOUNDATION3525 SOUTH NATIONAL 204 SPRINGFIELD,MO 65807	43-6810485	501(C)(3)	10,000				NURSING SCHOLARSHIPS
COX HEALTH FOUNDATION3525 SOUTH NATIONAL 204 SPRINGFIELD,MO 65807	43-6810485	501(C)(3)	500				UNRESTRICTED
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 Domestic Organizations and Domestic Governments.

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COX HEALTH FOUNDATION 3525 SOUTH NATIONAL 204 SPRINGFIELD,MO 65807	43-6810485	501(C)(3)	1,000				GIRLS JUST WANNA RUN
COX HEALTH FOUNDATION 3525 SOUTH NATIONAL 204 SPRINGFIELD,MO 65807	43-6810485	501(C)(3)	1,500				COLORECTAL AWARENESS PARTY
COX HEALTH FOUNDATION 3525 SOUTH NATIONAL 204 SPRINGFIELD,MO 65807	43-6810485	501(C)(3)	2,500				FOOD FOR WOMAN'S HEART 2015

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COX HEALTH FOUNDATION 3525 SOUTH NATIONAL 204 SPRINGFIELD,MO 65807	43-6810485	501(C)(3)	500				CHILDREN'S HOSPITAL
COX HEALTH FOUNDATION 3525 SOUTH NATIONAL 204 SPRINGFIELD,MO 65807	43-6810485	501(C)(3)	25,000				MARTIN CENTER
COX HEALTH FOUNDATION 3525 SOUTH NATIONAL 204 SPRINGFIELD,MO 65807	43-6810485	501(C)(3)	2,500				GREY MATTERS FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COX HEALTH FOUNDATION 3525 SOUTH NATIONAL 204 SPRINGFIELD,MO 65807	43-6810485	501(C)(3)	2,500				WRAP IT UP EVENT
COX HEALTH FOUNDATION 3525 SOUTH NATIONAL 204 SPRINGFIELD,MO 65807	43-6810485	501(C)(3)	381				ASSISTANCE FOR STROKE VICTIMS
COX HEALTH FOUNDATION 3525 SOUTH NATIONAL 204 SPRINGFIELD,MO 65807	43-6810485	501(C)(3)	1,000				CYCLING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COX HEALTH SYSTEMS 3801 S NATIONAL SPRINGFIELD,MO 65807	44-0577118	501(C)(3)	20,000				CONSTRUCTION FOR NEW PATIENT TOWER
CRAWFORD COUNTY FOUNDATION INC34 VILLAGE 4 CUBA,MO 65453	43-1941534	501(C)(3)	3,682				STEELEVILLE WAR MEMORIAL
CRAWFORD COUNTY FOUNDATION INC34 VILLAGE 4 CUBA,MO 65453	43-1941534	501(C)(3)	1,000				CUBA BACKPACK PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CRAWFORD COUNTY FOUNDATION INC34 VILLAGE 4 CUBA,MO 65453	43-1941534	501(C)(3)	10,000				SUPPORT ALL ABOARD LEARNING CENTER 5K RUN
CRAWFORD COUNTY FOUNDATION INC34 VILLAGE CUBA,MO 65453	43-1941534	501(C)(3)	4,826				CONSERVATION SITE VISITING AND RECORDING
CRAWFORD COUNTY FOUNDATION INC34 VILLAGE CUBA,MO 65453	43-1941534	501(C)(3)	5,240				BIRD CONSERVATION AND ENVIRNOMENT PROTECTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CRISIS NURSERY OF THE OZARKS INC CAPACITY BUILDING FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	28,110				UNRESTRICTED
CROSSLINES615 N GLENSTONE SPRINGFIELD,MO 65802	43-0903657	501(C)(3)	8,693				UNRESTRICTED
CROSSLINES615 N GLENSTONE SPRINGFIELD,MO 65802	43-0903657	501(C)(3)	6,500				HEALTH HUNGER HYGIENE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CROSSLINES615 N GLENSTONE SPRINGFIELD,MO 65802	43-0903657	501(C)(3)	5,000				MOBILE FOOD PANTRY FOR SPS STUDENTS
CROSSLINES615 N GLENSTONE SPRINGFIELD,MO 65802	43-0903657	501(C)(3)	8,472				PURCHASE FOOD AND TOYS FOR NEEDY CHILDREN
CROSSLINES CHURCHES OF THE JOPLIN AREAPO BOX 1242 JOPLIN,MO 64801	43-1272794	501(C)(3)	40,000				COMMUNITY BETTERMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CROWDER COLLEGE FOUNDATION601 LACLEDE AVE NEOSHO,MO 64850	43-6057329	501(C)(3)	853				SUPPORT FOR MT VERNON CAMPUS
CROWDER COLLEGE FOUNDATION601 LACLEDE AVE NEOSHO,MO 64850	43-6057329	501(C)(3)	15,000				ART DEPARTMENT EQUIPMENT AND MATERIALS
CROWDER COLLEGE FOUNDATION601 LACLEDE AVE NEOSHO,MO 64850	43-6057329	501(C)(3)	1,000				UNRESTRICTED

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CROWDER COLLEGE FOUNDATION601 LACLEDE AVE NEOSHO,MO 64850	43-6057329	501(C)(3)	10,000				LONGWELL MUSEUM
CROWDER COLLEGE FOUNDATION601 LACLEDE AVE NEOSHO,MO 64850	43-6057329	501(C)(3)	9,000				GRAPHIC ART DEPARTMENT
CUBA DEVELOPMENT GROUPPO BOX 242 CUBA,MO 65453	27-1567977	501(C)(3)	31,670				UNRESTRICTED

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DADE COUNTY HEALTH DEPARTMENT413 W WATER ST GREENFIELD,MO 65661	43-1266535	501(C)(3)	1,108				FOR EMERGENCY HUNGER AND HYGIENE NEEDS OF STUDENTS
DADE COUNTY HEALTH DEPARTMENT413 W WATER ST GREENFIELD,MO 65661	43-1266535	501(C)(3)	15,000				HEALTH CARE ACCESS
DENT COUNTY ANIMAL WELFARE SOCIETYPO BOX 565 SALEM,MO 65560	43-1561296	501(C)(3)	7,500				UNRESTRICTED

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DEVELOPMENTAL CENTER OF THE OZARKS1545 E PYTHIAN SPRINGFIELD,MO 65802	44-0614402	501(C)(3)	10,000				BUILDING CAMPAIGN
DEVELOPMENTAL CENTER OF THE OZARKS1545 E PYTHIAN SPRINGFIELD,MO 65802	44-0614402	501(C)(3)	2,500				PLAYGROUND SUPPORT
DIAPER BANK OF THE OZARKS940 N FARM RD 199 SPRINGFIELD,MO 65802	46-2851972	501(C)(3)	10,000				DIAPERS FOR RURAL AREAS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DIGNITY NOW ENDOWMENT FUNDPO BOX 8960 SPRINGFIELD,MO 65801	23-7290968	501(C)(3)	10,065				UNRESTRICTED
DIOCESE OF SPFLD-CAPE GIRARDEAU601 S JEFFERSON SPRINGFIELD,MO 65806	44-0609997	501(C)(3)	750				UNRESTRICTED
DIOCESE OF SPFLD-CAPE GIRARDEAU601 S JEFFERSON SPRINGFIELD,MO 65806	44-0609997	501(C)(3)	7,250				2015 DIOCESAN DEVELOPMENT FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DISCOVERY CENTER438 E ST LOUIS ST SPRINGFIELD,MO 65806	43-1568214	501(C)(3)	1,500				UNRESTRICTED
DISCOVERY CENTER438 E ST LOUIS ST SPRINGFIELD,MO 65806	43-1568214	501(C)(3)	12,000				EMERGENCY BUILDING SUPPORT
DISCOVERY CENTER438 E ST LOUIS ST SPRINGFIELD,MO 65806	43-1568214	501(C)(3)	500				FESTIVAL OF TREES

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DISCOVERY CENTER438 E ST LOUIS ST SPRINGFIELD,MO 65806	43-1568214	501(C)(3)	7,270				TORNADO PROJECT
DISCOVERY CENTER438 E ST LOUIS ST SPRINGFIELD,MO 65806	43-1568214	501(C)(3)	7,040				CHROMEZONE LAB
DISCOVERY CENTER PROGRAMMING FUNDPO BOX 8960 SPRINGFIELD,MO 65801	23-7290968	501(C)(3)	7,116				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DOGWOOD RANCH1004 EAST SKYLINE AVENUE OZARK,MO 65721	20-4279204	501(C)(3)	7,400				UNRESTRICTED
DOLLYWOOD FOUNDATION2700 DOLLYWOOD PARK BLVD PIGEON FORGE,TN 37863	62-1348105	501(C)(3)	10,489				EDUCATIONAL PROGRAMMING
DOULA FOUNDATION METRO SGF CHALLENGE GRANT FUNDPO BOX 8960 SPRINGFIELD,MO 65801	23-7290968	501(C)(3)	6,000				COMMUNITY RESPONSE CHALLENGE TO SUPPORT MATERNITY PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOULA FOUNDATION OF MID AMERICA1111 SOUTH GLENSTON AVENUE SPRINGFIELD,MO 65804	30-0046369	501(C)(3)	10,500				UNRESTRICTED
DOULA FOUNDATION OF MID AMERICA1111 SOUTH GLENSTON AVENUE SPRINGFIELD,MO 65804	30-0046369	501(C)(3)	12,000				COMMUNITY RESPONSE CHALLENGE TO SUPPORT MATERNITY PROJECT
DOULA FOUNDATION OF MID AMERICA1111 SOUTH GLENSTON AVENUE SPRINGFIELD,MO 65804	30-0046369	501(C)(3)	2,500				PRENATAL, LABOR, POSTPARTUM SUPPORT & CASE MANAGEMENT SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOWNTOWN SPRINGFIELD COMMUNITY CINEMA5051 S NATIONAL AVE BLDG 5-100 SPRINGFIELD,MO 65810	27-2922629	501(C)(3)	1,500				MOXIE MOVIE SHOWCASE PROGRAM
DOWNTOWN SPRINGFIELD COMMUNITY CINEMA5051 S NATIONAL AVE BLDG 5-100 SPRINGFIELD,MO 65810	27-2922629	501(C)(3)	2,500				A NIGHT IN BLACK & WHITE
DR MARY KING LONG SCHOLARSHIP ACCTP O BOX 701 FORSYTH,MO 65653	23-7290968	501(C)(3)	14,000				SCHOLARSHIP GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DR DEBORAH JEAN MOORE-LAI FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	25,000				UNRESTRICTED
DRAKE'S CHAPEL CHURCH PO BOX 322 CLINTON,MO 64735	43-1477150	501(C)(3)	100,000				ASPHALT PAVING ON ROAD TO THE CHURCH AND PARKING LOT
DREW LEWIS FOUNDATION 960 SOUTH MUMFORD DRIVE SPRINGFIELD,MO 65809	47-2991671	501(C)(3)	5,000				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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)	2,500				LADY GOLF
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	743				DRURY FOR BUSINESS SCHOOL STUDY ABOARD SCHOLARHIPS
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	5,000				SUPPORT FOR KAPPA DELTA STUDENTS WHO EXHIBIT ACADEMIC EXCELLENCE IN NEED OF ADDITIONAL FUNDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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)	10,000				PREMED SCHOLARSHIPS FOR JUNIORS/SENIORS
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	100				OFFICE OF DEVELOPMENT & ALUMNI RELATIONS
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	6,195				SUMMERSCAPE & THE DRURY LEADERSHIP ACADEMY - EDUCATIONAL PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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)	3,000				SCIENCE DEPARTMENT
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	4,000				UNDERGRADUATE SCIENCE RESEARCH
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	1,000				DU SCHOLARS PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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)	2,500				CAPACITY BUILDING
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	1,000				FAMILY VOICES PROJECT
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	250				SCHOLAR PROGRAM AT AURORA HIGH SCHOOL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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)	12,500				STRAUS SCHOLARSHIP GRANT - PROVISO FOR BLDG & GROUNDS MAINTENANCE
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	1,500				SELF EMPLOYMENT IN THE ARTS CONFERENCE
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	7,100				SCHOLARSHIP FOR PRE-MED, BIOLOGY, CHEMISTRY, PHYSICS OR MATHEMATICS STUDENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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)	100				HEALTH HUNGER HYGIENE
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	1,500				EDUCATIONAL PROGRAMMING
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	398				BOOKS FOR LIBRARY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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)	15,000				CENTER FOR NONPROFIT COMMUNICATION SUPPORT
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	18,287				SCHOLARSHIPS
DRURY UNIVERSITY900 N BENTON SPRINGFIELD,MO 65802	44-0552049	501(C)(3)	5,300				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DSCC TECHNOLOGY FUND 425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	20,479				UNRESTRICTED
EL DORADO SPRINGS SENIOR CENTER604 S FORREST EL DORADO SPRINGS,MO 64744	43-1015585	501(C)(3)	10,000				SUPPLIES AND BUILDING REPAIRS
ELDON COMMUNITY FOOD PANTRY312 E SECOND STREET ELDON,MO 65026	43-1806259	501(C)(3)	1,500				FOOD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 COMMUNITY FOOD PANTRY312 E SECOND STREET ELDON,MO 65026	43-1806259	501(C)(3)	250				UNRESTRICTED
ELDON R-1 SCHOOL DISTRICT112 S PINE ELDON,MO 65026	44-6002437	501(C)(3)	6,600				VISTA WORKER
ELDON R-1 SCHOOL DISTRICT112 S PINE ELDON,MO 65026	44-6002437	501(C)(3)	6,353				MUSTANG PACKS FOR TABLE AND SUPPLIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ELDON R-1 SCHOOL DISTRICT112 S PINE ELDON,MO 65026	44-6002437	501(C)(3)	1,339				MUSTANG PACKS FOR TABLE AND SUPPLIES
ELDON R-1 SCHOOL DISTRICT112 S PINE ELDON,MO 65026	44-6002437	501(C)(3)	500				MUSTANG WELLNESS WATER BOTTLES FOR STUDENTS
ELDON R-1 SCHOOL DISTRICT112 S PINE ELDON,MO 65026	44-6002437	501(C)(3)	300				COMMUNITY BETTERMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EVANGEL UNIVERSITY 1111 N GLENSTONE SPRINGFIELD,MO 65802	44-0589787	501(C)(3)	1,250				STRAUS SCHOLARSHIP GRANT - PROVISO FOR BLDG & GROUNDS MAINTENANCE
EVANGEL UNIVERSITY 1111 N GLENSTONE SPRINGFIELD,MO 65802	44-0589787	501(C)(3)	10,000				PREMED SCHOLARSHIPS FOR JUNIORS/SENIORS
EVANGELICAL FREE CHURCH OF AMERICA901 EAST 78TH STREET MINNEAPOLIS,MN 55420	41-0721672	501(C)(3)	7,000				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EVERY CHILD INITIATIVE FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	45,469				EVERY CHILD INITIATIVE PROGRAM
FAITH COMMUNITY HEALTH CENTER INC610 SOUTH SIXTH STREET BRANSON,MO 65616	94-3467834	501(C)(3)	22,400				UNRESTRICTED
FELLOWSHIP BIBLE CHURCH4855 S FARM ROAD 205 ROGERSVILLE,MO 65742	43-1657145	501(C)(3)	5,000				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST & CALVARY PRESBYTERIAN CHURCH 820 E CHERRY ST SPRINGFIELD,MO 65806	44-0555219	501(C)(3)	30,054				STEPS PROJECT
FIRST & CALVARY PRESBYTERIAN CHURCH 820 E CHERRY ST SPRINGFIELD,MO 65806	44-0555219	501(C)(3)	10,000				BUILDING FUND
FIRST BAPTIST CHURCH 209 E JEFFERSON CLINTON,MO 64735	44-0596781	501(C)(3)	80,000				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST BAPTIST CHURCH 316 N MAIN BOLIVAR,MO 65613	44-0606423	501(C)(3)	16,650				UNRESTRICTED
FIRST BAPTIST CHURCHPO BOX 1030 MIAMI,OK 74355	73-0634803	501(C)(3)	55,000				AFRICA MISSION ACCOUNT
FIRST CHRISTIAN CHURCH OF GAINESVILLEPO BOX 125 GAINESVILLE,MO 65655	43-1127807	501(C)(3)	10,000				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST PRESBYTERIAN CHURCH115 W CHESTNUT ST CARTHAGE,MO 64836	44-0606868	501(C)(3)	9,305				UNRESTRICTED
FIRST UNITARIAN UNIVERSALIST CHURCH 2434 E BATTLEFIELD SPRINGFIELD,MO 65804	42-1093745	501(C)(3)	6,850				BOILER REPLACEMENT
FIRST UNITED METHODIST CHURCH OF CARTHAGE617 S MAIN STREET CARTHAGE,MO 64836	44-0615076	501(C)(3)	13,876				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK,FL 33073	59-2174510	501(C)(3)	10,250				UNRESTRICTED
FORDLAND CLINIC ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,400				UNRESTRICTED
FORDLAND R III SCHOOL DISTRICT1230 SCHOOL STREET FORDLAND,MO 65652	44-6002608	501(C)(3)	5,127				HEALTH HUNGER HYGIENE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FORDLAND R III SCHOOL DISTRICT1230 SCHOOL STREET FORDLAND,MO 65652	44-6002608	501(C)(3)	523				SCHOOL BASEBALL PROGRAM
FOREST INSTITUTE OF PROFESSIONAL PSYCHOLOGY2885 W BATTLEFIELD SPRINGFIELD,MO 65807	31-1560433	501(C)(3)	5,000				MURNEY MEMORIAL AWARD
FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS1131 BOONVILLE SPRINGFIELD,MO 65802	43-1560366	501(C)(3)	12,000				EARLY CHILDHOOD TECHNOLOGY AND SOFTWARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS1131 BOONVILLE SPRINGFIELD,MO 65802	43-1560366	501(C)(3)	6,269				CLASSROOM INNOVATION PROJECT
FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS1131 BOONVILLE SPRINGFIELD,MO 65802	43-1560366	501(C)(3)	229				DISASTER PREPAREDNESS PACKS FOR CHILDREN ONLINE CAMPAIGN
FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS1131 BOONVILLE SPRINGFIELD,MO 65802	43-1560366	501(C)(3)	500				TEACHER APPRECIATION DINNER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS1131 BOONVILLE SPRINGFIELD,MO 65802	43-1560366	501(C)(3)	2,000				SCHOLARSHIPS
FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS1131 BOONVILLE SPRINGFIELD,MO 65802	43-1560366	501(C)(3)	6,400				UNRESTRICTED
FRANK AND BARBARA BROYLES LEGACY FOUNDATION721 NORTH CANTERBURY ROAD FAYETTEVILLE,AR 72701	27-2956592	501(C)(3)	5,000				UNRESTRICTED

