

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/foi990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OZARKS FOOD HARVEST INC Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 5746 City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, MO 658015746 F Name and address of principal officer BART BROWN PO BOX 5746 SPRINGFIELD, MO 658015746	D Employer identification number 43-1426384 E Telephone number (417) 865-3411 G Gross receipts \$ 29,516,769
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ WWW.OZARKSFOODHARVEST.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1986 M State of legal domicile MO

Part I Summary

1	Briefly describe the organization's mission or most significant activities OZARKS FOOD HARVEST WAREHOUSES AND DISTRIBUTES FOOD PRODUCTS TO 200 ACTIVE MEMBER AGENCIES IN 28 COUNTIES		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	54
6	Total number of volunteers (estimate if necessary)	6	3,900
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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	27,545,891	28,549,681
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	874,501	926,191
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,367	35,599
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,480	5,298
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,464,239	29,516,769
	14 Benefits paid to or for members (Part IX, column (A), line 4)	22,572,554	22,139,966
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,054,704	2,256,884
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 608,140		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,404,906	3,557,267
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	28,032,164	27,954,117	
19 Revenue less expenses Subtract line 18 from line 12	432,075	1,562,652	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	11,991,399	13,609,504
	22 Net assets or fund balances Subtract line 21 from line 20	168,043	223,496
		11,823,356	13,386,008

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	***** Signature of officer BART BROWN PRESIDENT/CEO Type or print name and title	2017-05-12 Date
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Paid Preparer Use Only	Print/Type preparer's name TRAVIS WALKER CPA	Preparer's signature TRAVIS WALKER CPA	Date 2017-05-12	Check <input type="checkbox"/> if self-employed	PTIN P00689265
	Firm's name ▶ KPM CPAS PC			Firm's EIN ▶ 43-1109768	
	Firm's address ▶ 1445 E REPUBLIC RD SPRINGFIELD, MO 65804			Phone no (417) 882-4300	

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

THE MISSION OF OZARKS FOOD HARVEST IS TRANSFORMING HUNGER INTO HOPE

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 \$ 26,703,961 including grants of \$) (Revenue \$ 926,191)

SOLICITATION, WAREHOUSING AND DISTRIBUTION OF FOOD PRODUCTS TO A NETWORK OF 269 ACTIVE MEMBER AGENCIES SERVING LOW INCOME POPULATIONS ACROSS 28 COUNTIES IN SOUTHWEST MISSOURI 3,900 VOLUNTEERS GAVE A TOTAL OF 30,600 HOURS OF SERVICE SORTING FOOD FOR DISTRIBUTION TO THE 28 COUNTIES THE FOOD BANK REACHES NEARLY 30,000 INDIVIDUALS WEEKLY AND DISTRIBUTES MORE THAN 16 MILLION POUNDS OF FOOD ANNUALLY

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 ▶ 26,703,961

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		No
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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38 regarding organizational reporting, tax-exempt bond issues, and controlled entities.

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sub-questions for various IRS forms and reporting requirements.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 14; 1b Enter the number of voting members... 14; 2 Did any officer, director, trustee... No; 3 Did the organization delegate control... No; 4 Did the organization make any significant changes... No; 5 Did the organization become aware... No; 6 Did the organization have members... No; 7a Did the organization have members... No; 7b Are any governance decisions... No; 8 Did the organization contemporaneously document... 8a Yes, 8b Yes; 9 Is there any officer, director, trustee... No.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... No; 10b If "Yes," did the organization have written policies...; 11a Has the organization provided a complete copy... Yes; 11b Describe in Schedule O the process...; 12a Did the organization have a written conflict of interest policy... Yes; 12b Were officers, directors, or trustees... Yes; 12c Did the organization regularly and consistently monitor... Yes; 13 Did the organization have a written whistleblower policy... Yes; 14 Did the organization have a written document retention... Yes; 15 Did the process for determining compensation... 15a Yes, 15b No; 16a Did the organization invest in, contribute assets to... No; 16b If "Yes," did the organization follow a written policy....

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. [X] Own website [] Another's website [X] 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. BART BROWN PO BOX 5746 SPRINGFIELD, MO 65801 (417) 865-3411

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) TAMARA DE WILD PRESIDENT	1 00	X		X					0	0	0
(2) DR MEERA SCARROW PRESIDENT EL	1 00	X		X					0	0	0
(3) TOMMY WOHLEGMUTH TREASURER	1 00	X		X					0	0	0
(4) TIM BELLANTI SECRETARY	1 00	X		X					0	0	0
(5) MIKE PINKSTON DIRECTOR	1 00	X							0	0	0
(6) TODD SHERMAN DIRECTOR	1 00	X							0	0	0
(7) JIM GUTHRIE DIRECTOR	1 00	X							0	0	0
(8) GARY NAAB DIRECTOR	1 00	X							0	0	0
(9) KENNY ROSS DIRECTOR	1 00	X							0	0	0
(10) JAMES WILSON DIRECTOR	1 00	X							0	0	0
(11) JILL REYNOLDS DIRECTOR	1 00	X							0	0	0
(12) KRYSTAL RUSSELL DIRECTOR	1 00	X							0	0	0
(13) DR JOHN BUCKY BUCKNER III DIRECTOR	1 00	X							0	0	0
(14) BRAD J CRAIN DIRECTOR	1 00	X							0	0	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 _____ 5,152,127					
	f All other contributions, gifts, grants, and similar amounts not included above 1f _____ 23,397,554					
	g Noncash contributions included in lines 1a-1f \$ _____ 23,028,344					
	h Total. Add lines 1a-1f ▶		28,549,681			
Program Service Revenue	2a PURCHASED PRODUCT FEES _____ Business Code 624210	532,498	532,498			
	b SHARED MAINTENANCE _____ Business Code 624210	272,243	272,243			
	c DELIVERY FEES _____ Business Code 624210	121,450	121,450			
	d _____					
	e _____					
	f All other program service revenue _____					
	g Total. Add lines 2a-2f ▶		926,191			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	35,599			35,599	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss) ▶					
	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 MISCELLANEOUS _____ Business Code 624210	3,228	3,228				
b AGENCY CONFERENCE _____ Business Code 624210	2,070	2,070				
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		5,298				
12 Total revenue. See Instructions ▶		29,516,769	931,489		35,599	

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	22,139,966	22,139,966		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
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	132,600	91,494	26,520	14,586
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	1,767,096	1,219,296	353,419	194,381
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	216,648	149,487	43,330	23,831
10	Payroll taxes	140,540	96,973	28,108	15,459
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	39,402	25,612	7,932	5,858
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	48,444	31,488	9,689	7,267
12	Advertising and promotion	397,996	198,998		198,998
13	Office expenses	127,373	53,861	31,318	42,194
14	Information technology				
15	Royalties				
16	Occupancy	83,138	74,824	4,157	4,157
17	Travel	9,050	4,525		4,525
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	25,379		25,379	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	469,209	422,289	23,460	23,460
23	Insurance	45,472	29,557	9,094	6,821
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	FOOD WASTE	1,365,615	1,365,615		
b	SUBRECIPIENTS	213,302	213,302		
c	TRANSPORTATION	211,244	211,244		
d	CONTRACTED SERVICES	191,019	124,162	38,204	28,653
e	All other expenses	330,624	251,268	41,406	37,950
25	Total functional expenses. Add lines 1 through 24e	27,954,117	26,703,961	642,016	608,140
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	3,953,750	1	4,325,226
	2 Savings and temporary cash investments	1,358,917	2	2,075,143
	3 Pledges and grants receivable, net		3	607,875
	4 Accounts receivable, net	106,775	4	117,081
	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		7	
	8 Inventories for sale or use	1,113,036	8	969,715
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 7,905,307		
	b Less: accumulated depreciation	10b 2,390,843	5,458,921	10c 5,514,464
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,991,399	16	13,609,504	
Liabilities	17 Accounts payable and accrued expenses	53,265	17	77,959
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	114,778	25	145,537
	26 Total liabilities. Add lines 17 through 25	168,043	26	223,496
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,637,163	27	12,042,438
	28 Temporarily restricted net assets	186,193	28	1,343,570
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	11,823,356	33	13,386,008	
34 Total liabilities and net assets/fund balances	11,991,399	34	13,609,504	

Part XI Reconciliation 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	29,516,769
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,954,117
3	Revenue less expenses Subtract line 2 from line 1	3	1,562,652
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,823,356
5	Net unrealized gains (losses) on investments	5	
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,386,008

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	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	Yes	

SCHEDULE A (Form 990 or 990EZ)

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.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization OZARKS FOOD HARVEST INC

Employer identification number

43-1426384

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	19,258,106	21,864,557	27,006,505	27,545,891	28,549,681	124,224,740
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	19,258,106	21,864,557	27,006,505	27,545,891	28,549,681	124,224,740
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)						11,168,716
6 Public support. Subtract line 5 from line 4						113,056,024

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	19,258,106	21,864,557	27,006,505	27,545,891	28,549,681	124,224,740
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,428	32,636	36,028	40,367	35,599	168,058
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.)	2,857	12,530	11,299	3,480		30,166
11 Total support. Add lines 7 through 10						124,422,964

12 Gross receipts from related activities, etc. (see instructions) **12** 6,022,225

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 2015 (line 6, column (f) divided by line 11, column (f))	14	90.860%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	93.660%

16a 33 1/3% support test—2015. 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—2014. 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—2015. 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—2014. 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 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.*
- 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).*
- 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.*

	Yes	No
1		
2		
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).
- 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.*
- 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.*
- 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.*
- 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.*

	Yes	No
2a		
2b		
3a		
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

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

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

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

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

		Current Year
1		
2		
3		
4		
5		
6		

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

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
PART II, LINE 10	30,166

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
OZARKS FOOD HARVEST INC
Employer identification number
43-1426384

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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, handling of violations, and enforcing conservation easements during the year
► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____

8 Does each conservation easement reported on line 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" on 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 on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|-----------|
| 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	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 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		723,425		723,425
b Buildings		4,670,061	825,673	3,844,388
c Leasehold improvements		20,190	3,328	16,862
d Equipment		1,103,961	654,261	449,700
e Other		1,387,670	907,581	480,089
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				5,514,464

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

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

1	Total revenue, gains, and other support per audited financial statements		1	29,516,769
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	29,516,769
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		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	29,516,769

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

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

1	Total expenses and losses per audited financial statements		1	27,954,117
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	27,954,117
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		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	27,954,117

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
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS CURRENTLY, THE TAX YEARS OPEN AND SUBJECT TO THE INTERNAL REVENUE SERVICE ARE 2013 THROUGH 2016 TAX YEARS HOWEVER, THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY ANY JURISDICTION BASED ON THE EVALUATION OF THE ORGANIZATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL TAX POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAVE BEEN RECORDED FOR THE FISCAL YEARS ENDED JUNE 30, 2016 AND 2015 INTEREST AND PENALTIES, IF ANY, RELATED TO ANNUAL FORM 990 OR UNRELATED BUSINESS INCOME TAX FILINGS ARE REPORTED WITHIN GENERAL AND ADMINISTRATIVE EXPENSES IN THE STATEMENT OF ACTIVITIES

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on 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.

Department of the Treasury Internal Revenue Service

Name of the organization OZARKS FOOD HARVEST INC

Employer identification number

43-1426384

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

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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 137
3 Enter total number of other organizations listed in the line 1 table. 137

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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
SCHEDULE I, PAGE 1, PART I, LINE 2	OZARKS FOOD HARVEST MONITORS THE USE OF INFRASTRUCTURE GRANTS BY PURCHASING EQUIPMENT SUCH AS FREEZERS/COOLERS/REFRIGERATORS FOR MEMBER AGENCIES TO INCREASE CAPACITY GRANTS POSTED TO AGENCY ACCOUNTS FOR FOOD PURCHASES ARE MONITORED AND RECORDED IN PRIMARIUS (DATABASE SOFTWARE FOR FOODBANKS) THE OFFICE MANAGER ALERTS MEMBER SERVICES OF GRANTS NOT USED IN THE ALLOCATED TIMEFRAME

Additional Data

Software ID:
Software Version:
EIN: 43-1426384
Name: OZARKS FOOD HARVEST 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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS CAFE - ANN SHORT TURNER COM CE KIDS CAFE - ANN SHORT TURNER COMM C 205 N MISSOURI MANSFIELD, MO 65704	43-1805198	501C3		10,380	COST	FOOD INVENTORY	FOOD ASSISTANCE
KIDS CAFE - COMINGO B&G JOPLIN KIDS CAFE - COMINGO B&G JOPLIN 317 COMINGO JOPLIN, MO 64801	44-0513659	501C3	3,000	20,748	COST	FOOD INVENTORY	FOOD ASSISTANCE
KIDS CAFE - NATIONAL HEIGHTS 3050 N NATIONAL SPRINGFIELD, MO 65803	44-0552060	501C3		5,159	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS CAFE - SPFD COMM CENTER 911 E DIVISION ST SPRINGFIELD,MO 65802	43-0961648	501C		19,184	COST	FOOD INVENTORY	FOOD ASSISTANCE
KIDS CAFE - MOUNTAINT GROVE YMCA 1 YMCA DR MOUNTAIN GROVE,MO 65711	43-1617662	501C		5,281	COST	FOOD INVENTORY	FOOD ASSISTANCE
KIDS CAFE - AOK LAMAR 801 E 12TH ST LAMAR,MO 64759	20-1492167	501C3	750	9,196	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS CAFE - ASH GROVE 411 N CRESTVIEW AVE ASH GROVE, MO 65604	43-1271451	501C3		15,787	COST	FOOD INVENTORY	FOOD ASSISTANCE
AGAPE HOUSE - MOUNTAIN VIEW 800 E THIRD MOUNTAIN VIEW, MO 65548	43-1583377	501C3		8,231	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - WILLOW SPRINGS 501 SENIOR CENTER LANE WILLOW SPRINGS, MO 65793	43-1881619	501C3		5,627	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KORTH SENIOR CENTER 309 W ENGLEWOOD STOCKTON, MO 65785	43-1015585	501C3	1,000	4,524	COST	FOOD INVENTORY	FOOD ASSISTANCE
GOOD SAMARITAN BOYS RANCH 5549 N HWY 13 BRIGHTON, MO 65617	44-6006077	501C3		13,557	COST	FOOD INVENTORY	FOOD ASSISTANCE
CMAAA - LEBANON SENIOR CENTER 460 W 5TH ST LEBANON, MO 65536	43-1218769	501C3		6,408	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAFAYETTE HOUSE 1809 CONNOR JOPLIN, MO 64804	43-1170015	501C3		31,476	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - MONETT 405 DAIRY MONETT, MO 65708	43-1018538	501C3		5,652	COST	FOOD INVENTORY	FOOD ASSISTANCE
PIERCE CITY SENIOR CITIZENS 104 N LOCUST PIERCE CITY, MO 657238378	20-1357283	501C3		5,679	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR AGE - SOUTHSIDE 2215 S FREMONT SPRINGFIELD, MO 65804	43-1018538	501C3		20,871	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - STRAFFORD 201 W BUMGARNER STRAFFORD, MO 65757	43-1018538	501C3	500	7,762	COST	FOOD INVENTORY	FOOD ASSISTANCE
COPE 201 LAWSON RD LEBANON, MO 65536	43-1593771	501C3		7,324	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL DORADO SPRINGS SENIOR CENTER 604 S FORREST EL DORADO SPRINGS, MO 64744	43-1015585	501C3		8,051	COST	FOOD INVENTORY	FOOD ASSISTANCE
VERNON COUNTY SENIOR CENTER 301 N MAIN NEVADA, MO 64472	43-1015585	501C3		10,091	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - SUMMERSVILLE 127 ROGERS AVE SUMMERSVILLE, MO 65571	43-1233413	501C3		10,680	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSE OF HOPE 811 N OAKLAND BOLIVAR, MO 65613	20-2426214	501C3	2,000	38,796	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - MOUNTAIN VIEW 903 E 5TH ST MOUNTAIN VIEW, MO 65548	43-1167221	501C3		6,625	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - WEST PLAINS 416 E MAIN ST WEST PLAINS, MO 65775	43-1018538	501C3		22,779	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR AGE - BRANSON 201 COMPTON DR BRANSON, MO 65616	43-1018538	501C3		11,668	COST	FOOD INVENTORY	FOOD ASSISTANCE
JESUS WAS HOMELESS 2005 W HWY 76 BRANSON, MO 65616	26-4727548	501C3		6,464	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - AURORA 700 S HUDSON AURORA, MO 65605	43-1018538	501C3		13,599	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LARRY SIMMERING RECOVERY CENTER 360 RHINEHARD BRANSON, MO 65616	43-1081715	501C3		7,415	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - BUFFALO 103 S MAPLE BUFFALO, MO 65622	43-1372123	501C3		13,798	COST	FOOD INVENTORY	FOOD ASSISTANCE
NEVADA COMMUNITY KITCHEN 229 N CEDAR ST NEVADA, MO 64772	43-1164434	501C3		9,263	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR AGE - GAINSVILLE 516 COUNTY ROAD 800 GAINESVILLE, MO 65655	43-1018538	501C3	1,000	5,951	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - MT VERNON 425 N MAIN MOUNT VERNON, MO 65712	43-1018538	501C3		12,032	COST	FOOD INVENTORY	FOOD ASSISTANCE
HICKORY COUNTY SENIOR CENTER RT 1 BOX 3282 WHEATLAND, MO 65779	43-1015585	501C3		21,095	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR AGE - THAYER 100 CHESTNUT THAYER, MO 65791	43-1190762	501C3		25,516	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - REPUBLIC 210 E HINES REPUBLIC, MO 65738	43-1018538	501C3		12,057	COST	FOOD INVENTORY	FOOD ASSISTANCE
HARMONY HOUSE 3404 E RIDGEVIEW SPRINGFIELD, MO 65809	43-1082063	501C3		20,740	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREFERRED FAMILY HEALTHCARE 2411 W CATALPA SPRINGFIELD, MO 65807	43-1608916	501C3		35,902	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - MARSHFIELD 515 E WASHINGTON MARSHFIELD, MO 65706	43-1018538	501C3	2,600	131,895	COST	FOOD INVENTORY	FOOD ASSISTANCE
BURRELL HEALTH AND WELLNESS 800 S PARK AVENUE SPRINGFIELD, MO 65804	43-1081715	501C3		16,319	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR AGE - KIMBERLING CITY 63 KIMBERLING BLVD KIMBERLING CITY, MO 65686	43-1018538	501C3		45,836	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - ASH GROVE 310 PERRYMAN ASH GROVE, MO 65604	43-1018538	501C3		26,489	COST	FOOD INVENTORY	FOOD ASSISTANCE
CARTHAGE CRISIS CENTER 100 S MAIN ST CARTHAGE, MO 64836	43-1769385	501C3		167,372	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - SPFD HARBOR HOUSE 636 N BOONVILLE SPRINGFIELD, MO 65806	43-0653584	501C3		72,389	COST	FOOD INVENTORY	FOOD ASSISTANCE
THE HOUSE 24706 ST HWY 171 WEBB CITY, MO 64841	43-1754894	501C3		261,762	COST	FOOD INVENTORY	FOOD ASSISTANCE
SALVATION ARMY - SPFD SHELTER 1707 W CHESTNUT EXPY SPRINGFIELD, MO 65802	43-0653584	501C3		6,014	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN OUTREACH CENTER - SHELTER 715 MISSOURI AVE WEST PLAINS, MO 65775	43-1502024	501C3		11,031	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - ROGERSVILLE 197 MARSHALL ST ROGERSVILLE, MO 65742	43-1677637	501C3		20,209	COST	FOOD INVENTORY	FOOD ASSISTANCE
SALVATION ARMY - JOPLIN SOUP KITCHEN 320 E 8TH ST JOPLIN, MO 64801	43-0653584	501C3		325,337	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLICK - SPFD PARK BOARD 300 E HARRISON SPRINGFIELD, MO 65806	43-1830026	501C3		7,671	COST	FOOD INVENTORY	FOOD ASSISTANCE
FOOTSTEPS 424 E NORTON RD SPRINGFIELD, MO 65807	44-6006077	501C3		16,046	COST	FOOD INVENTORY	FOOD ASSISTANCE
ST PETER'S OUTREACH HOUSE - SOUP K 807 MOFFETT AVE JOPLIN, MO 64801	44-0571348	501C3		15,032	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CMAAA - RICHLAND SENIOR CENTER 202 E WASHINGTON RICHLAND, MO 65556	43-1684770	501C3		5,317	COST	FOOD INVENTORY	FOOD ASSISTANCE
CMAAA - WAYNESVILLE SENIOR CENTER 1401 OUSLEY ROAD WAYNESVILLE, MO 65583	43-1488322	501C3		7,702	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - SHELL KNOB 20801 HWY YY-15 SHELL KNOB, MO 65747	43-1018538	501C3		5,694	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR AGE - NORTHVIEW 301 E TALMAGE SPRINGFIELD, MO 65803		501C3		18,955	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - ALTON 204 S MAIN ALTON, MO 65606	43-1018538	501C3		39,473	COST	FOOD INVENTORY	FOOD ASSISTANCE
SALVATION ARMY - BOLIVAR SHEP PLAC 407 W BROADWAY ST BOLIVAR, MO 65613	43-0653584	501C3		13,090	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONETT COMMUNITY KITCHEN 1600 N CENTRAL MONETT, MO 65708	45-3936275	501C3	8,900	22,061	COST	FOOD INVENTORY	FOOD ASSISTANCE
BGC - HENDERSON UNIT 820 W CALHOUN SPRINGFIELD, MO 65802	44-0513659	501C3		15,595	COST	FOOD INVENTORY	FOOD ASSISTANCE
BGC - MUSGRAVE UNIT 720 S PARK SPRINGFIELD, MO 65802	44-0513659	501C3		16,257	COST	FOOD INVENTORY	FOOD ASSISTANCE

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BGC - STALNAKER UNIT 1410 N FREMONT SPRINGFIELD, MO 65803	44-0513659	501C3		9,145	COST	FOOD INVENTORY	FOOD ASSISTANCE
L-LIFE 1448 W ELM ST LEBANON, MO 65536	43-1340282	501C3	11,000	570,258	COST	FOOD INVENTORY	FOOD ASSISTANCE
COMMUNITY BAPTIST - LEBANON 15905 HWY 64 LEBANON, MO 65536	43-1340282	501C3	1,500	6,280	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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CROSSLINES - CARTHAGE 600 E 6TH ST CARTHAGE, MO 64836	43-1334801	501C3		165,706	COST	FOOD INVENTORY	FOOD ASSISTANCE
OACAC - DADE COUNTY 2 N MAIN GREENFIELD, MO 65661	43-0836672	501C3	5,400	263,552	COST	FOOD INVENTORY	FOOD ASSISTANCE
MOUNTAIN GROVE LOVE CENTER 117 E 2ND ST MOUNTAIN GROVE, MO 65711	77-0622202	501C3	4,500	480,989	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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CHRISTIAN ACTION MINISTRIES 610 S 6TH ST BRANSON,MO 65616	43-1355905	501C3		722,628	COST	FOOD INVENTORY	FOOD ASSISTANCE
CASSVILLE UNITED METHODIST 601 GRAVEL ST CASSVILLE,MO 65625	43-1307914	501C3	3,000	420,162	COST	FOOD INVENTORY	FOOD ASSISTANCE
NEVADA COMMUNITY OUTREACH 229 N CEDAR ST NEVADA,MO 64772	43-1435333	501C3	2,600	213,535	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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CROSSLINES - LEBANON 141 LAWSON RD LEBANON, MO 65536	43-1238022	501C3	3,500	354,982	COST	FOOD INVENTORY	FOOD ASSISTANCE
CHURCH OF CHRIST FOOD PANTRY 302 E HOSPITAL ROAD EL DORADO SPRINGS, MO 64744	43-1521842	501C3	400	116,814	COST	FOOD INVENTORY	FOOD ASSISTANCE
CROSSLINES - JOPLIN 320 S SCHOOL AVE JOPLIN, MO 64801	43-1272794	501C3	3,000	596,366	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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CROSSLINES - SPFD 615 N GLENSTONE AVE SPRINGFIELD, MO 65802	43-0903657	501C3	5,000	1,047,988	COST	FOOD INVENTORY	FOOD ASSISTANCE
CHRISTIAN ASSOCIATES OF TRL 13192 ST HWY 13 KIMBERLING CITY, MO 65686	43-1021298	501C3	2,500	155,295	COST	FOOD INVENTORY	FOOD ASSISTANCE
HEART TO HEART OUTREACH MINISTRIES 206 S PINE AVE BUFFALO, MO 65622	20-4747481	501C3	1,400	49,307	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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FEED 806 ST HWY Y MOUNTAIN VIEW, MO 65548	43-1308160	501C3	5,000	70,409	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENECA FOOD PANTRY 821 CHEROKEE AVE SENECA, MO 64865	43-1308160	501C3		132,981	COST	FOOD INVENTORY	FOOD ASSISTANCE
ROCK SPRINGS FOOD PANTRY 26243 FR 1050 SELIGMAN, MO 65745	43-1596959	501C3		23,383	COST	FOOD INVENTORY	FOOD ASSISTANCE

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NIANGUA COMMUNITY FOOD PANTRY 301 RUMSEY NIANGUA, MO 65713	46-0540277	501C3		6,989	COST	FOOD INVENTORY	FOOD ASSISTANCE
CALVARY CHAPEL FBW CHURCH 26 OAK RIDGE RD BUFFALO, MO 65622	62-6050669	501C3	5,550	92,635	COST	FOOD INVENTORY	FOOD ASSISTANCE
C-STREET CONNECT CRIMSON HOUSE 1616 N ROBERSON SPRINGFIELD, MO 65803	81-4154003	501C3	3,000	513,943	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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MILLER CHRISTIAN SERVICE 111 W MAIN ST MILLER, MO 65707	43-1499216	501C3		20,948	COST	FOOD INVENTORY	FOOD ASSISTANCE
CROSSLINES - MCDONALD COUNTY 925 N HWY 71 ANDERSON, MO 64831	43-1837664	501C3	9,700	456,337	COST	FOOD INVENTORY	FOOD ASSISTANCE
NORTH STONE COUNTY FOOD PANTRY 215 N MAIN CRANE, MO 65633	43-1542596	501C3		50,523	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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SOUTHERN STONE COUNTY FOOD PANTRY 20 KIMBERLING BLVD KIMBERLING CITY, MO 65686	44-0571348	501C3		170,861	COST	FOOD INVENTORY	FOOD ASSISTANCE
UNITED COMMUNITY HELP CENTER 209 PARK ST LICKING, MO 65542	43-1279107	501C3	1,000	215,245	COST	FOOD INVENTORY	FOOD ASSISTANCE
SALVATION ARMY - LEBANON 235 W COMMERCIAL ST LEBANON, MO 65536	43-0653584	501C3		66,242	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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MUNCH 811 E MAIN ST WILLOW SPRINGS, MO 65793	43-1615348	501C3	4,300	329,896	COST	FOOD INVENTORY	FOOD ASSISTANCE
MONETT COMMUNITY PANTRY 1600 N CENTRAL MONETT, MO 65708	45-3936275	501C3		202,536	COST	FOOD INVENTORY	FOOD ASSISTANCE
BREAD OF LIFE - MARSHFIELD CHRISTIA 1061 ST HWY A MARSHFIELD, MO 65706	43-1038959	501C3	4,600	289,214	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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ST JOSEPH CATHOLIC CHURCH 320 N W WASHINGTON BILLINGS, MO 65610	44-0571348	501C3		215,550	COST	FOOD INVENTORY	FOOD ASSISTANCE
ST SUSANNE CATHOLIC CHURCH 700 W SLOAN HWY V MOUNT VERNON, MO 65712	44-0571348	501C3	8,000	126,553	COST	FOOD INVENTORY	FOOD ASSISTANCE
TEXAS COUNTY FOOD PANTRY 102A E ST ROUTE 17 HOUSTON, MO 65483	43-1566581	501C3	3,200	881,383	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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GOOD SAMARITAN RESOURCE - RICHLAND 112 W NATIONAL AVENUE RICHARD, MO 65556	43-1484132	501C3	4,000	367,181	COST	FOOD INVENTORY	FOOD ASSISTANCE
GOOD SAMARITAN RESOURCE - WAYNESV 1811 W HISTORIC RT 66 WAYNESVILLE, MO 65583	43-1484132	501C3	2,000	865,640	COST	FOOD INVENTORY	FOOD ASSISTANCE
HELPING HANDS MINISTRIES 1304 E PENNELL CARL JUNCTION, MO 64834	45-0646529	501C3	5,900	50,554	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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LAMAR GOOD SAMARITAN 1301 PARRY ST LAMAR, MO 64759	43-1465283	501C3	8,300	522,909	COST	FOOD INVENTORY	FOOD ASSISTANCE
HEART OF THE HILLS FOOD HARVEST 913 N W 3RD ST AVA, MO 65608	43-1680485	501C3		168,329	COST	FOOD INVENTORY	FOOD ASSISTANCE
FIRST BAPTIST CHURCH - WEST PLAINS 120 WALNUT ST WEST PLAINS, MO 65775	44-0615104	501C3		211,937	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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ST CLAIR COUNTY FOOD PANTRY 5TH AND MARKET ST OSCEOLA, MO 64776	43-1583740	501C3	3,400	78,697	COST	FOOD INVENTORY	FOOD ASSISTANCE
THE CARING PLACE 417 S WASHINGTON W WALNUT GROVE, MO 65770	61-1682058	501C3	600	43,799	COST	FOOD INVENTORY	FOOD ASSISTANCE
WCMCAA - ST CLAIR COUNTY 106 W 4TH ST APPLETON CITY, MO 64724	43-0838410	501C3	400	13,601	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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LEAST OF THESE 511 W KATHRYN ST NIXA, MO 65714	43-1867039	501C3	3,000	381,424	COST	FOOD INVENTORY	FOOD ASSISTANCE
HELP CENTER 1321 BUSINESS HWY 49 NEOSHO, MO 64850	51-0179561	501C3	3,000	656,304	COST	FOOD INVENTORY	FOOD ASSISTANCE
SALVATION ARMY - SPFD PANTRY 1707 W CHESTNUT EXP SPRINGFIELD, MO 65802	43-0653584	501C3		410,297	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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PRAIRIE CHAPEL UNITED METHODIST RT 71 BOX 839 URBANA, MO 65767	36-2167731	501C3	3,400	34,036	COST	FOOD INVENTORY	FOOD ASSISTANCE
SHANNON COUNTY FOOD PANTRY 102 W SECOND WINONA, MO 65588	43-1125136	501C3		341,917	COST	FOOD INVENTORY	FOOD ASSISTANCE
ST JOSEPH CATHOLIC - SPFD 1115 N CAMPBELL AVE SPRINGFIELD, MO 65802	44-0571348	501C3	2,000	23,858	COST	FOOD INVENTORY	FOOD ASSISTANCE

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KINGS FOOD PANTRY WEBSTER COUNTY 732 S DIVISION SEYMOUR,MO 65746	43-0658188	501C3	3,000	347,808	COST	FOOD INVENTORY	FOOD ASSISTANCE
HARVEST FELLOWSHIP FOOD PANTRY 21172 FR 1200 WOLF RD AURORA,MO 65605	73-6114117	501C3	5,500	363,140	COST	FOOD INVENTORY	FOOD ASSISTANCE
PARENTING LIFE SKILLS CENTER 600 S JEFFERSON SPRINGFIELD,MO 65806	43-0681471	501C3		9,427	COST	FOOD INVENTORY	FOOD ASSISTANCE

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HAND EXTENDED FOOD PANTRY 2157 N PROSPECT AVE SPRINGFIELD,MO 65806	16-1691976	501C3		47,284	COST	FOOD INVENTORY	FOOD ASSISTANCE
CHRISTIAN COUNTY FAMILY CRISIS 6348 N 19TH ST OZARK,MO 65721	43-1928995	501C3	850	13,932	COST	FOOD INVENTORY	FOOD ASSISTANCE
CENTER CITY CHRISTIAN OUTREACH 418 S KIMBROUGH AVE SPRINGFIELD,MO 65806	31-1807428	501C3	2,500	27,491	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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SAMA FOOD PANTRY 903 EAST HWY 32 STOCKTON,MO 65785	20-1957662	501C3	3,400	150,713	COST	FOOD INVENTORY	FOOD ASSISTANCE
SALVATION ARMY - BOLIVAR PANTRY 320 S MARKET AVE BOLIVAR,MO 65613	43-0653584	501C3	2,400	599,605	COST	FOOD INVENTORY	FOOD ASSISTANCE
HELPING HANDS COMMUNITY FOOD PANTRY 32685 ST HWY 86 EAGLE ROCK,MO 65641	80-0738369	501C3	2,000	48,729	COST	FOOD INVENTORY	FOOD ASSISTANCE

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CENTRAL COMMUNITY UNITED METHODIST 25682 HWY YY SHELL KNOB, MO 65747	36-2167731	501C3		65,961	COST	FOOD INVENTORY	FOOD ASSISTANCE
SALVATION ARMY - BRANSON PANTRY 1114 STANLEY AVE BRANSON, MO 65615	36-2167910	501C3		15,446	COST	FOOD INVENTORY	FOOD ASSISTANCE
SHEPHERDS NOOK 701 N MAIN ST SALEM, MO 65560	73-6114117	501C3	5,000	537,741	COST	FOOD INVENTORY	FOOD ASSISTANCE

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SAMARITAN OUTREACH CENTER - PANTRY 715 MISSOURI AVE WEST PLAINS, MO 65775	43-1502024	501C3	1,000	31,138	COST	FOOD INVENTORY	FOOD ASSISTANCE
OZARK COUNTY FOOD PANTRY 1155 COUNTY ROAD 806 GAINESVILLE, MO 65655	43-1855970	501C3		106,897	COST	FOOD INVENTORY	FOOD ASSISTANCE
CAM FOOD PANTRY OF FORSYTH 10726 HWY 76 STE E FORSYTH, MO 65653	43-1355905	501C3		313,519	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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MISSION JOPLIN 2822 E 8TH ST JOPLIN,MO 64801	44-0559931	501C3		50,924	COST	FOOD INVENTORY	FOOD ASSISTANCE
OREGON COUNTY FOOD PANTRY - THAYER 201 MARKET ST THAYER,MO 65791	20-3967809	501C3	5,000	163,351	COST	FOOD INVENTORY	FOOD ASSISTANCE
OREGON COUNTY FOOD PANTRY - ALTON 407 S MARKET ST ALTON,MO 65606	43-0838508	501C3	5,000	182,085	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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CENTRAL ASSEMBY FOOD PANTRY 1301 N BOONVILLE AVE SPRINGFIELD, MO 65802	43-1271451	501C3		13,726	COST	FOOD INVENTORY	FOOD ASSISTANCE
ASH GROVE FOOD PANTRY 121 W MAIN ST ASH GROVE, MO 65604	45-1804447	501C3	14,498	45,983	COST	FOOD INVENTORY	FOOD ASSISTANCE
VICTORY MISSION - FAMILY MINISTRIES 1715 N BOONVILLE AVE SPRINGFIELD, MO 65801	43-1345089	501C3		268,671	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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VERONA BAPTIST CHURCH 115 S FIRST ST VERONA, MO 65769	44-0615104	501C3	2,000	141,045	COST	FOOD INVENTORY	FOOD ASSISTANCE
GOD'S STOREHOUSE 627 W ROLLA HARTVILLE, MO 65667	43-1650588	501C3	500	188,072	COST	FOOD INVENTORY	FOOD ASSISTANCE
PEOPLE HELPING PEOPLE 210 N PINE AVE REPUBLIC, MO 65738	43-1853251	501C3	2,600	88,937	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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FEEDING INC RIVER STREET FOOD PANT 210N RIVER ST CARTHAGE,MO 64836	43-1450446	501C3		617,870	COST	FOOD INVENTORY	FOOD ASSISTANCE
HICKORY COUNTY CARES 240 N MAIN ST WHEATLAND,MO 65779	45-3308607	501C3	7,400	368,077	COST	FOOD INVENTORY	FOOD ASSISTANCE
EMINENCE PANTRY 103 E VINE ST EMINENCE,MO 65466	43-1271451	501C3	2,000	17,191	COST	FOOD INVENTORY	FOOD ASSISTANCE

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶ **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**

Name of the organization
OZARKS FOOD HARVEST INC

Employer identification number
43-1426384

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				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1,000,000,000	23,028,344	COST OR SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 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?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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

**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.

2015

**Open to Public
Inspection**

Name of the organization
OZARKS FOOD HARVEST INC

Employer identification number

43-1426384

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 WILL BE DISTRIBUTED FOR REVIEW TO THE BOARD AT LARGE VIA EMAIL PRIOR TO ITS FILING
FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES COMPLETE AND SIGN CONFLICT OF INTEREST FORMS ANNUALLY TO DATE THERE HAVE BEEN NO CONFLICTS TO REVIEW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION PAID TO THE CEO IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD THE CEO'S PERFORMANCE AND GOAL ACCOMPLISHMENTS ARE EVALUATED SALARY IS COMPARED TO OTHER CEO POSITIONS ON THE REGIONAL AND NATIONAL LEVEL FOR A FOOD BANK
FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC