

990
Form
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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 65801	D Employer identification number 43-1426384 E Telephone number (417) 865-3411 G Gross receipts \$ 33,999,188
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	F Name and address of principal officer: BART BROWN PO BOX 5746 SPRINGFIELD, MO 658015746	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		L Year of formation: 1986
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
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 303 ACTIVE MEMBER AGENCIES IN 28 COUNTIES			
Activities & Governance	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		12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		12
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5		70
	6 Total number of volunteers (estimate if necessary)	6		3,850
	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		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	33,480,013	32,338,561	
	9 Program service revenue (Part VIII, line 2g)	1,412,172	1,508,893	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113,622	151,526	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,211	208	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,022,018	33,999,188	
Expenses				
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,928,162	26,827,443	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,657,661	3,010,645	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 682,408			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,021,228	3,777,485	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	33,607,051	33,615,573	
	19 Revenue less expenses. Subtract line 18 from line 12	1,414,967	383,615	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	17,761,019	17,718,543	
	21 Total liabilities (Part X, line 26)	523,712	90,578	
	22 Net assets or fund balances. Subtract line 21 from line 20	17,237,307	17,627,965	

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	2020-05-28 Date
------------------	--	--------------------

Paid Preparer Use Only	Print/Type preparer's name TRAVIS WALKER CPA	Preparer's signature TRAVIS WALKER CPA	Date 2020-05-28	Check <input type="checkbox"/> if self-employed	PTIN P00689265
	Firm's name ▶ KPM CPAS PC	Firm's address ▶ 1445 E REPUBLIC RD SPRINGFIELD, MO 65804		Firm's EIN ▶ 43-1109768 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 \$ **32,127,974** including grants of \$ **26,827,443**) (Revenue \$ **1,509,101**)
SOLICITATION, WAREHOUSING AND DISTRIBUTION OF FOOD PRODUCTS TO A NETWORK OF 303 ACTIVE MEMBER AGENCIES SERVING LOW INCOME POPULATIONS ACROSS 28 COUNTIES IN SOUTHWEST MISSOURI. 3,850 VOLUNTEERS GAVE A TOTAL OF 31,189 HOURS OF SERVICE SORTING FOOD FOR DISTRIBUTION TO THE 28 COUNTIES. THE FOOD BANK DISTRIBUTES MORE THAN 21 MILLION POUNDS OF FOOD ANNUALLY; SUPPLYING 18,360,598 MEALS.

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** **32,127,974**

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, covering topics like grants, tax-exempt bonds, excess benefit transactions, 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

Main form area containing questions 1a through 11b and corresponding Yes/No/Amount columns.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b	

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year. 1a 12. 1b Enter the number of voting members included in line 1a, above, who are independent. 1b 12. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 No. 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 No. 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 No. 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 No. 6 Did the organization have members or stockholders? 6 No. 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a No. 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b No. 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8a Yes. 8b Each committee with authority to act on behalf of the governing body? 8b Yes. 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 No.

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

10a Did the organization have local chapters, branches, or affiliates? 10a No. 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b. 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Yes. 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12a Yes. 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Yes. 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 12c Yes. 13 Did the organization have a written whistleblower policy? 13 Yes. 14 Did the organization have a written document retention and destruction policy? 14 Yes. 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. 15a Yes. 15b Other officers or key employees of the organization. 15b No. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15b. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Yes. 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Yes.

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) DR MEERA SCARROW PRESIDENT	1.00	X		X				0	0	0
(2) TOMMY WOHLGEMUTH PRESIDENT EL	1.00	X		X				0	0	0
(3) JAMES WILSON SECRETARY	1.00	X		X				0	0	0
(4) BRAD J CRAIN TREASURER	1.00	X		X				0	0	0
(5) TIM BELLANTI DIRECTOR	1.00	X						0	0	0
(6) TAMARA DE WILD DIRECTOR	1.00	X						0	0	0
(7) MIKE PINKSTON DIRECTOR	1.00	X						0	0	0
(8) JILL REYNOLDS DIRECTOR	1.00	X						0	0	0
(9) KENNY ROSS DIRECTOR	1.00	X						0	0	0
(10) KRYSTAL RUSSELL DIRECTOR	1.00	X						0	0	0
(11) CLAYTON BROWN DIRECTOR	1.00	X						0	0	0
(12) KURT BAIN DIRECTOR	1.00	X						0	0	0
(13) BART BROWN PRESIDENT/CE	40.00			X				155,880	0	11,743

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	7,698,495		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	24,640,066		
g Noncash contributions included in lines 1a-1f: \$ <u>26,327,221</u>					
h Total. Add lines 1a-1f		32,338,561			

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a PURCHASED PRODUCT FEES	6 2 4 2 1 0		1,173,280	1,173,280		
b SHARED MAINTENANCE	6 2 4 2 1 0		248,553	248,553		
c DELIVERY FEES	6 2 4 2 1 0		73,364	73,364		
d MISCELLANEOUS			13,696	13,696		
e						
f All other program service revenue.						
g Total. Add lines 2a-2f			1,508,893			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			151,526			151,526
	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).		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 AGENCY COFERENCE	624210	208	208		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d ▶		208			
12 Total revenue. See Instructions. ▶		33,999,188	1,509,101		151,526

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 26,827,443 26,827,443				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	159,372	109,967	31,874	17,531
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	2,314,755	1,597,181	462,951	254,623
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48,472	33,445	9,695	5,332
9 Other employee benefits	314,203	216,800	62,841	34,562
10 Payroll taxes	173,843	119,951	34,769	19,123
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	50,164	32,607	10,032	7,525
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	188,001	122,201	37,600	28,200
12 Advertising and promotion	350,617	175,308		175,309
13 Office expenses	105,448	35,311	34,024	36,113
14 Information technology				
15 Royalties				
16 Occupancy	136,656	122,990	6,833	6,833
17 Travel	6,973	3,486		3,487
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,444		14,444	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	609,934	548,940	30,497	30,497
23 Insurance	20,810	13,527	4,162	3,121
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	1,184,387	1,184,387		
b TRANSPORTATION	331,077	331,077		
c SUBRECIPIENTS	230,382	230,382		
d COMPUTER REPAIRS/MAINT	119,543	106,934	6,370	6,239
e All other expenses	429,049	316,037	59,099	53,913
25 Total functional expenses. Add lines 1 through 24e	33,615,573	32,127,974	805,191	682,408
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 IX

Table with columns (A) Beginning of year and (B) End of year. Rows include Assets (1-16) and Liabilities (17-26), and Net Assets or Fund Balances (27-34). Values range from 79,448 to 17,718,543.

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	33,999,188
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,615,573
3	Revenue less expenses. Subtract line 2 from line 1	3	383,615
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,237,307
5	Net unrealized gains (losses) on investments	5	7,043
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 (A))	10	17,627,965

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p> <div style="background-color: #cccccc; height: 40px; width: 100%; margin-top: 5px;"></div>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> <div style="background-color: #cccccc; height: 40px; width: 100%; margin-top: 5px;"></div>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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:</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> <div style="background-color: #cccccc; height: 40px; width: 100%; margin-top: 5px;"></div>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p> <div style="background-color: #cccccc; height: 40px; width: 100%; margin-top: 5px;"></div>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</p>	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

Open to Public Inspection

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)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2010	(b)2011	(c)2012	(d)2013	(e)2018	(f)Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,545,891	28,549,681	31,562,165	33,480,013	32,338,561	153,476,311
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	27,545,891	28,549,681	31,562,165	33,480,013	32,338,561	153,476,311
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).						2,412,092
6 Public support. Subtract line 5 from line 4.						151,064,219

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2010	(b)2011	(c)2012	(d)2013	(e)2018	(f)Total
7 Amounts from line 4.	27,545,891	28,549,681	31,562,165	33,480,013	32,338,561	153,476,311
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	40,367	35,599	78,499	117,382	151,526	423,373
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.).	3,480		9,661	16,211	13,696	43,048
11 Total support Add lines 7 through 10.						153,942,732

12 Gross receipts from related activities, etc. (see instructions) **12** 8,028,012

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 2018 (line 6, column (f) divided by line 11, column (f))	14	98.130 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	97.130 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2010	(b)2011	(c)2012	(d)2013	(e)2018	(f)Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2010	(b)2011	(c)2012	(d)2013	(e)2018	(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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 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? *If "Yes" to a, b, or c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

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

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2018:			
a From 2009. X			
b From 2010. X			
c From 2011. X			
d From 2012. X			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a From 2010. X			
b From 2011. X			
c From 2012. X			
d From 2013.			
e From 2018.			

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	43,048

Additional Data

Return to Form

Software ID:
Software Version:

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2018

Name of the organization OZARKS FOOD HARVEST INC

Employer identification number 43-1426384

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation

Form 990-PF

- 527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
 OZARKS FOOD HARVEST INC

Employer identification number
 43-1426384

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
OZARKS FOOD HARVEST INC

Employer identification number
43-1426384

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____
	_____ _____ _____	_____ \$	_____

Name of organization
OZARKS FOOD HARVEST INC

Employer identification number
43-1426384

Part III *Exclusively religious, charitable, etc.*, contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

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
2018
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" to 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? Yes No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

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

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

	(a) Current year	(b) Prior year	(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 in lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
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				8,774,048	1,291,365 7,482,683
c Leasehold improvements				19,424	6,447 12,977
d Equipment				1,674,948	1,344,219 330,729
e Other				2,251,251	1,240,818 1,010,433
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,560,247	

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	34,006,231
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	7,043
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	7,043
3	Subtract line 2e from line 1	3	33,999,188
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	33,999,188

Part XII

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

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

1	Total expenses and losses per audited financial statements	1	33,615,573
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	33,615,573
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	33,615,573

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 IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICES AS OTHER THAN A PRIVATE FOUNDATION. 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 2016 THROUGH 2019 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 POSITION'S, 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, 2019 AND 2018. INTEREST AND PENALTIES, IF ANY, RELATED TO ANNUAL FORM 990 OR UNRELATED BUSINESS INCOME TAX FILING ARE REPORTED WITHIN GENERAL AND ADMINISTRATIVE EXPENSES IN THE STATEMENT OF ACTIVITIES. THE ORGANIZATION HAS ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD'S PRESCRIBED RECOGNITION AND MEASUREMENT OF TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION HAS TAKEN THE POSITION OF BEING EXEMPT FROM INCOME TAXES. THE ORGANIZATION BELIEVES THEIR ESTIMATES ARE APPROPRIATE BASED ON CURRENT FACTS AND CIRCUMSTANCES.

Additional Data

Return to Form

Software ID:
Software Version:

Schedule I (Form 990)
 Department of the Treasury
 Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
 Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
 Attach to Form 990.
 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2018
 Open to Public Inspection

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? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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.

(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
(1) AGAPE HOUSE - MOUNTAIN VIEW 800 E THIRD MOUNTAIN VIEW, MO 65548	43-1583377	501C3		17,539	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2) AGAPE HOUSE - PHOENIX PROJECT 180 DENT AVE SUMMERVILLE, MO 65571	43-1583377	501C3		8,686	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3) ASH GROVE FOOD PANTRY 121 W MAIN ST ASH GROVE, MO 65604	45-1804447	501C3	2,000	116,515	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4) BOYS & GIRLS CLUB - BRANSON 1460 BEE CREEK RD BRANSON, MO 65616	43-1664669	501C3		20,864	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5) BOYS & GIRLS CLUB - FORSYTH 501 PANTHER RD FORSYTH, MO 65653	43-1664669	501C3		9,556	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6) BOYS & GIRLS CLUB - HENDERSON UNIT 820 W CALHOUN SPRINGFIELD, MO 65802	44-0513659	501C3		31,987	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7) BOYS & GIRLS CLUB - MUSGRAVE UNIT 720 S PARK AVE SPRINGFIELD, MO 65802	44-0513659	501C3		42,739	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8) BOYS & GIRLS CLUB - STALNAKER UNIT 1410 N FREMONT SPRINGFIELD, MO 65803	44-0513659	501C3		17,125	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9) BRADLEYVILLE SCHOOLS 16474 N US STATE HWY 125 BRADLEYVILLE, MO 65614	43-1426384	501C3		11,229	COST	FOOD INVENTORY	FOOD ASSISTANCE
(10) BREAD OF LIFE - MARSHFIELD CHRISTIA 1061 ST HWY A MARSHFIELD, MO 65706	43-1038959	501C3	1,000	326,550	COST	FOOD INVENTORY	FOOD ASSISTANCE
(11) BURRELL HEALTH AND WELLNESS 800 S PARK AVENUE SPRINGFIELD, MO 65802	43-1081715	501C3		58,075	COST	FOOD INVENTORY	FOOD ASSISTANCE
(12) CALVARY CHAPEL FWB CHURCH 26 OAK RIDGE RD BUFFALO, MO 65622	62-6050669	501C3	2,000	239,433	COST	FOOD INVENTORY	FOOD ASSISTANCE
(13) CAM FOOD PANTRY OF FORSYTH 10726 HWY 76 STE E FORSYTH, MO 65653	43-1355905	501C3	2,000	686,979	COST	FOOD INVENTORY	FOOD ASSISTANCE
(14) CARING PLACE THE 417 S WASHINGTON ST WALNUT GROVE, MO 65770	61-1682058	501C3	500	113,682	COST	FOOD INVENTORY	FOOD ASSISTANCE
(15) CARTHAGE CRISIS CENTER 100 S MAIN ST	43-1769385	501C3		229,512	COST	FOOD INVENTORY	FOOD ASSISTANCE

CARTHAGE,MO 64836							
(16) CASSVILLE UNITED METHODIST 601 GRAVEL ST CASSVILLE,MO 65625	43-1307914	501C3	4,000	553,135	COST	FOOD INVENTORY	FOOD ASSISTANCE
(17) CENTER CITY CHRISTIAN OUTREACH 418 S KIMBROUGH AVE SPRINGFIELD,MO 65806	31-1807428	501C3	2,000	173,282	COST	FOOD INVENTORY	FOOD ASSISTANCE
(18) CENTRAL COMMUNITY UNITED METHODIST 25682 HWY YY SHELL KNOB,MO 65747	36-2167731	501C3	1,000	244,098	COST	FOOD INVENTORY	FOOD ASSISTANCE
(19) CHILDREN'S HAVEN OF SOUTHWEST 711 S PICHER AVE JOPLIN,MO 64801	04-3603881	501C3		5,208	COST	FOOD INVENTORY	FOOD ASSISTANCE
(20) CHRISTIAN ASSOCIATES OF TRL 13192 ST HWY 13 KIMBERLING CITY,MO 65686	43-1021298	501C3		125,155	COST	FOOD INVENTORY	FOOD ASSISTANCE
(21) CHRISTIAN COUNTY FAMILY CRISIS 6348 N 19TH ST OZARK,MO 65721	43-1928995	501C3		9,789	COST	FOOD INVENTORY	FOOD ASSISTANCE
(22) CHRISTOS HOUSE 3876 CO RT 1310 WILLOW SPRINGS,MO 65793	43-1468720	501C3	800	28,773	COST	FOOD INVENTORY	FOOD ASSISTANCE
(23) CHURCH OF CHRIST FOOD PANTRY 302 E HOSPITAL ROAD EL DORADO SPRINGS,MO 64744	43-1521842	501C3		177,178	COST	FOOD INVENTORY	FOOD ASSISTANCE
(24) CMAAA - CONWAY SENIOR CENTER 105 W JEFFERSON AVE CONWAY,MO 65632	31-1639242	501C3	500	14,416	COST	FOOD INVENTORY	FOOD ASSISTANCE
(25) CMAAA - DIXON SENIOR CENTER 301 OLD Y ROAD DIXON,MO 65459	31-1639513	501C3	500	31,491	COST	FOOD INVENTORY	FOOD ASSISTANCE
(26) CMAAA - LEBANON SENIOR CENTER 460 W 5TH ST LEBANON,MO 65536	43-1218769	501C3	500	26,667	COST	FOOD INVENTORY	FOOD ASSISTANCE
(27) CMAAA - RICHLAND SENIOR CENTER 202 E WASHINGTON RICHLAND,MO 65556	43-1684770	501C3		22,944	COST	FOOD INVENTORY	FOOD ASSISTANCE
(28) CMAAA - SALEM SENIOR CENTER 604 MCGRATH LANE SALEM,MO 65560	43-1293148	501C3		15,001	COST	FOOD INVENTORY	FOOD ASSISTANCE
(29) CMAAA - WAYNESVILLE SENIOR CENTER 1401 OUSLEY ROAD WAYNESVILLE,MO 65583	43-1488322	501C3	500	55,865	COST	FOOD INVENTORY	FOOD ASSISTANCE
(30) CNP - ABOUT OUR KIDS INC NATHANS 1005 GULF LAMAR,MO 64759	20-1492167	501C3		6,462	COST	FOOD INVENTORY	FOOD ASSISTANCE
(31) CNP - ANN SHORT TURNER COMMUNITY 205 N MISSOURI MANFIELD,MO 65704	43-1805198	501C3		15,398	COST	FOOD INVENTORY	FOOD ASSISTANCE
(32) CNP - COMINGO B&G JOPLIN 317 COMINGO JOPLIN,MO 64801	44-0627566	501C3		14,528	COST	COST INVENTORY	COST ASSISTANCE
(33) CNP - MOUNTAIN GROVE YMCA 1 YMCA DR MOUNTAIN GROVE,MO 65711	43-1617662	501C3		8,269	COST	FOOD INVENTORY	FOOD ASSISTANCE
(34) CNP - SEYMOUR YMCA 315 E CENTER AVE SEYMOUR,MO 65746	43-1617662	501C3		5,415	COST	FOOD INVENTORY	FOOD ASSISTANCE
(35) COMMUNITY BAPTIST - LEBANON 15905 HWY 64 LEBANON,MO 65536	43-1765604	501C3	500	24,825	COST	FOOD INVENTORY	FOOD ASSISTANCE

(36) COMMUNITY KITCHEN - HOOD UMC 139 N WALNUT AVE REPUBLIC,MO 65738	43-1066552	501C3	500	21,549	COST	FOOD INVENTORY	FOOD ASSISTANCE
(37) COMMUNITY OUTREACH MINISTRIES BOLIV 320 S MARKET AVE BOLIVAR,MO 65613	26-1545304	501C3	2,094	842,093	COST	FOOD INVENTORY	FOOD ASSISTANCE
(38) COMMUNITY PARTNERSHIP - FULBRIGHT 3693 N AMELIA AVE SPRINGFIELD,MO 65803	43-1830026	501C3		51,258	COST	FOOD INVENTORY	FOOD ASSISTANCE
(39) COPE 201 LAWSON RD LEBANON,MO 65536	43-1593771	501C3		13,074	COST	FOOD INVENTORY	FOOD ASSISTANCE
(40) CROCKER SCHOOL PANTRY 601 N COMMERCIAL ST CROCKER,MO 65452	43-1426384		4,699	5,072	COST	FOOD INVENTORY	FOOD ASSISTANCE
(41) CROSSLINES - CARTHAGE 600 E 6TH ST CARTHAGE,MO 64836	43-1334801	501C3	2,665	295,189	COST	FOOD INVENTORY	FOOD ASSISTANCE
(42) CROSSLINES - LEBANON 141 LAWSON RD LEBANON,MO 65536	43-1238022	501C3	3,000	602,903	COST	FOOD INVENTORY	FOOD ASSISTANCE
(43) CROSSLINES - MCDONALD COUNTY 925 N HWY 71 ANDERSON,MO 64831	43-1837664	501C3	3,500	720,554	COST	FOOD INVENTORY	FOOD ASSISTANCE
(44) CSFP - ASSEMBLIES OF GOD - AVA 4005 SW 4TH AVE AVA,MO 65608	43-1426384	501C3		32,228	COST	FOOD INVENTORY	FOOD ASSISTANCE
(45) CSFP - DADE CO HEALTH DEPARTMENT 413 W WATER ST GREENFIELD,MO 65661	43-4126384	501C3		35,154	COST	FOOD INVENTORY	FOOD ASSISTANCE
(46) CSFP - SHELDON COMMUNITY SHELDON CITY PARK SHELDON,MO 64784	43-4126384	501C3		19,150	COST	FOOD INVENTORY	FOOD ASSISTANCE
(47) CSFP - WINONA ASSEMBLY OF GOD 922 HALE STREET NEVADA,MO 65588	43-1426384	501C3		76,478	COST	FOOD INVENTORY	FOOD ASSISTANCE
(48) C-STREET CONNECT AT CRIMSON HOUSE 1616 N ROBBERSON SPRINGFIELD,MO 65803	81-4154003	501C3		609,427	COST	FOOD INVENTORY	FOOD ASSISTANCE
(49) DIXON AREA CARING CENTER 604 S FORREST EL DORADO SPRINGS,MO 64744	43-1015585	501C3		7,382	COST	FOOD INVENTORY	FOOD ASSISTANCE
(50) EL DORADO SPRINGS SENIOR CENTER 604 S FORREST EL DORADO SPRINGS,MO 64744	43-1015585	501C3	500	11,059	COST	FOOD INVENTORY	FOOD ASSISTANCE
(51) EMINENCE PANTRY 103 E VINE ST EMINENCE,MO 65466	43-1271451	501C3	1,031	50,029	COST	FOOD INVENTORY	FOOD ASSISTANCE
(52) FEED 806 ST HWY Y MOUNTAIN VIEW,MO 65548	43-1308160	501C3	8,600	212,661	COST	FOOD INVENTORY	FOOD ASSISTANCE
(53) FEEDING INC RIVER STREET FOOD PANT 210N RIVER ST CARTHAGE,MO 64836	43-1450446	501C3		426,256	COST	FOOD INVENTORY	FOOD ASSISTANCE
(54) FIRST BAPTIST CHURCH - SARCOXIE 101 N 17TH STREET SARCOXIE,MO 64862	43-1426384	501C3	2,329	66,538	COST	FOOD INVENTORY	FOOD ASSISTANCE
(55) FIRST BAPTIST CHURCH - WEST PLAINS 112 WALNUT ST WEST PLAINS,MO 65775	44-0615104	501C3	3,500	305,343	COST	FOOD INVENTORY	FOOD ASSISTANCE
(56) FOOTSTEPS 424 E NORTON RD	44-6006077	501C3		30,788	COST	FOOD INVENTORY	FOOD ASSISTANCE

SPRINGFIELD,MO 65807							
(57) GOD'S STOREHOUSE 627 W ROLLA HARTVILLE,MO 65667	43-1650588	501C3		13,816	COST	FOOD INVENTORY	FOOD ASSISTANCE
(58) GOOD SAMARITAN BOYS RANCH 5549 N HWY 13 BRIGHTON,MO 65617	44-6006077	501C3		9,366	COST	FOOD INVENTORY	FOOD ASSISTANCE
(59) GOOD SAMARITAN RESOURCE - RICHLAND 112 W NATIONAL AVENUE RICHLAND,MO 65556	43-1484132	501C3	500	501,438	COST	FOOD INVENTORY	FOOD ASSISTANCE
(60) GOOD SAMARITAN RESOURCE - WAYNESV 1811 W HISTORIC RT 66 WAYNESVILLE,MO 65583	43-1484132	501C3	4,130	987,776	COST	FOOD INVENTORY	FOOD ASSISTANCE
(61) GREAT CIRCLE - SPRINGFIELD 1212 W LOMBARD ST SPRINGFIELD,MO 65806	43-0681471	501C3		23,518	COST	FOOD INVENTORY	FOOD ASSISTANCE
(62) HAND EXTENDED FOOD PANTRY HEART OF THE OZARKS 2157 N PROSPECT AVE SPRINGFIELD,MO 65803	16-1691976	501C3	1,000	145,974	COST	FOOD INVENTORY	FOOD ASSISTANCE
(63) HARMONY HOUSE FAMILY VIOLENCE CENTER 3404 E RIDGEVIEW SPRINGFIELD,MO 65804	43-1082063	501C3		33,940	COST	FOOD INVENTORY	FOOD ASSISTANCE
(64) HARVEST FELLOWSHIP FOOD PANTRY 21172 FR 1200 WOLF RD AURORA,MO 65605	73-6114117	501C3	2,080	756,440	COST	FOOD INVENTORY	FOOD ASSISTANCE
(65) HEART OF THE HILLS FOOD HARVEST 913 W 3RD ST AVA,MO 65608	43-1680485	501C3		192,735	COST	FOOD INVENTORY	FOOD ASSISTANCE
(66) HEART TO HEART OUTREACH MINISTRIES 206 S PINE AVE BUFFALO,MO 65622	20-4747481	501C3		89,252	COST	FOOD INVENTORY	FOOD ASSISTANCE
(67) HELP CENTER 1321 BUSINESS HWY 49 NEOSHO,MO 64850	51-0179561	501C3	2,000	937,007	COST	FOOD INVENTORY	FOOD ASSISTANCE
(68) HELPING HANDS COMMUNITY FOOD PANTRY 32685 ST HWY 86 EAGLE ROCK,MO 65641	80-0738369	501C3	3,000	62,152	COST	FOOD INVENTORY	FOOD ASSISTANCE
(69) HELPING HANDS MINISTRIES 1304 E PENNELL CARL JUNCTION,MO 64834	45-0646529	501C3	1,000	138,212	COST	FOOD INVENTORY	FOOD ASSISTANCE
(70) HICKORY COUNTY CARES 240 N MAIN ST WHEATLAND,MO 65779	45-3308607	501C3	2,500	690,082	COST	FOOD INVENTORY	FOOD ASSISTANCE
(71) HICKORY COUNTY SENIOR CENTER RT 1 BOX 3282 HWY 54 WHEATLAND,MO 65779	43-1015585	501C3	500	71,161	COST	FOOD INVENTORY	FOOD ASSISTANCE
(72) HIS HOUSE FOUNDATION 23837 STATE HWY 39 SHELL KNOB,MO 65747	27-1395532	501C3	500	17,140	COST	FOOD INVENTORY	FOOD ASSISTANCE
(73) HOUSE OF HOPE 811 N OAKLAND BOLIVAR,MO 65613	20-2426214	501C3	94	64,226	COST	FOOD INVENTORY	FOOD ASSISTANCE
(74) HOUSE THE 24706 STATE HWY 171 WEBB CITY,MO 64841	43-1754894	501C3		247,363	COST	FOOD INVENTORY	FOOD ASSISTANCE
(75) INDEPENDENT LIVING CENTER 2639 E 34TH STREET JOPLIN,MO 64804	43-1714219	501C3		46,359	COST	FOOD INVENTORY	FOOD ASSISTANCE
(76) JARRETT MIDDLE SCHOOL PANTRY 840 S JEFFERSON AVE SPRINGFIELD,MO 65806	43-1426384	501C3		6,853	COST	FOOD INVENTORY	FOOD ASSISTANCE
(77) JESUS WAS HOMELESS 310 GREтна RD	26-4727548	501C3		9,458	COST	FOOD INVENTORY	FOOD ASSISTANCE

BRANSON,MO 65615							
(78) KINGS FOOD PANTRY WEBSTER COUNTY 732 S DIVISION SEYMOUR,MO 65746	43-0658188	501C3	3,000	603,337	COST	FOOD INVENTORY	FOOD ASSISTANCE
(79) KORTH SENIOR CENTER 309 W ENGLEWOOD STOCKTON,MO 65785	43-1015585	501C3	500	12,178	COST	FOOD INVENTORY	FOOD ASSISTANCE
(80) L-LIFE 1448 W ELM ST LEBANON,MO 65536	43-1340282	501C3	1,500	404,783	COST	FOOD INVENTORY	FOOD ASSISTANCE
(81) LAFAYETTE HOUSE 1809 CONNOR JOPLIN,MO 64804	43-1170015	501C3	200	64,728	COST	FOOD INVENTORY	FOOD ASSISTANCE
(82) LAMAR GOOD SAMARITAN 1301 PARRY ST LAMAR,MO 64759	43-1465283	501C3	3,000	765,956	COST	FOOD INVENTORY	FOOD ASSISTANCE
(83) LAURA'S HOUSE 300 S MAIN STREET WILLARD,MO 65781	44-6006077	501C3		5,470	COST	FOOD INVENTORY	FOOD ASSISTANCE
(84) LEAST OF THESE 1720 JAMES RIVER RD OZARK,MO 65721	43-1867039	501C3	2,095	376,251	COST	FOOD INVENTORY	FOOD ASSISTANCE
(85) LIFE HOUSE - CATHOLIC CHARITIES 424 E MONESTARY ST SPRINGFIELD,MO 65807	80-0455890	501C3		9,522	COST	FOOD INVENTORY	FOOD ASSISTANCE
(86) LIFEPOINT FOOD PANTRY 158 N ADAMS AVE LEBANON,MO 65536	27-2474295	501C3	2,970	41,059	COST	FOOD INVENTORY	FOOD ASSISTANCE
(87) LIVES UNDER CONSTRUCTION 296 BOYS RANCH ROAD LAMPE,MO 65681	46-0368556	501C3	2,130	43,135	COST	FOOD INVENTORY	FOOD ASSISTANCE
(88) MILLER CHRISTIAN SERVICE 111 W MAIN ST MILLER,MO 65707	43-1499216	501C3		125,694	COST	FOOD INVENTORY	FOOD ASSISTANCE
(89) MISSION JOPLIN FOREST PARK BAPTIST CHURCH 2822 E 8TH ST JOPLIN,MO 64801	44-0559931	501C3	2,080	252,438	COST	FOOD INVENTORY	FOOD ASSISTANCE
(90) MISSOURI BAPTIST CHILDREN'S HOME 603 N MAIN STREET MOUNT VERNON,MO 657120568	43-1948009	501C3		48,609	COST	FOOD INVENTORY	FOOD ASSISTANCE
(91) MOBILE FOOD PANTRY - AIDS PROJECT 1636 S GLENSTONE AVE SPRINGFIELD,MO 65804	43-1421252	501C3		18,571	COST	FOOD INVENTORY	FOOD ASSISTANCE
(92) MOBILE FOOD PANTRY HEART OF THE HILLS DOUGLAS AVA UNITED METHODIST CHURCH AVA,MO 65608	43-1680485	501C3		38,440	COST	FOOD INVENTORY	FOOD ASSISTANCE
(93) MOBILE FOOD PANTRY OACAC DADE GREENFIELD 513 CRESTVIEW DR GREENFIELD,MO 65661	43-0836672	501C3		292,146	COST	FOOD INVENTORY	FOOD ASSISTANCE
(94) MOBILE FOOD PANTRY - DELIVERANCE TE 2101 W CHESTNUT SPRINGFIELD,MO 65802	43-1426384	501C3		25,721	COST	FOOD INVENTORY	FOOD ASSISTANCE
(95) MOBILE FOOD PANTRY - SENIOR AGE AVA 401 W WASHINGTON STREET AVA,MO 65608	43-1018538	501C3		60,455	COST	FOOD INVENTORY	FOOD ASSISTANCE
(96) MOBILE FOOD PANTRY - SPFD PUBLIC SC 415 S GOLDEN AVE SPRINGFIELD,MO 65802	43-1426384	501C3		44,624	COST	FOOD INVENTORY	FOOD ASSISTANCE
(97) MONETT COMMUNITY KITCHEN 1600 N CENTRAL	45-3936275	501C3		46,568	COST	FOOD INVENTORY	FOOD ASSISTANCE

MONETT,MO 65708							
(98) MONETT COMMUNITY PANTRY 1600 N CENTRAL MONETT,MO 65708	45-3936275	501C3	5,000	478,341	COST	FOOD INVENTORY	FOOD ASSISTANCE
(99) MOUNTAIN GROVE LOVE CENTER 304 E FIRST ST MOUNTAIN GROVE,MO 65711	77-0622202	501C3	4,000	600,750	COST	FOOD INVENTORY	FOOD ASSISTANCE
(100) MUNCH 811 E MAIN ST WILLOW SPRINGS,MO 65793	43-1615348	501C3	9,403	557,612	COST	FOOD INVENTORY	FOOD ASSISTANCE
(101) NEVADA COMMUNITY OUTREACH 229 N CEDAR ST NEVADA,MO 64772	43-1435333	501C3		376,036	COST	FOOD INVENTORY	FOOD ASSISTANCE
(102) NIANGUA COMMUNITY FOOD PANTRY 301 RUMSEY NIANGUA,MO 65713	46-0540277	501C3		17,511	COST	FOOD INVENTORY	FOOD ASSISTANCE
(103) NIANGUA ELEMENTARY SCHOOL 301 RUMSEY ST NIANGUA,MO 65713	43-1426384	501C3		8,786	COST	FOOD INVENTORY	FOOD ASSISTANCE
(104) NORTH STONE COUNTY FOOD PANTRY 215 N MAIN CRANE,MO 65633	43-1542596	501C3		107,056	COST	FOOD INVENTORY	FOOD ASSISTANCE
(105) OACAC - DADE COUNTY 2 N MAIN GREENFIELD,MO 65661	43-0836672	501C3	1,000	113,155	COST	FOOD INVENTORY	FOOD ASSISTANCE
(106) OREGON COUNTY FOOD PANTRY - ALTON 407 S MARKET ST ALTON,MO 65606	43-0838508	501C3	2,000	188,627	COST	FOOD INVENTORY	FOOD ASSISTANCE
(107) OREGON COUNTY FOOD PANTRY - THAYER 201 MARKET ST THAYER,MO 65791	20-3967809	501C3	2,000	177,818	COST	FOOD INVENTORY	FOOD ASSISTANCE
(108) OZARK COUNTY FOOD PANTRY 1155 COUNTY ROAD 806 GAINESVILLE,MO 65655	43-1855970	501C3	2,500	257,937	COST	FOOD INVENTORY	FOOD ASSISTANCE
(109) PARKVIEW CHRISTIAN CHURCH 1362 S CAMPBELL AVENUE SPRINGFIELD,MO 65807	43-1164434	501C3	1,000	63,269	COST	FOOD INVENTORY	FOOD ASSISTANCE
(110) PARKVIEW CHRISTIAN MEAL PROGRAMS 1362 S CAMPBELL SPRINGFIELD,MO 65807	43-1164434	501C3	500	43,950	COST	FOOD INVENTORY	FOOD ASSISTANCE
(111) PEOPLE HELPING PEOPLE 210 N PINE AVE REPUBLIC,MO 65738	43-1853251	501C3	1,000	90,970	COST	FOOD INVENTORY	FOOD ASSISTANCE
(112) PIERCE CITY SENIOR CITIZENS 104 N LOCUST PIERCE CITY,MO 65723	20-1357283	501C3		13,432	COST	FOOD INVENTORY	FOOD ASSISTANCE
(113) PIPKIN MIDDLE SCHOOL PANTRY 1215 N BOONVILLE AVE SPRINGFIELD,MO 65802	43-1426384	501C3		5,496	COST	FOOD INVENTORY	FOOD ASSISTANCE
(114) PRAIRIE CHAPEL UNITED METHODIST 20144 US HWY 65 URBANA,MO 65767	36-2167731	501C3	2,000	103,982	COST	FOOD INVENTORY	FOOD ASSISTANCE
(115) PREFERRED FAMILY HEALTHCARE 2411 W CATALPA SPRINGFIELD,MO 65801	43-1236557	501C3		52,283	COST	FOOD INVENTORY	FOOD ASSISTANCE
(116) PROJECT 360 - SOUND HOUSE 210 S ADAMS AVE LEBANON,MO 65530	47-3822734	501C3	500	6,121	COST	FOOD INVENTORY	FOOD ASSISTANCE
(117) SAFE HAVEN NOW LIFE 360 FORDLAND CA 138 W MAIN STREET FORDLAND,MO 65652	46-5615098	501C3		27,229	COST	FOOD INVENTORY	FOOD ASSISTANCE

(118) SALVATION ARMY - BRANSON PANTRY 1114 STANLEY AVE BRANSON,MO 65615	36-2167910	501C3	1,199	48,582	COST	FOOD INVENTORY	FOOD ASSISTANCE
(119) SALVATION ARMY - CARTHAGE PANTRY 125 E FAIRVIEW CARTHAGE,MO 648360528	43-0653584	501C3		61,424	COST	FOOD INVENTORY	FOOD ASSISTANCE
(120) SALVATION ARMY - CARTHAGE SOUP 125 E FAIRVIEW CARTHAGE,MO 648360528	43-0653584	501C3		10,479	COST	FOOD INVENTORY	FOOD ASSISTANCE
(121) SALVATION ARMY - JOPLIN SOUP KITCHEN 320 E 8TH ST JOPLIN,MO 64801	43-0653584	501C3	1,080	327,096	COST	FOOD INVENTORY	FOOD ASSISTANCE
(122) SALVATION ARMY - LEBANON 435 GARFIELD ST LEBANON,MO 65536	43-0653584	501C3	2,970	225,802	COST	FOOD INVENTORY	FOOD ASSISTANCE
(123) SALVATION ARMY - SPFD HARBOR HOUSE 636 N BOONVILLE SPRINGFIELD,MO 65806	43-0653584	501C3	1,000	111,288	COST	FOOD INVENTORY	FOOD ASSISTANCE
(124) SALVATION ARMY - SPFD PANTRY 1707 W CHESTNUT EXP SPRINGFIELD,MO 65802	43-0653584	501C3	500	311,008	COST	FOOD INVENTORY	FOOD ASSISTANCE
(125) SALVATION ARMY - SPFD SHELTER 1707 W CHESTNUT EXPY SPRINGFIELD,MO 65802	43-0653584	501C3	500	26,444	COST	FOOD INVENTORY	FOOD ASSISTANCE
(126) SAMA FOOD PANTRY 1500 EAST HWY 32 STOCKTON,MO 65785	20-1957662	501C3	1,000	101,734	COST	FOOD INVENTORY	FOOD ASSISTANCE
(127) SAMARITAN OUTREACH CENTER - PANTRY 715 MISSOURI AVE WEST PLAINS,MO 65775	43-1502024	501C3	6,000	53,269	COST	FOOD INVENTORY	FOOD ASSISTANCE
(128) SAMARITAN OUTREACH CENTER - SHELTER 715 MISSOURI AVE WEST PLAINS,MO 65775	43-1502024	501C3	2,000	17,150	COST	FOOD INVENTORY	FOOD ASSISTANCE
(129) SENECA FOOD PANTRY 821 CHEROKEE AVE SENECA,MO 64865	27-0855567	501C3	5,294	134,432	COST	FOOD INVENTORY	FOOD ASSISTANCE
(130) SENIOR AGE - ALTON 204 S MAIN ALTON,MO 65606	43-1018538	501C3	500	23,790	COST	FOOD INVENTORY	FOOD ASSISTANCE
(131) SENIOR AGE - ASH GROVE 310 PERRYMAN ASH GROVE,MO 65604	43-1018538	501C3	2,630	46,067	COST	FOOD INVENTORY	FOOD ASSISTANCE
(132) SENIOR AGE - AURORA 700 S HUDSON AURORA,MO 65605	43-1018538	501C3	95	32,527	COST	FOOD INVENTORY	FOOD ASSISTANCE
(133) SENIOR AGE - AVA 109 NE SECOND AVA,MO 65608	43-1018538	501C3		5,228	COST	FOOD INVENTORY	FOOD ASSISTANCE
(134) SENIOR AGE - BOLIVAR 1850 W BROADWAY BOLIVAR,MO 65613	43-1018538	501C3	2,180	13,887	COST	FOOD INVENTORY	FOOD ASSISTANCE
(135) SENIOR AGE - BRANSON 201 COMPTON DR BRANSON,MO 65616	43-1018538	501C3	3,694	42,819	COST	FOOD INVENTORY	FOOD ASSISTANCE
(136) SENIOR AGE - BUFFALO 103 S MAPLE BUFFALO,MO 65622	43-1372123	501C3	3,794	148,823	COST	FOOD INVENTORY	FOOD ASSISTANCE
(137) SENIOR AGE - CABOOL 910 CHERRY ST CABOOL,MO 65689	43-1067220	501C3		10,196	COST	FOOD INVENTORY	FOOD ASSISTANCE
(138) SENIOR AGE - CASSVILLE 1111 FAIR ST	43-1221410	501C3		21,386	COST	FOOD INVENTORY	FOOD ASSISTANCE

CASSVILLE,MO 65625							
(139) SENIOR AGE - EMINENCE 108 GREY JONES EMINENCE,MO 65466	43-1018538	501C3		7,145	COST	FOOD INVENTORY	FOOD ASSISTANCE
(140) SENIOR AGE - FORSYTH 13879 HWY 160 FORSYTH,MO 65653	43-1018538	501C3		9,311	COST	FOOD INVENTORY	FOOD ASSISTANCE
(141) SENIOR AGE - GAINSVILLE 516 COUNTY ROAD 800 GAINESVILLE,MO 65655	43-1018538	501C3	500	13,143	COST	FOOD INVENTORY	FOOD ASSISTANCE
(142) SENIOR AGE - GREENE COUNTY 1735 SOUTH FORT SPRINGFIELD,MO 65807	43-1018538	501C3		13,074	COST	FOOD INVENTORY	FOOD ASSISTANCE
(143) SENIOR AGE - HOUSTON 301 S GRAND HOUSTON,MO 65483	43-1509570	501C3	500	5,802	COST	FOOD INVENTORY	FOOD ASSISTANCE
(144) SENIOR AGE - KIMBERLING CITY 63 KIMBERLING BLVD KIMBERLING CITY,MO 65686	43-1018538	501C3	2,130	33,091	COST	FOOD INVENTORY	FOOD ASSISTANCE
(145) SENIOR AGE - MARSHFIELD 427 W WASHINGTON MARSHFIELD,MO 65706	43-1018538	501C3	1,000	92,444	COST	FOOD INVENTORY	FOOD ASSISTANCE
(146) SENIOR AGE - MONETT 405 DAIRY MONETT,MO 65708	43-1018538	501C3		5,712	COST	FOOD INVENTORY	FOOD ASSISTANCE
(147) SENIOR AGE - MOUNTAIN VIEW 903 E 5TH ST MOUNTAIN VIEW,MO 65548	43-1167221	501C3	1,800	10,330	COST	FOOD INVENTORY	FOOD ASSISTANCE
(148) SENIOR AGE - MT VERNON 425 N MAIN MOUNT VERNON,MO 65712	43-1018538	501C3		33,559	COST	FOOD INVENTORY	FOOD ASSISTANCE
(149) SENIOR AGE - MTN GROVE 700 E STATE STREET MOUNTAIN GROVE,MO 65711	43-1018538	501C3		15,202	COST	FOOD INVENTORY	FOOD ASSISTANCE
(150) SENIOR AGE - NIXA 404 S MAIN NIXA,MO 65714	43-1018538	501C3	2,130	31,579	COST	FOOD INVENTORY	FOOD ASSISTANCE
(151) SENIOR AGE - NORTHVIEW 301 E TALMAGE SPRINGFIELD,MO 65803	43-1018538	501C3	500	46,682	COST	FOOD INVENTORY	FOOD ASSISTANCE
(152) SENIOR AGE - OZARK 727 N 9TH ST OZARK,MO 65721	43-1018538	501C3		9,628	COST	FOOD INVENTORY	FOOD ASSISTANCE
(153) SENIOR AGE - REPUBLIC 210 E HINES REPUBLIC,MO 65738	43-1018538	501C3	2,130	21,426	COST	FOOD INVENTORY	FOOD ASSISTANCE
(154) SENIOR AGE - SEYMOUR 205 S COMMERICAL ST SEYMOUR,MO 65746	43-1647814	501C3		9,373	COST	FOOD INVENTORY	FOOD ASSISTANCE
(155) SENIOR AGE - SOUTHSIDE 2215 S FREMONT SPRINGFIELD,MO 65804	43-1018538	501C3	3,345	83,550	COST	FOOD INVENTORY	FOOD ASSISTANCE
(156) SENIOR AGE - STRAFFORD 201 W BUMGARNER STRAFFORD,MO 65757	43-1018538	501C3	1,744	16,896	COST	FOOD INVENTORY	FOOD ASSISTANCE
(157) SENIOR AGE - SUMMERSVILLE 127 ROGERS AVE SUMMERSVILLE,MO 65571	43-1233413	501C3		21,533	COST	FOOD INVENTORY	FOOD ASSISTANCE
(158) SENIOR AGE - THAYER 100 CHESTNUT THAYER,MO 65791	43-1190762	501C3	500	26,964	COST	FOOD INVENTORY	FOOD ASSISTANCE

(159) SENIOR AGE - WEST PLAINS 416 E MAIN ST WEST PLAINS,MO 65775	43-1018538	501C3	2,500	97,190	COST	FOOD INVENTORY	FOOD ASSISTANCE
(160) SENIOR AGE - WILLOW SPRINGS 501 SENIOR CENTER LANE WILLOW SPRINGS,MO 65793	43-1881619	501C3	800	9,752	COST	FOOD INVENTORY	FOOD ASSISTANCE
(161) SENIORAGE - WINONA 212 SAPPER ST WINONA,MO 65588	43-1206956	501C3	500	18,400	COST	FOOD INVENTORY	FOOD ASSISTANCE
(162) SHANNON COUNTY FOOD PANTRY 102 W SECOND WINONA,MO 65588	43-1125136	501C3		358,391	COST	FOOD INVENTORY	FOOD ASSISTANCE
(163) SHEPHERDS NOOK 701 N MAIN ST SALEM,MO 65560	73-6114117	501C3	2,000	830,118	COST	FOOD INVENTORY	FOOD ASSISTANCE
(164) SOUTHERN STONE COUNTY FOOD PANTRY 20 KIMBERLING BLVD KIMBERLING CITY,MO 65686	44-0571348	501C3	2,000	414,552	COST	FOOD INVENTORY	FOOD ASSISTANCE
(165) SPECIAL FORCE FAMILY MINISTRIES 428 S HARRISON ST NIXA,MO 65714	41-1339757	501C3		18,384	COST	FOOD INVENTORY	FOOD ASSISTANCE
(166) SPRINGFIELD COMMUNITY GARDEN WELLER 1624 E BLAINE ST SPRINGFIELD,MO 65802	27-1883334	501C3		202,798	COST	FOOD INVENTORY	FOOD ASSISTANCE
(167) ST CLAIR COUNTY FOOD PANTRY 5TH AND MARKET ST OSCEOLA,MO 64776	43-1583740	501C3	2,000	182,772	COST	FOOD INVENTORY	FOOD ASSISTANCE
(168) ST CLAIR COUNTY SENIOR CENTER 5215 BUSINESS HWY 13 N E OSCEOLA,MO 64776	43-1015585	501C3	500	16,291	COST	FOOD INVENTORY	FOOD ASSISTANCE
(169) ST JOSEPH CATHOLIC - SPFD 1115 N CAMPBELL AVE SPRINGFIELD,MO 65802	44-0571348	501C3	3,988	144,115	COST	FOOD INVENTORY	FOOD ASSISTANCE
(170) ST JOSEPH CATHOLIC CHURCH - BILLIN 320 N W WASHINGTON BILLINGS,MO 65610	44-0571348	501C3	2,080	381,431	COST	FOOD INVENTORY	FOOD ASSISTANCE
(171) ST PETER'S OUTREACH HOUSE - SOUP K 807 MOFFETT AVE JOPLIN,MO 64801	44-0571348	501C3		42,317	COST	FOOD INVENTORY	FOOD ASSISTANCE
(172) ST SUSANNE CATHOLIC CHURCH 700 W SLOAN HWY V MOUNT VERNON,MO 65712	44-0571348	501C3	4,000	295,089	COST	FOOD INVENTORY	FOOD ASSISTANCE
(173) STUDY ALTERNATIVE FOOD PANTRY 2343 W OLIVE ST SPRINGFIELD,MO 65802	23-7060599	501C3		8,903	COST	FOOD INVENTORY	FOOD ASSISTANCE
(174) SUNSHINE CHILDREN'S HOME 9215 COUNTY LANE 175 CARTHAGE,MO 64836	23-7060599	501C3		16,489	COST	FOOD INVENTORY	FOOD ASSISTANCE
(175) TEEN CHALLENGE - NEOSHO 18527 E HWY 86 NEOSHO,MO 64850	20-3459311	501C3	3,294	19,375	COST	FOOD INVENTORY	FOOD ASSISTANCE
(176) TEXAS COUNTY FOOD PANTRY 102A E ST ROUTE 17 HOUSTON,MO 65483	43-1566581	501C3		978,324	COST	FOOD INVENTORY	FOOD ASSISTANCE
(177) UNITED COMMUNITY HELP CENTER 209 PARK ST LICKING,MO 65542	43-1279107	501C3	2,000	299,396	COST	FOOD INVENTORY	FOOD ASSISTANCE
(178) VERNON COUNTY SENIOR CENTER 301 N MAIN	43-1015585	501C3		60,060	COST	FOOD INVENTORY	FOOD ASSISTANCE

NEVADA, MO 64472							
(179) VERONA BAPTIST CHURCH 115 S FIRST ST VERONA, MO 65769	44-0615104	501C3	2,000	188,570	COST	FOOD INVENTORY	FOOD ASSISTANCE
(180) VICTORY MISSION - HELP & HOME 700 W CHASE SPRINGFIELD, MO 65803	43-1345089	501C3		170,024	COST	FOOD INVENTORY	FOOD ASSISTANCE
(181) WCMCAA - ST CLAIR COUNTY 106 W 4TH ST APPLETON CITY, MO 64724	43-0838410	501C3		43,177	COST	FOOD INVENTORY	FOOD ASSISTANCE
(182) WRIGHT COUNTY CHILDREN'S HOME 528 W NORWOOD ST NORWOOD, MO 65717	43-1625535	501C3		10,374	COST	FOOD INVENTORY	FOOD ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 182

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

[Return to Form](#)

Software ID:
Software Version:

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

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

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

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

2018

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 Questions Regarding Compensation

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel, Travel for companions, Tax idemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes," to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BART BROWN PRESIDENT/CEO	(i)	155,880			4,603	7,140	167,623	
	(ii)

Part III **Supplemental Information**

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

Return Reference**Explanation**

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ROSS CONSTRUCTION GROUP ROSS CONSTRUCTION GROUP	OWNER	375,387	BUILDING ADDITION		No

Part V Supplemental Information

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

Return Reference**Explanation**

SCHEDULE L, PART V

KENNY ROSS, SOLE OWNER OF ROSS CONSTRUCTION IS A BOARD MEMBER WITH VOTING POWER. THE BOARD VOTED TO AWARD MORELOCK ROSS BUILDERS (LATER REVERTING TO ROSS CONSTRUCTION UPON SPLIT IN COMPANY) THE BID FOR THE BUILDING ADDITION - KENNY ROSS ABSTAINED FROM THE VOTE.

Additional Data

Return to Form

Software ID:
Software Version:

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2018

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	14,783,397	26,327,221	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**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a** Yes No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31** Yes No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** Yes 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 M, PAGE 2, PART II	THE AMOUNT OF CONTRIBUTIONS; INDIVIDUALLY AND THROUGH GRANTS TOTALED 14,783,397.

Additional Data

Return to Form

Software ID:
Software Version:

SCHEDULE O
(Form 990 or 990-EZ)

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
OZARKS FOOD HARVEST INC

Employer identification number

43-1426384

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.
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 AND PER THE THE ANNUAL COMPENSATION STUDY.
FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990 ARE MADE AVAILABLE UPON REQUEST.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
OZARKS FOOD HARVEST INC

Employer identification number

43-1426384

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1)OFH-SOLAR INC PO BOX 5746 SPRINGFIELD, MO 65801	SOLAR LEAS	MO	N/A						No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OFH-SOLAR INC	J	4,200	COST

Part VII Supplemental Information

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

Return Reference**Explanation**

Schedule R (Form 990) 2018

Additional Data**Return to Form****Software ID:****Software Version:**