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FRIENDS OF ABILITIES FIRSTART INSPIRED ACADEMY FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,989				UNRESTRICTED
FRIENDS OF THE GARDEN PO BOX 8566 SPRINGFIELD,MO 65801	43-1898848	501(C)(3)	2,000				OPERATIONAL SUPPORT
FRIENDS OF THE GARDEN PO BOX 8566 SPRINGFIELD,MO 65801	43-1898848	501(C)(3)	24,000				PARK SUPPORT

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FRIENDS OF THE GARDEN PO BOX 8566 SPRINGFIELD,MO 65801	43-1898848	501(C)(3)	1,500				DOGWOOD GARDEN
FRIENDS OF THE ZOO3043 N FORT ST SPRINGFIELD,MO 65803	23-7096596	501(C)(3)	704				SUPPORT OF EDUCATIONAL FACILITY
FRIENDS OF THE ZOO3043 N FORT ST SPRINGFIELD,MO 65803	23-7096596	501(C)(3)	10,000				BALL OF THE WILD EVENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GALENA COMMUNITY CHURCHP O BOX 66 GALENA,MO 65656	43-1107586	501(C)(3)	2,165				GENERAL SUPPORT
GALENA COMMUNITY CHURCHP O BOX 66 GALENA,MO 65656	43-1107586	501(C)(3)	3,031				BUILDING FUND
GASCONADE COUNTY R-1 SCHOLARSHIP FUND425 E TRAFFICWAY SPRINGFIELD,MO 65804	23-7290968	501(C)(3)	12,000				EDUCATIONAL PROGRAMMING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GASCONADE COUNTY R-1 SCHOOL DISTRICT164 BLUE PRIDE DR HERMANN,MO 65041	43-6015434	501(C)(3)	1,000				HERMANN MIDDLE SCHOOL - ROBOTICS CLUB
GASCONADE COUNTY R-1 SCHOOL DISTRICT164 BLUE PRIDE DR HERMANN,MO 65041	43-6015434	501(C)(3)	10,000				LIVE HERMANN PROJECT
GIRL SCOUTS OF THE MISSOURI HEARTLAND INC210 S INGRAM MILL ROAD SPRINGFIELD,MO 65802	44-0594943	501(C)(3)	500				ASSISTANCE FOR DUES, UNIFORMS, CURRICULUM MATERIALS

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GIRL SCOUTS OF THE MISSOURI HEARTLAND INC210 S INGRAM MILL ROAD SPRINGFIELD,MO 65802	44-0594943	501(C)(3)	4,880				RESILIENT COMMUNITY DISASTER PREPAREDNESS GRANT FUNDING
GIRL SCOUTS OF THE MISSOURI HEARTLAND INC210 S INGRAM MILL ROAD SPRINGFIELD,MO 65802	44-0594943	501(C)(3)	1,500				SAVE CAMP MINTAHAMA FUND SOURCE CODE 1525
UNRESTRICTED DAY425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	25,000				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GOLDEN VALLEY MEMORIAL HOSPITAL FOUNDATION INC1600 N 2ND STREET CLINTON,MO 64735	43-0975390	501(C)(3)	1,250				GALA FUNDRAISING EVENT
GOOD SAMARITAN BOYS RANCHPO BOX 617 BRIGHTON,MO 65617	44-6006077	501(C)(3)	12,700				YOUNG WOMEN PROJECT FOR TEENAGERS IN SPRINGFIELD/GREENE COUNTY
GOOD SAMARITAN BOYS RANCHPO BOX 617 BRIGHTON,MO 65617	44-6006077	501(C)(3)	1,000				GROOMING BAG ITEMS

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GOOD SAMARITAN BOYS RANCHPO BOX 617 BRIGHTON,MO 65617	44-6006077	501(C)(3)	5,000				LAURA'S HOUSE/WILLARD
GOOD SAMARITAN BOYS RANCHPO BOX 617 BRIGHTON,MO 65617	44-6006077	501(C)(3)	12,500				UNRESTRICTED
GOOD SAMARITAN BOYS RANCHPO BOX 617 BRIGHTON,MO 65617	44-6006077	501(C)(3)	2,500				NEW FURNITURE FOR DORMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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)	750				BENEFIT THE YOUNG WOMEN'S EFFORTS IN WILLARD
GOOD SAMARITAN BOYS RANCHPO BOX 617 BRIGHTON,MO 65617	44-6006077	501(C)(3)	2,000				GROWING, HARVESTING AND SELLING PROJECT
GOOD SAMARITAN BOYS RANCH METRO SGF CHALLENGE FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	700				UNRESTRICTED

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GOOD SAMARITAN BOYS RANCH METRO SGF CHALLENGE FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	6,000				YOUNG WOMEN PROJECT FOR TEENAGERS IN SPRINGFIELD/GREENE COUNTY
GOOD SHEPHERD LUTHERAN CHURCH8975 COUNTY LANE 170 CARTHAGE,MO 64836	43-1454432	501(C)(3)	6,853				UNRESTRICTED
GORDON COLLEGE255 GRAPEVINE COLLEGE WENHAM,MA 01984	04-2104258	501(C)(3)	104,000				ANNUAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GORDON COLLEGE255 GRAPEVINE COLLEGE WENHAM,MA 01984	04-2104258	501(C)(3)	30,000				ENDOWMENT FUND
GRACE EPISCOPAL CHURCHPO BOX 596 CARTHAGE,MO 64836	44-0608719	501(C)(3)	100				RECTORS PURSE SEND
GRACE EPISCOPAL CHURCHPO BOX 596 CARTHAGE,MO 64836	44-0608719	501(C)(3)	12,843				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GRACE EPISCOPAL CHURCHPO BOX 596 CARTHAGE,MO 64836	44-0608719	501(C)(3)	1,500				MEMORIAL DONATIONS
GRACE EPISCOPAL CHURCHPO BOX 596 CARTHAGE,MO 64836	44-0608719	501(C)(3)	10,000				TEEN TRAVEL
GREENE COUNTY MEDICAL SOCIETY ALLIANCE1200 E WOODHURST DR STE D200 SPRINGFIELD,MO 65804	44-0515179	501(C)(3)	5,500				DOCTOR'S DAY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREENE COUNTY SENIOR BOARDPO BOX 9766 SPRINGFIELD,MO 65804	37-1709405	501(C)(3)	40,000				COLLABORATIVE GRANT PROGRAM WITH GREENE COUNTY SENIOR SERVICES BOARD
GYN CANCERS ALLIANCE 3023 SOUTH FORT SUITE D SPRINGFIELD,MO 65807	43-1943170	501(C)(3)	18,000				UNRESTRICTED
GYN CANCERS ALLIANCE CAPACITY BUILDING FUND 425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,616				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HABITAT FOR HUMANITY 121 HABITAT ST AMERICAS,GA 31709	91-1914868	501(C)(3)	10,250				UNRESTRICTED
HALFWAY R-III SCHOOL DISTRICT2150 HIGHWAY 32 HALFWAY,MO 65663	44-6001400	501(C)(3)	104				ART EDUCATIONAL PROGRAMMING
HALFWAY R-III SCHOOL DISTRICT2150 HIGHWAY 32 HALFWAY,MO 65663	44-6001400	501(C)(3)	7,980				EDUCATIONAL PURPOSES EXCLUDING ATHLETICS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HAPPY PAWS KITTEN RESCUE3006 FORESTDALE AVENUE KNOXVILLE,TN 37917	47-3636271	501(C)(3)	5,000				UNRESTRICTED
HARMONY HOUSEPO BOX 5972 SPRINGFIELD,MO 65801	43-1082063	501(C)(3)	122,500				UNRESTRICTED
HARMONY HOUSEPO BOX 5972 SPRINGFIELD,MO 65801	43-1082063	501(C)(3)	578				FOR EDUCATIONAL ACTIVITIES UNLESS OTHER NEEDS ARE MORE PRESSING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEART OF AFRICAPO BOX 5 WILMORE,KY 40390	35-2121414	501(C)(3)	15,000				UNRESTRICTED
HEART OF THE OZARKS JUNIOR GOLF FOUNDATION496 HWY 60 E REPUBLIC,MO 65738	43-1927962	501(C)(3)	2,500				FOR YOUTH GOLF ACADEMY
HEART OF THE OZARKS JUNIOR GOLF FOUNDATION496 HWY 60 E REPUBLIC,MO 65738	43-1927962	501(C)(3)	9,500				COMMUNITY BETTERMENT PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEARTLIGHT MINISTRIES FOUNDATIONPO BOX 480 HALLSVILLE,TX 75650	20-3179800	501(C)(3)	25,000				CAPITAL CAMPAIGN
HEIFER INTERNATIONAL PO BOX 8058 LITTLE ROCK,AR 72203	35-1019477	501(C)(3)	11,800				UNRESTRICTED
HELP GIVE HOPE2733 E BATTLEFIELD 332 SPRINGFIELD,MO 65804	43-1727982	501(C)(3)	478,500				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HELP GIVE HOPE2733 E BATTLEFIELD 332 SPRINGFIELD,MO 65804	43-1727982	501(C)(3)	3,000				CHRISTMAS ADOPTION PROGRAM 2014
HELP GIVE HOPE FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	7,425				UNRESTRICTED
HELP GIVE HOPE FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	1,000				ANNUAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HICKORY COUNTY CARES HC 79 BOX 2345A PITTSBURG,MO 65724	43-3308607	501(C)(3)	8,500				HYGIENE PRODUCTS FOR PANTRY
HIDDEN WATERS NATURE PARK FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,209				UNRESTRICTED
HISTORY MUSEUM ON THE SQUAREP O BOX 2963 SPRINGFIELD,MO 65801	51-0148860	501(C)(3)	985				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HISTORY MUSEUM ON THE SQUAREP O BOX 2963 SPRINGFIELD,MO 65801	51-0148860	501(C)(3)	1,452				EXHIBITS
HISTORY MUSEUM ON THE SQUAREP O BOX 2963 SPRINGFIELD,MO 65801	51-0148860	501(C)(3)	9,218				GENERAL SUPPORT
HOLLISTER R-5 SCHOOL DISTRICT1914 STATE HWY BB HOLLISTER,MO 65672	44-6004954	501(C)(3)	6,004				EDUCATIONAL PROGRAMMING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOLY TRINITY CATHOLIC CHURCH2818 E BENNETT ST SPRINGFIELD,MO 65804	43-0889012	501(C)(3)	5,000				UNRESTRICTED
HOMEGROWN FOOD HUB FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,000				HEALTH HUNGER HYGIENE
HOSPICE FOUNDATION OF THE OZARKSPO BOX 9226 SPRINGFIELD,MO 65801	43-1552783	501(C)(3)	5,662				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOUSTON R-1 EDUCATIONAL FOUNDATION ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,193				UNRESTRICTED
HUMANE SOCIETY OF SOUTHWEST MISSOURI 3161 W NORTON RD SPRINGFIELD,MO 65803	44-0665046	501(C)(3)	84,647				HUMANE CARE OF ANIMALS
HUMANITARIAN INTERNATIONAL SERVICES GROUP373 INVERNESS PARKWAY ENGLEWOOD,CO 80112	10-0001329	501(C)(3)	10,000				SUSTAINABLE COMMUNITIES WORLDWIDE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INDEPENDENT LIVING CENTER2639 E 34TH STREET JOPLIN,MO 64804	43-1714219	501(C)(3)	10,000				TRAINING FOR DISABLED YOUTH
INDEPENDENT LIVING CENTER2639 E 34TH STREET JOPLIN,MO 64804	43-1714219	501(C)(3)	4,500				TO ASSIST WITH VOLUNTEER SUPPORT SERVICES
INDEPENDENT LIVING CENTER2639 E 34TH STREET JOPLIN,MO 64804	43-1714219	501(C)(3)	5,000				RESILIENT COMMUNITY DISASTER PREPAREDNESS GRANT FUNDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ISABEL'S HOUSE - CRISIS NURSERY OF THE OZARKS 2750 W BENNETT ST SPRINGFIELD,MO 65802	20-4574229	501(C)(3)	362				MEDICATION FOR SPS STUDENT
ISABEL'S HOUSE - CRISIS NURSERY OF THE OZARKS 2750 W BENNETT ST SPRINGFIELD,MO 65802	20-4574229	501(C)(3)	1,000				HSH 2015 SPONSORSHIP
ISABEL'S HOUSE - CRISIS NURSERY OF THE OZARKS 2750 W BENNETT ST SPRINGFIELD,MO 65802	20-4574229	501(C)(3)	15,000				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ISABEL'S HOUSE - CRISIS NURSERY OF THE OZARKS 2750 W BENNETT ST SPRINGFIELD,MO 65802	20-4574229	501(C)(3)	360				TIRES FOR MINIVAN
ISABEL'S HOUSE - CRISIS NURSERY OF THE OZARKS 2750 W BENNETT ST SPRINGFIELD,MO 65802	20-4574229	501(C)(3)	5,000				HELP PURCHASE A MINIVAN TO TRANSPORT CHILDREN
ISABEL'S HOUSE ENDOWMENT #2 FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,280				UNRESTRICTED

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JACQUELINE JOAN KING DONOR ADVISED FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	25,000				UNRESTRICTED
JAMES A YORK FAMILY AND COMMUNITY FUND 425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	22,680				UNRESTRICTED
JAMES RIVER BASIN PARTNERSHIP CAPACITY BLDG FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	11,276				UNRESTRICTED

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JAMES RIVER CHURCH 6100 N 19TH ST OZARK,MO 65721	43-1564676	501(C)(3)	44,000				UNRESTRICTED
JAMES RIVER CHURCH 6100 N 19TH ST OZARK,MO 65721	43-1564676	501(C)(3)	244,750				BIBLES FOR ORPHANS IN ROMANIAN
JAMES RIVER CHURCH 6100 N 19TH ST OZARK,MO 65721	43-1564676	501(C)(3)	6,500				CUBA MISSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JEFFERSON AVENUE BAPTIST CHURCH316 E SUNSHINE SPRINGFIELD,MO 65807	01-2542687	501(C)(3)	2,189				SUPPORT FOR MISSIONS
JEFFERSON AVENUE BAPTIST CHURCH316 E SUNSHINE SPRINGFIELD,MO 65807	01-2542687	501(C)(3)	3,347				SUPPORT FOR YOUTH MINISTRY
JESUITS OF THE MISSOURI PROVINCE4511 WEST PINE BLVD ST LOUIS,MO 63108	43-0416129	501(C)(3)	5,000				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JESUS WAS HOMELESS INC 1440 STATE HWY 248 STE Q 442 BRANSON,MO 65616	26-4727548	501(C)(3)	142,359				UNRESTRICTED
JESUS WAS HOMELESS INC 1440 STATE HWY 248 STE Q 442 BRANSON,MO 65616	26-4727548	501(C)(3)	1,000				JOBS FOR LIFE
JESUS WAS HOMELESS INC 1440 STATE HWY 248 STE Q 442 BRANSON,MO 65616	26-4727548	501(C)(3)	10,000				MEDICAL & DENTAL RESOURCES FOR HOMELESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JOINT COUNCIL ON INTERNATIONAL CHILDREN'S SERVICES117 SOUTH SAINT ASAPH ST ALEXANDRIA,VA 22314	91-1171174	501(C)(3)	5,000				UNRESTRICTED
JOPLIN AREA HABITAT FOR HUMANITY5201 NORTH MAIN STREET JOPLIN,MO 64801	43-1524876	501(C)(3)	5,000				STORM SHELTER FOR DIASTER RESILIENCY
JOPLIN FAMILY YMCAPO BOX 227 JOPLIN,MO 64801	44-0552026	501(C)(3)	5,000				RESILIENT COMMUNITY DISASTER PREPAREDNESS GRANT FUNDING

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JOPLIN FAMILY YMCAPO BOX 227 JOPLIN,MO 64801	44-0552026	501(C)(3)	20,108				EDUCATIONAL SERVICES FOR CHILDREN IMPACTED BY THE TORNADO
JOPLIN R-8 SCHOOL DISTRICT1717 EAST 15TH STREET JOPLIN,MO 64804	44-6003106	501(C)(3)	262,000				PROJECT HOPE RESTRICTED GRANT
JOPLIN WORKSHOPS INC 501 S SCHOOL AVE JOPLIN,MO 64802	43-0860719	501(C)(3)	5,000				SECURITY SUPPLIES FOR DISASTER RESILIENCY

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JORDAN VALLEY COMMUNITY HEALTH CENTERPO BOX 5681 SPRINGFIELD,MO 65801	43-1602701	501(C)(3)	175				SUPPORT FOR PATIENTS WITH MS
JORDAN VALLEY COMMUNITY HEALTH CENTERPO BOX 5681 SPRINGFIELD,MO 65801	43-1602701	501(C)(3)	8,496				MEDICAL ASSISTANCE
JOY LAMBERSON-KLOCK GYN CANCERS ALLIANCE ENDOWMENT425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,000				UNRESTRICTED

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JUNIOR LEAGUE OF SPRINGFIELD2574 E BENNETT ST SPRINGFIELD,MO 65804	43-6050075	501(C)(3)	5,000				CHARITY BALL 2015
KANAKUK INSTITUTE1353 LAKESHORE DRIVE BRANSON,MO 65616	43-1926319	501(C)(3)	30,000				UNRESTRICTED
KANSAS MASONIC HOME ENDOWMENT ASSOCIATION401 S SENECA STREET WICHITA,KS 67213	48-1163199	501(C)(3)	6,252				UNRESTRICTED

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KANSAS STATE UNIVERSITY1800 COLLEGE AVENUE SUITE 138 MANHATTAN,KS 66502	48-0771751	501(C)(3)	10,000				HALLY "BUG" YUST SCHOLARSHIP FUND
KIDS' HARBOR INC5717 CHAPEL DRIVE OSAGE,MO 65065	43-1927828	501(C)(3)	1,000				PREVENTION COORDINATOR FEE, SUPPLIES AND EQUIPMENT
KIDSMART---TOOLS FOR LEARNING12175 BRIDGETON BRIDGETON,MO 63044	43-1906392	501(C)(3)	2,000				HEAD OF THE CLASS CAMPAIGN

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KIDSMART---TOOLS FOR LEARNING12175 BRIDGETON BRIDGETON,MO 63044	43-1906392	501(C)(3)	5,000				2014 JOE BUCK BEE TEAM SPONSORSHIP
KIMBERLING AREA LIBRARY ASSOCIATIONPO BOX 730 KIMBERLING CITY,MO 65686	43-1553522	501(C)(3)	3,000				FOR OUTDOOR READING/RETREAT AREA
KINSEY FIRE DEPARTMENT 7821 STATE RD DD BLOOMSDALE,MO 63627	43-1169620	501(C)(3)	15,000				FIREFIGHTER BREATHING APPARATUS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KSMUOZARKS PUBLIC BROADCASTING901 S NATIONAL SPRINGFIELD,MO 65804	44-6000308	501(C)(3)	25,000				MAKING A DIFFERENCE PROGRAMMING ON KSMU RADIO
KSMUOZARKS PUBLIC BROADCASTING901 S NATIONAL SPRINGFIELD,MO 65804	44-6000308	501(C)(3)	1,600				SUPPORTING OZARKS PUBLIC RADIO
LACLEDE COUNTY R-1 SCHOOL726 W JEFFERSON CONWAY,MO 65632	44-6005870	501(C)(3)	2,000				STUDENT LEADERSHIP AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LAFAYETTE HOUSE FUND 425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,939				UNRESTRICTED
LAKE REGIONAL CANCER CENTER54 HOSPITAL DRIVE OSAGE BEACH,MO 65065	23-7339737	501(C)(3)	10,339				TOTES FOR TATA
LANGHAM PARTNERSHIP USA INC NFPPO BOX 189 CAVE CREEK,AZ 85327	23-7417198	501(C)(3)	5,000				UNRESTRICTED

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LAURA INGALLS WILDER FOUNDATIONPO BOX 138 MANSFIELD,MO 65704	43-0949542	501(C)(3)	1,300				CAPITAL CAMPAIGN
LAURA INGALLS WILDER FOUNDATIONPO BOX 138 MANSFIELD,MO 65704	43-0949542	501(C)(3)	500				UNRESTRICTED
LAURA INGALLS WILDER FOUNDATIONPO BOX 138 MANSFIELD,MO 65704	43-0949542	501(C)(3)	20,000				AID CONSTRUCTION OF MUESUM & VISITOR CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LAURA'S HOME ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	9,321				UNRESTRICTED
LEAST OF THESEPO BOX 808 NIXA,MO 65714	43-1867039	501(C)(3)	43,900				GENERAL PURPOSES
LEAST OF THESEPO BOX 808 NIXA,MO 65714	43-1867039	501(C)(3)	10,000				MILK PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LEAST OF THESEPO BOX 808 NIXA,MO 65714	43-1867039	501(C)(3)	40				ASSISTING A HOMELESS FAMILY
LEAST OF THESE CAPACITY FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,514				UNRESTRICTED
LEFFEN CENTER FOR AUTISMPO BOX 2526 JOPLIN,MO 64803	43-0821959	501(C)(3)	140,000				RELOCATING THE CENTER FOLLOWING TORNADO DESTRUCTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LIFEHOUSE CRISIS MATERNITY HOME424 E MONASTARY ST SPRINGFIELD,MO 65807	44-0609997	501(C)(3)	5,650				SCHOLARSHIPS FOR ALLIED HEALTH PROGRAMS AT OTC
LIFEHOUSE CRISIS MATERNITY HOME424 E MONASTARY ST SPRINGFIELD,MO 65807	44-0609997	501(C)(3)	2,500				DINNER FOR LIFE
LITTLE ONES MINISTRIES PO BOX 892040 OKLAHOMA CITY,OK 73189	43-1914361	501(C)(3)	35,000				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LIVES UNDER CONSTRUCTION BOYS RANCH296 BOYS RANCH ROAD LAMPE,MO 65681	46-0368556	501(C)(3)	452,400				UNRESTRICTED
LIVES UNDER CONSTRUCTION BOYS RANCH296 BOYS RANCH ROAD LAMPE,MO 65681	46-0368556	501(C)(3)	3,000				LAND BEAUTIFICATION
LIVES UNDER CONSTRUCTION SHORT TERM FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	27,310				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOGAN-ROGERSVILLE EDUCATIONAL FOUNDATION1717 E REPUBLIC RD STE A SPRINGFIELD,MO 65804	20-1103500	501(C)(3)	500				AWARDS FOR STUDENTS
LOST AND FOUND INC2840 EAST CHESTNUT EXPRESSWAY SPRINGFIELD,MO 65802	43-1896981	501(C)(3)	2,000				MIDDLERS THERAPEUTIC GRIEF SUPPORT GROUP
LOST AND FOUND INC2840 EAST CHESTNUT EXPRESSWAY SPRINGFIELD,MO 65802	43-1896981	501(C)(3)	7,500				CAPITAL CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOST AND FOUND INC 2840 EAST CHESTNUT EXPRESSWAY SPRINGFIELD,MO 65802	43-1896981	501(C)(3)	1,000				SPONSOR A CHILD 2015
LOST AND FOUND INC 2840 EAST CHESTNUT EXPRESSWAY SPRINGFIELD,MO 65802	43-1896981	501(C)(3)	5,000				BUILDING HOPE CAMPAIGN
MACF CAPACITY TO SHARE FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	17,000				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MACF CAPACITY TO SHARE FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	1,000				BOOTS, BANDS, & BAR-B-QUE SPONSORSHIP
MACF CAPACITY TO SHARE FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	2,500				2015 AFFILIATE OF THE YEAR AWARD - UNRESTRICTED GRANT
MARION C EARLY R V5309 S MAIN MORRISVILLE,MO 65710	44-6001489	501(C)(3)	7,900				J PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MARSHFIELD UNITED METHODIST CHURCH220 S ELM MARSHFIELD,MO 65706	43-1135312	501(C)(3)	5,000				UNRESTRICTED
MCCALLIE SCHOOL INC 500 DODDS AVENUE CHATTANOOGA,TN 37404	62-0475837	501(C)(3)	5,000				UNRESTRICTED
MEN AT THE CROSS1353 LAKESHORE DRIVE BRANSON,MO 65616	26-2364202	501(C)(3)	40,000				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MERCY HEALTH FOUNDATION SPRINGFIELD3265 S NATIONAL AVE SUITE 200 SPRINGFIELD,MO 65807	32-0195818	501(C)(3)	9,858				SPRINGFIELD METRO INNOVATION GRANT PROGRAM
MERCY HEALTH FOUNDATION SPRINGFIELD3265 S NATIONAL AVE SUITE 200 SPRINGFIELD,MO 65807	32-0195818	501(C)(3)	381				ASSISTANCE FOR STROKE VICTIMS
MERCY HEALTH FOUNDATION SPRINGFIELD3265 S NATIONAL AVE SUITE 200 SPRINGFIELD,MO 65807	32-0195818	501(C)(3)	500				SCHOOL OF RADIOLOGIC TECHNOLOGY HEALTH INCENTIVE AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 HEALTH FOUNDATION SPRINGFIELD3265 S NATIONAL AVE SUITE 200 SPRINGFIELD,MO 65807	32-0195818	501(C)(3)	2,953				UNRESTRICTED
MERCY HOME FOR BOYS AND GIRLS1140 WEST JACKSON BLVD CHICAGO,IL 60607	36-2171726	501(C)(3)	10,000				UNRESTRICTED
MIAMI PUBLIC SCHOOLS ENRICHMENT FOUNDATION26 N MAIN ST MIAMI,OK 74354	73-1316520	501(C)(3)	5,000				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MICHELE ANN KRANTZ DONOR ADVISED FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	25,000				UNRESTRICTED
MID-OZARKS CASA ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	5,698				UNRESTRICTED
MIDWEST FOSTER CARE ADOPTION ASSOCIATION 18600 E 37TH TERRACE BOX 11 INDEPENDENCE,MO 64057	43-1895965	501(C)(3)	9,104				SPRINGFIELD METRO INNOVATION GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MISSOURI COLLEGE ADVISING CORPS46 JESSE HALL COLUMBIA,MO 65211	26-6440629	501(C)(3)	3,000				EDUCATIONAL PROGRAMMING
MISSOURI COLLEGE ADVISING CORPS46 JESSE HALL COLUMBIA,MO 65211	26-6440629	501(C)(3)	12,000				COMMUNITY RESPONSE GRANT PROGRAM - COLLEGE ADVISEMENT FOR LOW INCOME STUDENTS
MISSOURI COLLEGE ADVISING CORPS METRO SGF CHALLENGE FUNDPO BOX 8960 SPRINGFIELD,MO 65801	23-7290968	501(C)(3)	6,000				COMMUNITY RESPONSE GRANT PROGRAM - COLLEGE ADVISEMENT FOR LOW INCOME STUDENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MISSOURI COLLEGES FUND INC3401 W TRUMAN BLVD STE 202 JEFFERSON CITY,MO 65109	43-0680952	501(C)(3)	650				ANNUAL CONTRIBUTION FOR STUDENT FINANCIAL AID
MISSOURI COLLEGES FUND INC3401 W TRUMAN BLVD STE 202 JEFFERSON CITY,MO 65109	43-0680952	501(C)(3)	12,000				UNRESTRICTED
MISSOURI HOSPICE & PALLIATIVE CARE ASSOCIATIONPO BOX 105318 JEFFERSON CITY,MO 65101	43-1213065	501(C)(3)	14,161				UNRESTRICTED

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MISSOURI SOUTHERN FOUNDATION3950 E NEWMAN ROAD JOPLIN,MO 64801	43-0907114	501(C)(3)	2,500				DONNA BROWN SCHOLARSHIP
MISSOURI SOUTHERN FOUNDATION3950 E NEWMAN ROAD JOPLIN,MO 64801	43-0907114	501(C)(3)	100				GREEN AND GOLD FUND
MISSOURI SOUTHERN FOUNDATION3950 E NEWMAN ROAD JOPLIN,MO 64801	43-0907114	501(C)(3)	1,000				JULIO LEON FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MISSOURI SOUTHERN FOUNDATION3950 E NEWMAN ROAD JOPLIN,MO 64801	43-0907114	501(C)(3)	25,000				UNRESTRICTED
MISSOURI STATE UNIVERSITY901 S NATIONAL SPRINGFIELD,MO 65897	44-6000308	501(C)(3)	500				MSU MOON CITY PASS
MISSOURI STATE UNIVERSITY901 S NATIONAL SPRINGFIELD,MO 65897	44-6000308	501(C)(3)	25,000				MEN'S BEARS PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MISSOURI STATE UNIVERSITY901 S NATIONAL SPRINGFIELD,MO 65897	44-6000308	501(C)(3)	100				ART EDUCATIONAL PROGRAMMING
MISSOURI STATE UNIVERSITY901 S NATIONAL SPRINGFIELD,MO 65897	44-6000308	501(C)(3)	2,451				COMMUNITY IMPACT GRANT EVALUATION
MISSOURI STATE UNIVERSITY901 S NATIONAL SPRINGFIELD,MO 65897	44-6000308	501(C)(3)	1,494				GO LEAD SCHOLARSHIP SERIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MISSOURI STATE UNIVERSITY901 S NATIONAL SPRINGFIELD,MO 65897	44-6000308	501(C)(3)	2,500				2015 STATEWIDE COLLABORATIVE DIVERSITY CONFERENCE
MISSOURI STATE UNIVERSITY901 S NATIONAL SPRINGFIELD,MO 65897	44-6000308	501(C)(3)	1,000				BILL O'NEILL ENDOWED ATHLETIC SCHOLARSHIP
MISSOURI STATE UNIVERSITY901 S NATIONAL SPRINGFIELD,MO 65897	44-6000308	501(C)(3)	4,038				SUPPORT HIGHER EDUCATION PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MISSOURI STATE UNIVERSITY901 S NATIONAL SPRINGFIELD,MO 65897	44-6000308	501(C)(3)	500				WOMEN'S LEADERSHIP CONFERENCE
MISSOURI STATE UNIVERSITY901 S NATIONAL SPRINGFIELD,MO 65897	44-6000308	501(C)(3)	26,550				EDUCATIONAL PROGRAMMING
MISSOURI STATE UNIVERSITY FOUNDATION 300 SOUTH JEFFERSON SUITE 100 SPRINGFIELD,MO 65806	43-1234200	501(C)(3)	5,000				SUPPORT OF THE EXPANSION OF GLASS HALL/STUDENT SUCCESS CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MISSOURI STATE UNIVERSITY FOUNDATION 300 SOUTH JEFFERSON SUITE 100 SPRINGFIELD,MO 65806	43-1234200	501(C)(3)	500				WOMEN'S TENNIS
MONETT AREA YMCA115 S LINCOLN AVE MONETT,MO 65708	44-0545283	501(C)(3)	1,877				ANNUAL CAMPAIGN
MONETT AREA YMCA115 S LINCOLN AVE MONETT,MO 65708	44-0545283	501(C)(3)	8,000				BUILDING PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MONETT R-1 SCHOOL DISTRICT900 E SCOTT ST MONETT,MO 65708	44-6001429	501(C)(3)	998				SUPPORT FOR TEACHERS
MORRISVILLE CEMETERY ASSOCIATION1043 HWY 215 MORRISVILLE,MO 65710	44-0667307	501(C)(3)	9,723				SPECIFIED PUBLIC NEEDS AND HISTORIC PRESERVATION OF THE CEMETERY
MOXIE CINEMA FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	10,500				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MOXIE CINEMA FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)(3)	190				UNRESTRICTED
MSU - WEST PLAINS CAMPUS128 GARFIELD WEST PLAINS,MO 65775	43-1641443	501(C)(3)	5,277				TO ASSIST DESERVING YOUNG STUDENTS
MSU - WEST PLAINS CAMPUS128 GARFIELD WEST PLAINS,MO 65775	43-1641443	501(C)(3)	6,000				SUPPORT OF THE BUSINESS PROFESSORSHIP - YEAR 2 OF 5

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 - WEST PLAINS CAMPUS128 GARFIELD WEST PLAINS,MO 65775	43-1641443	501(C)(3)	1,000				BUSINESS SCHOLARSHIPS
MSU FOUNDATION300 S JEFFERSON STE 100 SPRINGFIELD,MO 65806	43-1234200	501(C)(3)	11,000				$10,000 PREMED SCHOLARSHIPS FOR JUNIORS/SENIORS $1,000 CALLAWAY AWARD
MSU FOUNDATION300 S JEFFERSON STE 100 SPRINGFIELD,MO 65806	43-1234200	501(C)(3)	2,500				FOUNDERS CLUB SPONSORSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MSU FOUNDATION300 S JEFFERSON STE 100 SPRINGFIELD,MO 65806	43-1234200	501(C)(3)	1,000				FLEENOR MUSIC SCHOLARSHIP
MSU FOUNDATION300 S JEFFERSON STE 100 SPRINGFIELD,MO 65806	43-1234200	501(C)(3)	5,000				SCHOLARSHIP
MSU FOUNDATION300 S JEFFERSON STE 100 SPRINGFIELD,MO 65806	43-1234200	501(C)(3)	1,000				BUTTERFLY HOUSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MSU FOUNDATION300 S JEFFERSON STE 100 SPRINGFIELD,MO 65806	43-1234200	501(C)(3)	50,000				MISSOURI INSTITUTE FOR LEADERSHIP IN EDUCATION
MSU FOUNDATION300 S JEFFERSON STE 100 SPRINGFIELD,MO 65806	43-1234200	501(C)(3)	2,500				UNRESTRICTED
MT VERNON SCHOOLS730 S LANDRUM MT VERNON,MO 65712	44-6003597	501(C)(3)	28,482				SCHOLARSHIPS AND AWARDS FOR TEACHERS, ADMINISTRATORS AND COUNSELORS

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MT VERNON SCHOOLS730 S LANDRUM MT VERNON,MO 65712	44-6003597	501(C)(3)	30,000				COMMUNITY BETTERMENT PROJECT
NEAT FUND (NATURE EDUCATIONAL ART TRAILS)425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	7,389				UNRESTRICTED
NEW COVENANT ACADEMY 3304 S COX RD SPRINGFIELD,MO 65807	43-1226560	501(C)3	5,000				CAPITAL CAMPAIGN

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NEW COVENANT ACADEMY 3304 S COX RD SPRINGFIELD,MO 65807	43-1226560	501(C)3	5,000				UNRESTRICTED
NEW CREATION CHURCH 1831 S CONNOR AVE JOPLIN,MO 64804	26-1986233	501(C)3	20,992				MONTHLY SUPPORT
NIXA R-II SCHOOL DISTRICT 301 S MAIN ST NIXA,MO 65714	44-6003678	501(C)3	4,394				SUPPORT FOR CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NIXA R-II SCHOOL DISTRICT301 S MAIN ST NIXA,MO 65714	44-6003678	501(C)3	2,400				KIDDYKEYS MUSIC CURRICULUM FOR THE EARLY LEARNING CENTER OF NIXA PUBLIC SCHOOLS
NIXA R-II SCHOOL DISTRICT301 S MAIN ST NIXA,MO 65714	44-6003678	501(C)3	500				TO BE USED FOR SCHOLARSHIPS
NIXA R-II SCHOOL DISTRICT301 S MAIN ST NIXA,MO 65714	44-6003678	501(C)3	1,750				SHAC IRON CHEF COMPETITION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NIXA R-II SCHOOL DISTRICT301 S MAIN ST NIXA,MO 65714	44-6003678	501(C)3	1,250				10 RADIOS FOR THE NIXA SCHOOLS SAFETY TEAM
NIXA R-II SCHOOL DISTRICT301 S MAIN ST NIXA,MO 65714	44-6003678	501(C)3	1,039				FINANCIAL AID FOR NIXA ELEMENTARY SCHOOLS
OSAGE TRAILS SCULPTURE FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	29,894				HONOR NATIVE AMERICANS AND INCREASE ECONOMIC DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OTC FOUNDATION1001 E CHESTNUT EXPY SPRINGFIELD,MO 65802	43-1753974	501(C)3	4,500				SCHOLARSHIPS FOR OTA AND PTA STUDENTS
OTC FOUNDATION1001 E CHESTNUT EXPY SPRINGFIELD,MO 65802	43-1753974	501(C)3	12,000				HEALTH INCENTIVE AWARD
OTC FOUNDATION1001 E CHESTNUT EXPY SPRINGFIELD,MO 65802	43-1753974	501(C)3	2,500				MANIKIN MONITORS FOR SIMULATION LAB

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OTC FOUNDATION1001 E CHESTNUT EXPY SPRINGFIELD,MO 65802	43-1753974	501(C)3	653				HEALTH HUNGER HYGIENE
OTC FOUNDATION1001 E CHESTNUT EXPY SPRINGFIELD,MO 65802	43-1753974	501(C)3	1,000				AUTOMOTIVE SCHOLARSHIP
OTC FOUNDATION1001 E CHESTNUT EXPY SPRINGFIELD,MO 65802	43-1753974	501(C)3	28,107				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OWENSVILLE AREA ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	10,000				HUMAN SERVICES
OZARK ACTORS THEATRE ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	5,010				UNRESTRICTED
OZARK COIN CLUB1264 W PHEASANT RUN SPRINGFIELD,MO 65810	45-3155292	501(C)3	21,949				YOUTH PROGRAMMING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OZARK GREENWAYSPO BOX 50733 SPRINGFIELD,MO 65805	43-1525122	501(C)3	6,000				UNRESTRICTED
OZARK MOUNTAIN FAMILY YMCA175 INDUSTRIAL PARK DRIVE SUITE A HOLLISTER,MO 65672	44-0545283	501(C)3	6,000				FALL FUNDRAISER
OZARK REGIONAL LAND TRUSTPO BOX 440007 ST LOUIS,MO 63144	43-1304715	501(C)3	75,000				UNRESTRICTED

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OZARK REGIONAL LAND TRUSTPO BOX 440007 ST LOUIS,MO 63144	43-1304715	501(C)3	500				GENERAL OPERATIONS
OZARK REGIONAL LAND TRUSTPO BOX 440007 ST LOUIS,MO 63144	43-1304715	501(C)3	1,000				ORLT OPERATING ENDOWMENT
OZARK REGIONAL LAND TRUSTPO BOX 440007 ST LOUIS,MO 63144	43-1304715	501(C)3	1,000				NINESTONE CLT GLADE RESTORATION PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OZARK TRAILS COUNCIL BSA1616 S EASTGATE SPRINGFIELD,MO 65809	44-0546294	501(C)3	500				FOR YOUTH EDUCATION PROGRAM
OZARK TRAILS COUNCIL BSA1616 S EASTGATE SPRINGFIELD,MO 65809	44-0546294	501(C)3	19,595				UNRESTRICTED
OZARK TRAILS COUNCIL BSA1616 S EASTGATE SPRINGFIELD,MO 65809	44-0546294	501(C)3	7,500				COMMUNITY RESPONSE CHALLENGE SUPPORTING THE BOYS SCOUTS OF AMERICA

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 65809	44-0546294	501(C)3	21,880				NEW DOCK AT CAMP ARROWHEAD
OZARK TRAILS COUNCIL BSA1616 S EASTGATE SPRINGFIELD,MO 65809	44-0546294	501(C)3	160				APPLY FOR CAMPER SCHOLARSHIPS
OZARKS COUNSELING CENTER614 SOUTH AVE SPRINGFIELD,MO 65806	44-0595115	501(C)3	50				HEALTH HUNGER HYGIENE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OZARKS COUNSELING CENTER614 SOUTH AVE SPRINGFIELD,MO 65806	44-0595115	501(C)3	2,500				UNRESTRICTED
OZARKS COUNSELING CENTER614 SOUTH AVE SPRINGFIELD,MO 65806	44-0595115	501(C)3	5,000				SPRINGFIELD METRO INNOVATION GRANT PROGRAM
OZARKS COUNSELING CENTER614 SOUTH AVE SPRINGFIELD,MO 65806	44-0595115	501(C)3	120,000				BUILDING CAMPAIGN

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OZARKS FAMILY YMCA1 YMCA DRIVE MOUNTAIN GROVE,MO 65711	43-1617662	501(C)3	43,583				UNRESTRICTED
OZARKS FOOD HARVEST PO BOX 5746 SPRINGFIELD,MO 65801	43-1426384	501(C)3	1,100				FOOD FOR LOW INCOME FAMILIES
OZARKS FOOD HARVEST PO BOX 5746 SPRINGFIELD,MO 65801	43-1426384	501(C)3	500				MILK DRIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OZARKS FOOD HARVEST PO BOX 5746 SPRINGFIELD,MO 65801	43-1426384	501(C)3	5,100				WEEKEND BACKPACK PROGRAM
OZARKS FOOD HARVEST GENERAL OPERATING FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	12,692				UNRESTRICTED
OZARKS HEALTH ADVOCACY FOUNDATION PO BOX 3195 SPRINGFIELD,MO 65808	43-1551131	501(C)3	500				UNRESTRICTED

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OZARKS MEDICAL CENTER FOUNDATION CAPACITY BUILDING FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	12,000				UNRESTRICTED
OZARKS REGIONAL YMCA 417 S JEFFERSON SPRINGFIELD,MO 65806	44-0545283	501(C)3	500				ANNUAL CAMPAIGN
OZARKS REGIONAL YMCA 417 S JEFFERSON SPRINGFIELD,MO 65806	44-0545283	501(C)3	2,000				CAMP WAKONDA

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OZARKS REGIONAL YMCA 417 S JEFFERSON SPRINGFIELD,MO 65806	44-0545283	501(C)3	3,000				STRONG KIDS CAMPAIGN
OZARKS REGIONAL YMCA 417 S JEFFERSON SPRINGFIELD,MO 65806	44-0545283	501(C)3	2,500				DIVAS AND DENIM EVENT
OZARKS REGIONAL YMCA 417 S JEFFERSON SPRINGFIELD,MO 65806	44-0545283	501(C)3	1,580				LOCAL SPROUTS PROJECT

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OZARKS REGIONAL YMCA 417 S JEFFERSON SPRINGFIELD,MO 65806	44-0545283	501(C)3	5,000				ROY BLUNT/BOLIVAR FACILITY
OZARKS WATER WATCH UPPER WHITE RIVER BASIN FOUNDATIONPO BOX 636 KIMBERLING CITY,MO 65686	43-1942991	501(C)3	37,250				COMMUNITY BETTERMENT PROJECT
OZORA COMMUNITY FIRE PROTECTION ASSOCIATION17919 STATE ROUTE N ST MARY,MO 63673	43-1254072	501(C)3	18,250				EXTRICATION TOOLS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PAWNEE COUNTY WORKSHOPPO BOX 63 CLEVELAND,OK 74020	73-1216618	501(C)3	5,000				MUSIC EDUCATION FILM
PAWNEE COUNTY WORKSHOPPO BOX 63 CLEVELAND,OK 74020	73-1216618	501(C)3	10,000				INTERNS, PRESS MATERIALS, DVD COPIES & SLEEVES FOR EDUCATIONAL FILMS
PAWNEE COUNTY WORKSHOPPO BOX 63 CLEVELAND,OK 74020	73-1216618	501(C)3	3,500				EDUCATIONA WEBSITE FOR MUSIC PROGRAM

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PAWNEE COUNTY WORKSHOPPO BOX 63 CLEVELAND,OK 74020	73-1216618	501(C)3	1,000				DVD DUPLICATION
PAWNEE COUNTY WORKSHOPPO BOX 63 CLEVELAND,OK 74020	73-1216618	501(C)3	10,000				TRAVEL EXPENSE FOR CSC
PAWNEE COUNTY WORKSHOPPO BOX 63 CLEVELAND,OK 74020	73-1216618	501(C)3	9,500				UNRESTRICTED

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PAWNEE COUNTY WORKSHOPPO BOX 63 CLEVELAND,OK 74020	73-1216618	501(C)3	2,000				MEDIA KIT PROJECT
PAWS WITH POSSIBILITIES PET RESCUE AND CARE CENTER2300 NORTH MAIN STREET JOPLIN,MO 64801	47-1445424	501(C)3	6,500				UNRESTRICTED
PHELPS SCHOOL COMMUNITY CENTER8388 LAWRENCE 2059 MILLER,MO 65707	47-1877170	501(C)3	11,500				UNRESTRICTED

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PLACEWORKS PROJECT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	37,100				CONTRACT WORK, SUPPLIES & FIELD TRIPS
POLK COUNTY FAIR BOARD 4153 N HWY 83 BOLIVAR,MO 65613	43-6052724	501(C)3	5,779				FAIR EXPENSES
POLK COUNTY GENEALOGICAL SOCIETY PO BOX 632 BOLIVAR,MO 65613	43-1813850	501(C)3	1,000				TENCHOLOGY UPGRADES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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POLK COUNTY GENEALOGICAL SOCIETY PO BOX 632 BOLIVAR,MO 65613	43-1813850	501(C)3	10,000				SUPPORT MAINTENANCE
POLK COUNTY GENEALOGICAL SOCIETY ENDOWMENT FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	22,846				UNRESTRICTED
POLK COUNTY HOUSE OF HOPEPO BOX 223 BOLIVAR,MO 65613	20-2426214	501(C)3	5,000				UNRESTRICTED

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POLK COUNTY HOUSE OF HOPEPO BOX 223 BOLIVAR,MO 65613	20-2426214	501(C)3	1,000				FURNITURE, MATTRESS, PILLOW COVERS
POPLAR BLUFF PUBLIC SCHOOL FOUNDATION 1110 N WESTWOOD BLVD POPLAR BLUFF,MO 63901	43-1878208	501(C)3	730				FIELD TRIP TO CADAVER LAB
PRAYER MOUNTAIN OF THE OZARKSPO BOX 40 BRANSON,MO 65615	73-1109099	501(C)3	5,000				UNRESTRICTED

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PREGNANCY CARE CENTER 1342 E PRIMROSE STE C SPRINGFIELD,MO 65804	43-1786978	501(C)3	12,122				COUNSELING PROGRAM FOR PREGNANT WOMEN
PREGNANCY CARE CENTER 1342 E PRIMROSE STE C SPRINGFIELD,MO 65804	43-1786978	501(C)3	4,000				HEALTHY FAMILIES, HEALTHY BABIES PROGRAM
PREGNANCY CARE CENTER 1342 E PRIMROSE STE C SPRINGFIELD,MO 65804	43-1786978	501(C)3	30,000				UNRESTRICTED

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PREGNANCY CARE CENTER METRO SGF CHALLENGE GRANT FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	6,000				COUNSELING PROGRAM FOR PREGNANT WOMENT
PREGNANCY LIFE LINE INC 19621 STATE HIGHWAY 413 BRANSON WEST,MO 65737	34-1991474	501(C)3	3,000				FOR PREGNANCY EDUCATION RESOURCES
PREGNANCY LIFE LINE INC 19621 STATE HIGHWAY 413 BRANSON WEST,MO 65737	34-1991474	501(C)3	2,400				STONE COUNTY JOBS FOR LIFE

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PREGNANCY LIFE LINE INC 19621 STATE HIGHWAY 413 BRANSON WEST,MO 65737	34-1991474	501(C)3	2,400				UNRESTRICTED
PRIMROSE PLACE3850 S NATIONAL STE 500 SPRINGFIELD,MO 65807	43-1183783	501(C)3	45,801				ALZHEIMER'S PATIENTS
PROJECT HOPE1419 S ENTERPRISE SPRINGFIELD,MO 65804	43-1864044	501(C)3	3,000				UNRESTRICTED

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PROJECT HOPE1419 S ENTERPRISE SPRINGFIELD,MO 65804	43-1864044	501(C)3	10,000				AID CONSTRUCTION FOR 80 HOUSES IN NICARAGUA
RANCHO FELIZ CHARITABLE FOUNDATION 6910 EAST 5TH AVENUE SCOTTSDALE,AZ 85251	86-0680369	501(C)3	5,000				UNRESTRICTED
RAZORBACK FOUNDATION 1295 S RAZORBACK RD FAYETTEVILLE,AR 72701	71-0540644	501(C)3	20,000				UNRESTRICTED

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REBUILD JOPLIN8324 PARC PL SUITE A CHALMETTE,LA 70043	26-2189665	501(C)3	500				UNRESTRICTED
REBUILD JOPLIN8324 PARC PL SUITE A CHALMETTE,LA 70043	26-2189665	501(C)3	325,000				FOR HOUSING IN TORNADO EFFECTED AREA
REEDS SPRING R-IV SCHOOL DISTRICT20281 ST HWY 413 REEDS SPRING,MO 65737	44-6004145	501(C)3	1,073				FOR EARLY CHILDHOOD DEVELOPMENT EQUIPMENT

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REEDS SPRING R-IV SCHOOL DISTRICT20281 ST HWY 413 REEDS SPRING,MO 65737	44-6004145	501(C)3	1,905				EDUCATIONAL PROGRAMMING
REPUBLIC PARKS & RECREATION711 E MILLER RD REPUBLIC,MO 65738	44-6000250	501(C)3	22,500				COMMUNITY BETTERMENT PROJECT
REPUBLIC R-III SCHOOLS 518 N HAMPTON REPUBLIC,MO 65738	44-6004149	501(C)3	30,000				HEALTH HUNGER HYGIENE

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REPUBLIC R-III SCHOOLS 518 N HAMPTON REPUBLIC,MO 65738	44-6004149	501(C)3	440				CAMERAS FOR HIGH SCHOOL MARKETING DEPARTMENT
REPUBLIC R-III SCHOOLS 518 N HAMPTON REPUBLIC,MO 65738	44-6004149	501(C)3	900				SCIENCE READING MATERIALS FOR SWEENEY ELEMENTARY
REPUBLIC R-III SCHOOLS 518 N HAMPTON REPUBLIC,MO 65738	44-6004149	501(C)3	12,710				EDUCATIONAL

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RIDGECREST BAPTIST CHURCH2210 W REPUBLIC RD SPRINGFIELD,MO 65807	43-1308699	501(C)3	500				LOTTIE MOON CHRISTMAS OFFERING
RIDGECREST BAPTIST CHURCH2210 W REPUBLIC RD SPRINGFIELD,MO 65807	43-1308699	501(C)3	6,200				SCHOLARSHIP FUND
ROBERT JOHN MOORE DONOR ADVISED FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	25,000				UNRESTRICTED

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RONALD MCDONALD HOUSE949 E PRIMROSE ST SPRINGFIELD,MO 65807	43-1371143	501(C)3	19,800				COMMUNITY RESPONSE CHALLENGE TO SUPPORT DENTAL CARE FOR LOW INCOME CHILDREN
RONALD MCDONALD HOUSE949 E PRIMROSE ST SPRINGFIELD,MO 65807	43-1371143	501(C)3	5,000				GRIN IRON CLASSIC
RONALD MCDONALD HOUSE949 E PRIMROSE ST SPRINGFIELD,MO 65807	43-1371143	501(C)3	6,439				UNRESTRICTED

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RONALD MCDONALD HOUSE949 E PRIMROSE ST SPRINGFIELD,MO 65807	43-1371143	501(C)3	12,525				TOOTH TRUCK
RONALD MCDONALD HOUSE TOOTH TRUCK METRO SGF CHALLENGE GRANT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	6,000				COMMUNITY RESPONSE CHALLENGE TO SUPPORT DENTAL CARE FOR LOW INCOME CHILDREN
ROTARY CLUB OF MARSHFIELD COMMUNITY FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	17,000				UNRESTRICTED

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RURAL SCHOOLS COLLABORATIVE FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	500				EDUCATIONAL PROGRAMMING
RURAL SCHOOLS COLLABORATIVE FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	5,000				GRANTS FOR MISSOURI RURAL SCHOOLS
RURAL SCHOOLS COLLABORATIVE FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	25,000				UNRESTRICTED

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SAFE AND SOBER INC3331 EAST RIDGEVIEW STREET SPRINGFIELD,MO 65804	46-3408060	501(C)3	6,500				2015 SAFE AND SOBER CAMPAIGN
SALEM AREA COMMUNITY BETTERMENT ASSOC INC PO BOX 732 SALEM,MO 65560	43-1677891	501(C)3	17,000				$5,000 GENERAL FUND $12,000 OZARK NATURAL & CULTURAL RESOURCE CENTER
SALEM PUBLIC LIBRARY 102 N JACKSON SALEM,MO 65560	04-3690774	501(C)3	10,000				UNRESTRICTED

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SALEM R-80 PUBLIC SCHOOLS1409 WEST ROLLA ROAD SALEM,MO 65560	43-6003372	501(C)3	9,100				SALEM CHOIR BOOSTERS
SALVATION ARMY - CARTHAGE125 E FAIRVIEW CARTHAGE,MO 64836	58-0660607	501(C)3	3,000				PROGRAM SUPPLIES FOR YOUTH ALIVE
SALVATION ARMY - CARTHAGE125 E FAIRVIEW CARTHAGE,MO 64836	58-0660607	501(C)3	250				CHRISTMAS CAMPAING

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SALVATION ARMY - CARTHAGE125 E FAIRVIEW CARTHAGE,MO 64836	58-0660607	501(C)3	2,000				UNRESTRICTED
SALVATION ARMY - COFFEYVILLE KANSASPO BOX 514 COFFEYVILLE,KS 67337	13-5562351	501(C)3	6,391				PURCHASE FOOD AND TOYS FOR NEEDY CHILDREN
SALVATION ARMY - DENT COUNTYPO BOX 229 SALEM,MO 65560	43-0653584	501(C)3	10,000				UNRESTRICTED

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SALVATION ARMY OF SPRINGFIELD MOPO BOX 9685 SPRINGFIELD,MO 65801	58-0660607	501(C)3	27,527				UNRESTRICTED
SALVATION ARMY OF SPRINGFIELD MOPO BOX 9685 SPRINGFIELD,MO 65801	58-0660607	501(C)3	2,000				RED KETTLE CAMPAIGN
SAVE THE TIMMONS TEMPLE FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	20,975				SAVE THE TIMMONS TEMPLE PROJECT

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SAVING SIGHT3506 SOUTH CULPEPPER CIRCLE SUITE D F SPRINGFIELD,MO 65804	43-1036995	501(C)3	5,000				EARLY CHILDHOOD KIDSIGHT VISION SCREENING
SENIOR CITIZENS OF OZARK COUNTYPO BOX 122 GAINESVILLE,MO 65655	43-1696019	501(C)3	15,000				BUILDING IMPROVEMENTS
SENIOR CITIZENS OF OZARK COUNTYPO BOX 122 GAINESVILLE,MO 65655	43-1696019	501(C)3	2,280				LIFE ALERT PROGRAM FOR SENIORS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SEYMOUR AREA ARTS COUNCILPO BOX 215 SEYMOUR,MO 65746	20-1925624	501(C)3	1,200				WALL AND DISPLAY ITEMS
SHAE RUARK MEMORIAL ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	14,805				UNRESTRICTED
SHARE IT FORWARD399 SILVER DOLLAR CITY PARKWAY BRANSON,MO 65616	20-1582086	501(C)3	65,000				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHELTERWOOD MINISTRIES LLC3205 NORTH TWYMAN ROAD INDEPENDENCE,MO 64058	46-3323663	501(C)3	6,000				UNRESTRICTED
SILVER DOLLAR CITY FOUNDATION7347 W HWY 76 BRANSON,MO 65616	43-1742873	501(C)3	14,000				CARE FOR KIDS MINISTRY
SOAR (SERVICE ORIENTED AVIATION READINESS) 4460 AIRPORT DRIVE BOLIVAR,MO 65613	45-3535446	501(C)3	14,000				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOUTH CENTRAL FCA206 NORTH MAPLE BLUE EYE,MO 65611	44-0610626	501(C)3	77,994				UNRESTRICTED
SOUTHEAST KANSAS INDEPENDENT LIVING INC 1801 MAIN PARSONS,KS 67357	48-1117893	501(C)3	5,000				UNRESTRICTED
SOUTHWEST BAPTIST UNIVERSITY1601 S SPRINGFIELD BOLIVAR,MO 65613	44-0567385	501(C)3	4,000				MABEE CHAPEL RENOVATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOUTHWEST BAPTIST UNIVERSITY1601 S SPRINGFIELD BOLIVAR,MO 65613	44-0567385	501(C)3	10,000				PREMED SCHOLARSHIPS FOR JUNIORS/SENIORS
SOUTHWEST BAPTIST UNIVERSITY1601 S SPRINGFIELD BOLIVAR,MO 65613	44-0567385	501(C)3	3,901				UNRESTRICTED
SOUTHWEST BAPTIST UNIVERSITY1600 UNIVERSITY AVE BOLIVAR,MO 65613	44-0567385	501(C)3	6,250				STRAUS SCHOLARSHIP GRANT - PROVISO FOR BLDG & GROUNDS MAINTENANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOUTHWEST BAPTIST UNIVERSITY1601 S SPRINGFIELD BOLIVAR,MO 65613	44-0567385	501(C)3	200				$100 MEN'S BASKETBALL $100 WOMEN'S BASKETBALL
SOUTHWEST CENTER FOR INDEPENDENT LIVING 2864 S NETTLETON AVE SPRINGFIELD,MO 65807	43-1383616	501(C)3	160				LEGISLATOR VISIT FOR SWCIL YOUTH
SOUTHWEST CENTER FOR INDEPENDENT LIVING 2864 S NETTLETON AVE SPRINGFIELD,MO 65807	43-1383616	501(C)3	10,000				SOCIAL SKILLS CLASSES/EVENTS FOR CLIENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOUTHWEST MISSOURI HUMANE SOCIETY ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	10,500				UNRESTRICTED
SPRINGFIELD BALLET411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1089752	501(C)3	500				BALLET PARTNER SPONSORSHIP
SPRINGFIELD CATHOLIC SCHOOLS2340 S EASTGATE AVE SPRINGFIELD,MO 65809	44-0619146	501(C)3	22,520				EMERALD EVENING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPRINGFIELD PUBLIC SCHOOLS NUTRITION SERVICES3002 WEST KILDEE LANE SPRINGFIELD,MO 65810	44-6005539	501(C)3	17,598				SNACK MILK PROGRAM FOR LOW INCOME STUDENTS
SPRINGFIELD PUBLIC SCHOOLS NUTRITION SERVICES3002 WEST KILDEE LANE SPRINGFIELD,MO 65810	44-6005539	501(C)3	15,871				HEALTH HUNGER HYGIENE
SPRINGFIELD R-12 PUBLIC SCHOOLS1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)3	2,117				STUDENT TRANSPORTATION COSTS FOR FIELD EXPERIENCE AT MSU

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPRINGFIELD R-12 PUBLIC SCHOOLS1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)3	1,531				HOLOCAUST MUSEUM EDUCATIONAL PROGRAM
SPRINGFIELD R-12 PUBLIC SCHOOLS1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)3	10,000				BUS PASSES FOR LOW INCOME STUDENTS
SPRINGFIELD R-12 PUBLIC SCHOOLS1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)3	8,933				SPRINGFIELD METRO INNOVATION GRANT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPRINGFIELD R-12 PUBLIC SCHOOLS1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)3	150				KICKAPOO HIGH SCHOOL CLUB PROJECT
SPRINGFIELD R-12 PUBLIC SCHOOLS1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)3	1,500				BUSSING TO SPRINGFIELD BALLET PERFORMANCE
SPRINGFIELD R-12 PUBLIC SCHOOLS1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)3	7,942				MATERIALS PURCHASED FOR TITLE I SCHOOL CHILDREN FOR "MY STUDIO TO GO"

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPRINGFIELD R-12 PUBLIC SCHOOLS1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)3	250				FOOD PANTRY FOR HILLCREST HIGH SCHOOL
SPRINGFIELD R-12 PUBLIC SCHOOLS1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)3	250				FOOD PANTRY FOR STUDY ALTERNATIVE SCHOOL
SPRINGFIELD R-12 PUBLIC SCHOOLS1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)3	2,520				CLASSROOM INNOVATION PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPRINGFIELD R-12 PUBLIC SCHOOLS1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)3	1,166				SUPPORT HIGHER EDUCATION PROGRAM
SPRINGFIELD R-12 PUBLIC SCHOOLS1359 E ST LOUIS SPRINGFIELD,MO 65802	44-6005539	501(C)3	25,000				GO CAPS
SPRINGFIELD PUBLIC SCHOOLS NUTRITION SERVICES3002 WEST KILDEE LANE SPRINGFIELD,MO 65810	44-6005539	501(C)3	553				JARRETT SCHOOL BACKPACK PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPRINGFIELD PUBLIC SCHOOLS NUTRITION SERVICES3002 WEST KILDEE LANE SPRINGFIELD,MO 65810	44-6005539	501(C)3	1,476				REED MIDDLE SCHOOL BACKPACK PROGRAM
SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)3	1,000				ARTS & CULTURE GRANT AWARD PROGRAM
SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)3	10,852				ART EDUCATIONAL PROGRAMMING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)3	340				ANNUAL RENTAL
SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)3	100				BOOTH FOR ARTSFEST
SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)3	808				$357 69 WEBSITE DEVELOPMENT $250 00 LOGO DEVELOPMENT $200 00 UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)3	1,150				UNRESTRICTED
SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)3	50				SUPPORT YEAR END MATCHING GRANT
SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)3	2,500				FILM PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)3	1,000				SUMMER INSTITUTE SPONSORSHIP
SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)3	2,400				POETY WEEK/CAMP ASSISTANT
SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)3	350				SUPPORT FLIGHTS OF FANCY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)3	10				HEALTH HUNGER HYGIENE
SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)3	3,000				FILM PROJECT
SPRINGFIELD REGIONAL ARTS COUNCIL411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-1225541	501(C)3	2,000				VISUAL ARTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPRINGFIELD REGIONAL ARTS COUNCIL FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	381				LOCAL ARTS FESTIVAL
SPRINGFIELD REGIONAL ARTS COUNCIL FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	5,817				UNRESTRICTED
SPRINGFIELD SISTER CITIES ASSOCIATION 1923 N WELLER SPRINGFIELD,MO 65803	43-1363524	501(C)3	200				DUKES TRIP TO ISESAKI

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPRINGFIELD SYMPHONY ASSOCIATION ENDOWMENT FUND411 N SHERMAN PKWY SPRINGFIELD,MO 65802	23-7290968	501(C)3	5,033				UNRESTRICTED
SPRINGFIELD SYMPHONY ORCHESTRA411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-0797224	501(C)3	11,263				GUEST KEYBOARD AND STRING ARTISTS
SPRINGFIELD SYMPHONY ORCHESTRA411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-0797224	501(C)3	1,500				SPRING GALA

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SPRINGFIELD SYMPHONY ORCHESTRA411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-0797224	501(C)3	822				CHAIR SPONSOR
SPRINGFIELD SYMPHONY ORCHESTRA411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-0797224	501(C)3	742				TO SUPPORT A CHAIR IN THE FRENCH HORN SECTION
SPRINGFIELD SYMPHONY ORCHESTRA411 N SHERMAN PKWY SPRINGFIELD,MO 65802	43-0797224	501(C)3	73,860				UNRESTRICTED

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SPRINGFIELD WORKSHOP FOUNDATION2835 W BENNETT SPRINGFIELD,MO 65802	26-4456587	501(C)3	6,869				UNRESTRICTED
SPRINGFIELD-GREENE COUNTY LIBRARYPO BOX 760 SPRINGFIELD,MO 65801	05-0534215	501(C)3	500				MEETING ROOMS AT THE LIBRARY CENTER
SPRINGFIELD-GREENE COUNTY LIBRARYPO BOX 760 SPRINGFIELD,MO 65801	05-0534215	501(C)3	1,000				WWI VIDEO PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPRINGFIELD-GREENE COUNTY LIBRARYPO BOX 760 SPRINGFIELD,MO 65801	05-0534215	501(C)3	1,487				UNRESTRICTED
SPRINGFIELD-GREENE COUNTY PARK BOARD1923 N WELLER SPRINGFIELD,MO 65803	44-6000268	501(C)3	150				COMMUNITY OLYMPIC DEVELOPMENT PROGRAM
SPRINGFIELD-GREENE COUNTY PARK BOARD1923 N WELLER SPRINGFIELD,MO 65803	44-6000268	501(C)3	1,953				EDUCATIONAL PROGRAMMING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPRINGFIELD-GREENE COUNTY PARK BOARD1923 N WELLER SPRINGFIELD,MO 65803	44-6000268	501(C)3	50,000				UNRESTRICTED
SRO CREAMERY ARTS CENTER411 N SHERMAN AVE SPRINGFIELD,MO 65802	43-1222808	501(C)3	2,000				BOARD DEVELOPMENT
SRO CREAMERY ARTS CENTER411 N SHERMAN AVE SPRINGFIELD,MO 65802	43-1222808	501(C)3	750				OPERAZZI MONTHLY OPEN MIC NIGHT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SRO CREAMERY ARTS CENTER411 N SHERMAN AVE SPRINGFIELD,MO 65802	43-1222808	501(C)3	2,000				CULTURAL INVESTMENT LOAN PROGRAM
SRO CREAMERY ARTS CENTER411 N SHERMAN AVE SPRINGFIELD,MO 65802	43-1222808	501(C)3	300				APPLY FOR SCHOLARSHIPS - YOUNG ARTISTS PROG
SRO CREAMERY ARTS CENTER411 N SHERMAN AVE SPRINGFIELD,MO 65802	43-1222808	501(C)3	2,255				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST ANN'S CATHOLIC CHURCHPO BOX 803 CARTHAGE,MO 64836	44-0653009	501(C)3	15,100				UNRESTRICTED
ST JOHN THE EVANGELIST SCHOOL111 NEW BALCH STREET BEVERLY,MA 01915	52-0591425	501(C)3	7,500				UNRESTRICTED
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 Domestic Organizations and Domestic Governments.

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ST JOHN'S COLLEGE OF NURSING & HEALTH SCIENCES OF SBU4431 S FREMONT SPRINGFIELD,MO 65804	32-0195818	501(C)3	5,000				HEALTH INCENTIVE AWARDS
ST JUDE CHILDREN'S RESEARCH HOSPITAL501 ST JUDES PLACE MEMPHIS,TN 38105	62-0646012	501(C)3	7,638				UNRESTRICTED
ST PATRICK'S CATHOLIC CHURCH638 WEST D AVENUE KINGMAN,KS 67068	48-0543796	501(C)3	8,910				CHURCH AND SCHOOL'S GENERAL ACTIVITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST PATRICK'S CHURCH17 SAINT PATRICKS LANE ROLLA,MO 65401	43-0653548	501(C)3	8,275				UNRESTRICTED
ST PAUL'S UNITED METHODIST CHURCH OF JOPLIN2423 WEST 26TH STREET JOPLIN,MO 64804	43-1149608	501(C)3	5,000				NICARAGUA PROJECT
STAINED GLASS THEATRE JOPLINPO BOX 3862 JOPLIN,MO 64803	20-1737180	501(C)3	13,286				REBUILD FACILITY FROM JOPLIN TORNADO

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STARS (STUDYING TEACHING AND RETURNING SERVICE) FOUNDATION FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	4,617				UNRESTRICTED
STE GENEVIEVE AREA CENTER FOR LIFEPO BOX 375 STE GENEVIEVE,MO 63670	61-1680486	501(C)3	5,339				SAFETY EQUIPMENT
STE GENEVIEVE CO SHELTERED WORKSHOP 10929 INDUSTRIAL DRIVE STE GENEVIEVE,MO 63670	51-0200666	501(C)3	9,862				NEW HOPPERS FOR RECYCLING

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STE GENEVIEVE COMMUNITY SERVICES FORUMPO BOX 248 STE GENEVIEVE,MO 63670	43-1656059	501(C)3	10,000				FOR STE GENEVIEVE KNIGHTS OF COLUMBUS COUNCIL 1037 PARKING LOT PAVEMENT
STE GENEVIEVE COMMUNITY SERVICES FORUMPO BOX 248 STE GENEVIEVE,MO 63670	43-1656059	501(C)3	4,000				FOR BLOOMSDALE KNIGHTS OF COLUMBUS AED SAFETY
STE GENEVIEVE COMMUNITY SERVICES FORUMPO BOX 248 STE GENEVIEVE,MO 63670	43-1656059	501(C)3	10,000				AMERICAN LEGION POST 554 FOUNDATION ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STE GENEVIEVE COMMUNITY SERVICES FORUMPO BOX 248 STE GENEVIEVE,MO 63670	43-1656059	501(C)3	3,480				COMMUNITY BETTERMENT
STE GENEVIEVE COMMUNITY SERVICES FORUMPO BOX 248 STE GENEVIEVE,MO 63670	43-1656059	501(C)3	20,264				RESTRUCTING OF NATIONAL VINYL
STE GENEVIEVE COMMUNITY SERVICES FORUMPO BOX 248 STE GENEVIEVE,MO 63670	43-1656059	501(C)3	4,000				YANKS FIELD YOUTH BASEBALL FIELD IMPROVEMENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STE GENEVIEVE COUNTY BOARD FOR THE DEVELOPMENTALLY DISABLED21530 HWY 32 SUITE B STE GENEVIEVE,MO 63670	26-3730352	501(C)3	6,500				CHALLENGER BASEBALL ADA TABLES
STE GENEVIEVE COUNTY CFPO BOX 247 STE GENEVIEVE,MO 63670	43-1792195	501(C)3	1,000				COMMUNITY SERVICES FORUM 2014 HOLIDAY CHRISTMAS FESTIVAL
STE GENEVIEVE COUNTY CFPO BOX 247 STE GENEVIEVE,MO 63670	43-1792195	501(C)3	161				MEAL AT HOLIDAY BOARD MEETING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 CFPO BOX 247 STE GENEVIEVE,MO 63670	43-1792195	501(C)3	4,000				SCHOOL IMMUNIZATION PROGRAM ASSISTANCE
STE GENEVIEVE COUNTY CFPO BOX 247 STE GENEVIEVE,MO 63670	43-1792195	501(C)3	360				COMMUNITY BETTERMENT
STE GENEVIEVE COUNTY COMMUNITY CENTER 21390 MISSOURI 32 STE GENEVIEVE,MO 63670	43-6003165	501(C)3	6,000				ADA & POOL FURNISHINGS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 COMMUNITY FOUNDATION SCHOLARSHIP FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	2,000				EARLY CHILDHOOD READING PROGRAM
STE GENEVIEVE COUNTY COMMUNITY FOUNDATION SCHOLARSHIP FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	14,000				SCHOLARSHIP
STE GENEVIEVE PARISH ST VINCENT DE PAUL SOCIETY49 DUBOURG PLACE STE GENEVIEVE,MO 63670	43-0653472	501(C)3	20,000				POVERTY ASSISTANCE

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STE GENEVIEVE SHERIFF'S DEPARTMENT5 BASLER DR STE GENEVIEVE,MO 63670	43-6003165	501(C)3	25,000				PATROL VEHICLE
STEAMBOAT SPRINGS WINTER SPORTS CLUB FOUNDATIONPO BOX 774487 STEAMBOAT SPRINGS,CO 80477	74-2254732	501(C)3	5,000				UNRESTRICTED
STEELVILLE ARTS COUNCILPO BOX 1458 STEELVILLE,MO 65565	27-2995330	501(C)3	10,000				SUPPORT FOR CLAY FESTIVAL

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SULLIVAN SCHOOL DISTRICT138 TAYLOR ST SULLIVAN,MO 63080	43-6003670	501(C)3	1,100				CLASS OF '49 SCHOLARSHIP GRANT
SULLIVAN SCHOOL DISTRICT138 TAYLOR ST SULLIVAN,MO 63080	43-6003670	501(C)3	800				CLASS OF '54 SCHOLARSHIP GRANT
TABERNACLE OF PRAISE MINISTRIES256 CHURCH ROAD BRANSON,MO 65616	65-1033141	501(C)3	10,000				BUILDING FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TEEN CHALLENGE INTERNATIONAL NEOSHO MOPO BOX 1084 NEOSHO,MO 64850	20-3459311	501(C)3	5,000				GENERATOR SETUP FOR DISASTER RESILIENCY PROGRAM
TEXAS COUNTY MEMORIAL HOSPITAL1333 S SAM HOUSTON BLVD HOUSTON,MO 65483	43-0887928	501(C)3	1,000				SCHOLARSHIP
TEXAS COUNTY MEMORIAL HOSPITAL (TCMH) HEALTHCARE FOUNDATION ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	7,930				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THAYER R-II PUBLIC SCHOOLS401 E WALNUT ST THAYER,MO 65791	43-6004425	501(C)3	845				ART EDUCATIONAL PROGRAMMING
THAYER R-II PUBLIC SCHOOLS401 E WALNUT ST THAYER,MO 65791	43-6004425	501(C)3	10,250				GOOD SAMARITAN SCHOLARSHIP
THE ASSOCIATION FOR THE BLIND1680 EAST LOMBARD SPRINGFIELD,MO 65802	80-0280486	501(C)3	10,712				FOR THE BLIND OR PERSONS WHO HAVE PROGRESSIVE EYE DISEASE OR FAILURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE ASSOCIATION FOR THE BLIND1680 EAST LOMBARD SPRINGFIELD,MO 65802	80-0280486	501(C)3	5,454				UNRESTRICTED
THE CARING PEOPLE164 CORPORATE PLACE BRANSON,MO 65616	43-1748286	501(C)3	5,000				SPRINGFIELD CHAPTER
THE CARING PEOPLE164 CORPORATE PLACE BRANSON,MO 65616	43-1748286	501(C)3	15,000				ANNUAL HONORING OUR MOTHER'S BANQUET

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE CARING PEOPLE164 CORPORATE PLACE BRANSON,MO 65616	43-1748286	501(C)3	75,000				FAITH PROMISE
THE CARING PEOPLE164 CORPORATE PLACE BRANSON,MO 65616	43-1748286	501(C)3	25,000				UNRESTRICTED
THE CHILD ADVOCACY CENTER1033 E WALNUT ST SPRINGFIELD,MO 65806	43-1729079	501(C)3	309,569				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE CHILD ADVOCACY CENTER1033 E WALNUT ST SPRINGFIELD,MO 65806	43-1729079	501(C)3	600				CLEVER CHILDREN TAKING A STAND
THE CHILD ADVOCACY CENTER1033 E WALNUT ST SPRINGFIELD,MO 65806	43-1729079	501(C)3	250				ANNUAL FUND
THE CHILD ADVOCACY CENTER1033 E WALNUT ST SPRINGFIELD,MO 65806	43-1729079	501(C)3	2,500				KITEFEST 2015

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THE CHILD ADVOCACY CENTER1033 E WALNUT ST SPRINGFIELD,MO 65806	43-1729079	501(C)3	250				BURGERS AND CHEERS
THE CHILD ADVOCACY CENTER1033 E WALNUT ST SPRINGFIELD,MO 65806	43-1729079	501(C)3	1,100				THINK SMALL GO BIG EVENT
THE CHILD ADVOCACY CENTER1033 E WALNUT ST SPRINGFIELD,MO 65806	43-1729079	501(C)3	4,500				FORENSIC INTERVIEWS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE CHURCH OF OSAGE HILLS5237 HIGHWAY 54 OSAGE,MO 65065	43-1493454	501(C)3	8,000				UNRESTRICTED
THE DREAM FACTORY INC PO BOX 719 OSAGE BEACH,MO 65065	61-1192721	501(C)3	45,000				UNRESTRICTED
THE DRURY FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	792				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE DRURY FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	173				HUMANITIES BOOK CLUB PROJECT
THE DRURY FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	69				CIVIC ORCHESTRA SUPPORT
THE DRURY FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	410				SOCCER PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE DRURY FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	102				RECREATIONAL EQUIPMENT
THE DRURY FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	4,615				UNIVERSITY COMMUNICATION PROJECT
THE FOUNDATION THE COUNCIL OF CHURCHES OF THE OZARKS3000 E CHESTNUT EXPWY STE A SPRINGFIELD,MO 65802	43-1819544	501(C)3	47,867				UNRESTRICTED

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THE KITCHEN1630 N JEFFERSON AVE SPRINGFIELD,MO 65803	43-1384531	501(C)3	109,450				UNRESTRICTED
THE KITCHEN1630 N JEFFERSON AVE SPRINGFIELD,MO 65803	43-1384531	501(C)3	1,000				KITCHEN CLINIC PROGRAM
THE KITCHEN1630 N JEFFERSON AVE SPRINGFIELD,MO 65803	43-1384531	501(C)3	8,826				O'REILLY CHALLENGE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE KITCHEN1630 N JEFFERSON AVE SPRINGFIELD,MO 65803	43-1384531	501(C)3	1,279				CAPLAN MID-LIFE INITIATIVE GRANT FOR HOMELESS CLIENT
THE KITCHEN1630 N JEFFERSON AVE SPRINGFIELD,MO 65803	43-1384531	501(C)3	190				RARE BREED GOAL ACHIEVEMENT PROJECT
THE KITCHEN1630 N JEFFERSON AVE SPRINGFIELD,MO 65803	43-1384531	501(C)3	1,300				MID-LIFE INITIATIVE PROGRAM

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THE KITCHEN1630 N JEFFERSON AVE SPRINGFIELD,MO 65803	43-1384531	501(C)3	500				THE RARE BREED
THE KITCHEN1630 N JEFFERSON AVE SPRINGFIELD,MO 65803	43-1384531	501(C)3	3,663				37 LAPTOPS PURCHASED FROM ERIC HAM FOR STUDENTS
THE KITCHEN1630 N JEFFERSON AVE SPRINGFIELD,MO 65803	43-1384531	501(C)3	10,000				KITCHEN HOUSING PROGRAMS

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THE KITCHEN CAPACITY BUILDING FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	112,372				UNRESTRICTED
THE KITCHEN METRO SGF CHALLENGE GRANT FUND 425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	6,000				MEDICAL CLINIC SUPPLIES, FROM COMMUNITY RESPONSE COMPETITIVE PROGRAM
THE KITCHEN METRO SGF CHALLENGE GRANT FUND 425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	700				UNRESTRICTED

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THE SUMMIT PREPARATORY SCHOOL ANNUAL FUND922 W REPUBLIC ROAD SPRINGFIELD,MO 65807	75-3166533	501(C)3	8,047				UNRESTRICTED
THE VICTIM CENTER METRO SGF CHALLENGE GRANT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	6,700				SUPPORT FOR VICTIM ASSISTANCE THROUGH RED FLAG CHALLENGE PROGRAM
TLC STUDENT FUND SCHOLARSHIP FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	5,351				UNRESTRICTED

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TORCHBEARER FOUNDATIONPO BOX 6674 BRANSON,MO 65615	47-0847030	501(C)3	13,200				UNRESTRICTED
TRAILSPRINGS INC1110 EAST REPUBLIC ROAD SUITE 108 SPRINGFIELD,MO 65804	46-2819749	501(C)3	35,586				TWO RIVERS BIKE PARK PROJECT
TRI LAKES BOARD OF REALTORS GOOD NEIGHBOR ENDOWMENT FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	16,649				UNRESTRICTED

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TRINITY LUTHERAN CHURCH - CLINTON95 E HWY 7 CLINTON,MO 64735	43-6044550	501(C)3	7,000				MONTHLY SUPPORT
TRINITY LUTHERAN CHURCH - CLINTON95 E HWY 7 CLINTON,MO 64735	43-6044550	501(C)3	4,100				UNRESTRICTED
UNITED METHODIST CHURCH OF SALEM MISSOURI801 EAST SCENIC RIVERS BLVD SALEM,MO 65560	43-0731516	501(C)3	32,000				$20,000 FACILITY MAINTENANCE, $10,000 LOVE PACK PROGRAM, $2,000 UNITED METHODIST WOMEN

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UNITED MINISTRIES IN HIGHER EDUCATION1515 S NATIONAL AVE SPRINGFIELD,MO 65804	51-0155226	501(C)3	16,231				UNRESTRICTED
UNITED STATES CATHOLIC CONFERENCE SCHOOL SISTERS OF NOTRE DAME13105 WATERTOWN PLANK ROAD ELM GROVE,WI 53122	36-4508721	501(C)3	5,000				UNRESTRICTED
UNITED WAY OF SOUTHWEST MISSOURI 3510 E 3RD ST JOPLIN,MO 64801	44-0556865	501(C)3	40,000				FOR CIRCLES JOPLIN PROGRAM FOR TORNADO VICTIMS

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UNITED WAY OF SOUTHWEST MISSOURI 3510 E 3RD ST JOPLIN,MO 64801	44-0556865	501(C)3	1,000				UNRESTRICTED
UNITED WAY OF THE OZARKS320 N JEFFERSON SPRINGFIELD,MO 65806	44-0552047	501(C)3	5,000				SUPPORTING FLIP'S WORK W/OFH FOR THE WEEKEND BACKPACK PROGRAM
UNITED WAY OF THE OZARKS320 N JEFFERSON SPRINGFIELD,MO 65806	44-0552047	501(C)3	1,000				CHAMBER OF COMMERCE CONFERENCE

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UNITED WAY OF THE OZARKS320 N JEFFERSON SPRINGFIELD,MO 65806	44-0552047	501(C)3	3,000				UNITED WAY CAMPAIGN
UNITED WAY OF THE OZARKS320 N JEFFERSON SPRINGFIELD,MO 65806	44-0552047	501(C)3	1,000				LEADERSHIP GIFT FOR CAMPAIGN
UNITED WAY OF THE OZARKS320 N JEFFERSON SPRINGFIELD,MO 65806	44-0552047	501(C)3	41,351				UNRESTRICTED

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UNITED WAY OF THE OZARKS320 N JEFFERSON SPRINGFIELD,MO 65806	44-0552047	501(C)3	1,000				EVERY CHILD PROMISE INITIATIVE
UNIVERSITY OF MISSOURI 11 JESSE HALL COLUMBIA,MO 65211	26-6440629	501(C)3	250				GOLDEN GIRLS GOLF TOURNAMENT
UNIVERSITY OF MISSOURI 11 JESSE HALL COLUMBIA,MO 65211	26-6440629	501(C)3	4,484				EDUCATIONAL PROGRAMMING

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UNIVERSITY OF MISSOURI 11 JESSE HALL COLUMBIA,MO 65211	26-6440629	501(C)3	630				TIGER SCHOLARSHIP FUND
UNIVERSITY OF MISSOURI 11 JESSE HALL COLUMBIA,MO 65211	26-6440629	501(C)3	100				LEGACY SOCIETY 11TH ANNUAL EVENT
UNIVERSITY OF MISSOURI PO BOX 807012 KANSAS CITY,MO 64180	43-6003859	501(C)3	12,500				COMMUNITY BETTERMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF MISSOURI-KANSAS CITY PHARMACY FOUNDATION 2464 CHARLOTTE STREET HSB 2309 KANSAS CITY,MO 64108	43-6043840	501(C)3	25,000				UNRESTRICTED
UNRESTRICTED - UNDESIGNATED425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	29,084				TO BENEFIT SPRINGFIELD PUBLIC SCHOOL CHILDREN
UPPER WHITE RIVER BASIN FOUNDATION CAPACITY BUILDING FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	6,549				UNRESTRICTED

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VALLE SCHOOLS20 NORTH FOURTH STREET STE GENEVIEVE,MO 63670	43-0653472	501(C)3	52,144				FOR EDUCATIONAL PURPOSES
VALLEY SPRINGS PUBLIC SCHOOLSPO BOX 640 VALLEY SPRINGS,AR 72682	71-6034267	501(C)3	1,000				RURAL SCHOOLS EVENT
VICTIM CENTER ENDOWMENT FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	8,527				UNRESTRICTED

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VICTIM CENTER INC819 N BOONVILLE AVE SPRINGFIELD,MO 65802	43-1149629	501(C)3	2,810				UNRESTRICTED
VICTIM CENTER INC819 N BOONVILLE AVE SPRINGFIELD,MO 65802	43-1149629	501(C)3	600				CLEVER CHILDREN TAKING A STAND
VICTIM CENTER INC819 N BOONVILLE AVE SPRINGFIELD,MO 65802	43-1149629	501(C)3	3,500				BREAKFAST FOR HOPE FUNDRAISER APRIL 2015

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VICTORY MISSIONPO BOX 2884 SPRINGFIELD,MO 65801	43-1345089	501(C)3	27,762				UNRESTRICTED
VICTORY MISSIONPO BOX 2884 SPRINGFIELD,MO 65801	43-1345089	501(C)3	5,000				HEALTH HUNGER HYGIENE
VITAE FOUNDATIONPO BOX 791 JEFFERSON CITY,MO 65102	43-1138252	501(C)3	5,000				UNRESTRICTED

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VITAE FOUNDATIONPO BOX 791 JEFFERSON CITY,MO 65102	43-1138252	501(C)3	1,000				PRO-LIFE MESSAGING
VIVA CUBA INCPO BOX H CUBA,MO 65453	43-1589547	501(C)3	20,816				UNRESTRICTED
WASHINGTON AVENUE BAPTIST CHURCH1722 N NATIONAL AVE SPRINGFIELD,MO 65803	75-3261641	501(C)3	15,025				CHURCH MAINTENANCE AND REPAIR

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASHINGTON UNIVERSITY OLIN BUSINESS SCHOOL ONE BROOKINGS DRIVE ST LOUIS,MO 63130	43-0653611	501(C)3	2,500				UNRESTRICTED
WASHINGTON UNIVERSITY OLIN BUSINESS SCHOOL ONE BROOKINGS DRIVE ST LOUIS,MO 63130	43-0653611	501(C)3	2,500				BUSINESS ANNUAL FUND
WAYNESVILLE R-VI SCHOOL DISTRICT200 FLEETWOOD DRIVE WAYNESVILLE,MO 65583	43-6007819	501(C)3	1,100				SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WCCA TV415 MAIN STREET WORCESTER,MA 01608	04-2984716	501(C)3	20,900				UNRESTRICTED
WCCA TV415 MAIN STREET WORCESTER,MA 01608	04-2984716	501(C)3	9,500				EDUCATIONAL PROGRAMMING
WCCA TV415 MAIN STREET WORCESTER,MA 01608	04-2984716	501(C)3	3,200				MUSIC EDUCATION FILM PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WCCA TV415 MAIN STREET WORCESTER,MA 01608	04-2984716	501(C)3	3,000				PUBLICITY PRESS LIST
WCCA TV415 MAIN STREET WORCESTER,MA 01608	04-2984716	501(C)3	14,000				EDUCATION FILM PUBLICITY
WESTVILLE HIGH SCHOOL SCHOLARSHIP FUNDPO BOX 410 WESTVILLE,OK 74965	73-1078340	501(C)3	6,000				SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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
WILFORD KALLMEYER EMERGENCY RESPONDERS ENDOWMENT FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	13,271				UNRESTRICTED
WILLARD CHILDREN'S CHARITABLE FOUNDATION SCHOLARSHIP FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	10,500				EDUCATIONAL AND SCHOLARSHIPS FOR CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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	9,000				CHILDREN HEALTH AND DENTAL NEEDS
WILLARD R-II SCHOOL DISTRICT460 E KIME ST WILLARD,MO 65781	44-6004826	501(C)3	2,000				HEALTH,HUNGER, HYGIENE
WILLARD R-II SCHOOL DISTRICT460 E KIME ST WILLARD,MO 65781	44-6004826	501(C)3	2,750				2 AUTOMATIC DEFIBRILLATORS, ONE FOR HIGH SCHOOL AND ONE FOR MIDDLE SCHOOL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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	355				ART EDUCATIONAL PROGRAMMING
WILSON'S CREEK NATIONAL BATTLEFIELD FOUNDATION ENDOWMENT FUND425 EAST TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	6,198				UNRESTRICTED
WINGS OF HOPE18370 WINGS OF HOPE BLVD ST LOUIS,MO 63005	43-0909606	501(C)3	7,500				UNRESTRICTED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOLF CREEK FIRE DEPARTMENT1151 OLD JACKSON RD FARMINGTON,MO 63640	43-1372859	501(C)3	8,508				BREATHING APPARATUS
WOMEN IN NEED2838 SOUTH FARM ROAD 203 SPRINGFIELD,MO 65809	16-1662132	501(C)3	500				HELP FOR WORKING WOMEN IN CHRISTIAN COUNTY WITH RENT, UTILITIES, LEGAL BILLS, VEHICLE REPAIRS
WOMEN IN NEED2838 SOUTH FARM ROAD 203 SPRINGFIELD,MO 65809	16-1662132	501(C)3	25				2014 CLASS OF MOST INFLUENTIAL WOMEN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOMEN IN NEED FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	9,751				UNRESTRICTED
WORCHESTER POLYTECHNIC CHAPTER20 TROWBRIDGE ROAD WORCHESTER,MA 01609	45-4978578	501(C)3	5,000				MUSIC PROJECT/VJ MANZO
WORCHESTER POLYTECHNIC CHAPTER20 TROWBRIDGE ROAD WORCHESTER,MA 01609	45-4978578	501(C)3	2,000				MUSIC APPLICATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 32862	95-1831097	501(C)3	15,960				COTZAL MINISTRY ACCOUNT MCTZ53
YOUNG LIFE - MISSOURI SMALL TOWNSPO BOX 1366 OZARK,MO 65721	84-0385934	501(C)3	40,000				UNRESTRICTED
YOUNG LIFE - ROGERSVILLEPO BOX 1366 OZARK,MO 65721	84-0385934	501(C)3	100,000				SHOW ME EVERY KID PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 OZARK,MO 65721	84-0385934	501(C)3	5,000				WYLDLIFE PROGRAM
YOUTH EMPOWERMENT TEMPORARY FUND425 E TRAFFICWAY SPRINGFIELD,MO 65806	23-7290968	501(C)3	7,756				UNRESTRICTED
ZELL VOLUNTEER FIRE DEPARTMENT10993 STATE RT A STE GENEVIEVE,MO 63670	43-1306990	501(C)3	7,672				FIRE FIGHTER SAFETY

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
ARTS, CULTURE	2	17,570			
COMMUNITY BETTERMENT	2036	1,032,086			
DIVERSITY	1	144			
EDUCATIONAL	931	1,476,330			
ENVIRONMENT	9	20,084			
HEALTH, GENERAL	55	54,504			
HUMAN SERVICE	1069	496,354			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS INC

Employer identification number
23-7290968

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRIAN FOGLE, PRESIDENT	(i)	125,694	0	6,926	6,926	18,217	157,763	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE OZARKS INC

Employer identification number
23-7290968

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	48	3,537,276	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous	X	9	297,109	FMV
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other	X	7	745,161	APPRAISAL
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (SUPPORTING ORGANIZATION)	X	1	5,770	FMV
26 Other ► (CLOSELY HELD STOCK)	X	1	5,005	FMV
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** 5

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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**	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	**32a**		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

Return Reference	Explanation

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY FOUNDATION OF THE OZARKS INC	23-7290968

990 Schedule O, Supplemental Information

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
FORM 990, PART XI, LINE 9	ANNUITY ACTUARIAL ADJUSTMENT 23,981 RECLASSIFICATION TO AGENCY FUNDS 188,131
PART XI LINE 2X	NO CHANGE IN THE PROCESS FROM PRIOR YEARS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? 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)	11A			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?		(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	

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

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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, or **(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	Yes	
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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OZARKS CHARITABLE REAL ESTATE FOUNDATION	C	1,714,062	FMV
(2) LEZAH STENGER FOUNDATION	C	128,503	FMV

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

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation