

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable: C Name of organization COMMUNITY FOUNDATION OF THE OZARKS, INC. D Employer identification number 23-7290968
E Telephone number (417)864-6199
G Gross receipts \$ 31,774,426.
H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
I Tax-exempt status: X 501(c)(3)
J Website: CFOZARKS.ORG
K Form of organization: X Corporation
L Year of formation: 1973
M State of legal domicile: MO

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances...

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: SUSANNE GRAY, ASSISTANT SECRETARY
Preparer: JOE PAGE, WHITLOCK, SELIM & KEEHN, LLP
Firm's EIN: 43-1365401

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FOUNDATION RECEIVES, DISTRIBUTES AND ADMINISTERS FUNDS FOR CHARITABLE AND PUBLIC PURPOSES, PRIMARILY PERMANENT ENDOWED FUNDS FOR THE SPRINGFIELD METROPOLITAN AREA, REGIONAL COMMUNITY FOUNDATIONS AND THE SOUTHERN TIER OF MISSOURI.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 13,277,600. including grants of \$) (Revenue \$) THE FOUNDATION RECEIVES, DISTRIBUTES AND ADMINISTERS FUNDS FOR CHARITABLE AND PUBLIC PURPOSES, PRIMARILY PERMANENT ENDOWED FUNDS FOR THE SPRINGFIELD METROPOLITAN AREA, REGIONAL COMMUNITY FOUNDATIONS AND THE SOUTHERN TIER OF MISSOURI

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 13,277,600.

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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
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>		X
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>		X
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>	X	
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>		X
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>		X
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>		X
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>	X	
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>	X	
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>	X	
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>		X
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>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>		X
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>		X
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>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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>		X
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>		X
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>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
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)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response to any question in this Part VI **X**

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
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	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
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	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
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	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► SUSANNE GRAY - (417) 864-6199
P.O. BOX 8960, SPRINGFIELD, MO 65801

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) BRIAN FOGLE PRESIDENT	40.00	X		X				127,934.	0.	23,362.
(2) JILL REYNOLDS CHAIR	2.00	X		X				0.	0.	0.
(3) ROGER D. SHAW CHAIR-ELECT	2.00	X		X				0.	0.	0.
(4) SHARI HOFFMAN TREASURER	2.00	X		X				0.	0.	0.
(5) GLORIA GALANES SECRETARY	2.00	X		X				0.	0.	0.
(6) JAMI S PEEBLES AT LARGE	2.00	X						0.	0.	0.
(7) MARGIE BERRY BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(8) JUDITH GONZALEZ BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(9) BILL LEE BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(10) ROSALIE WOOTEN BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(11) WILLIAM W. MILLER BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(12) STEPHANIE STENGER BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(13) RICHARD CAVENDER REGIONAL REPRESENTATIVE	2.00	X						0.	0.	0.
(14) MARK NELSON IAB REPRESENTAVE	2.00	X						0.	0.	0.
(15) EVELYN MANGAN BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(16) SANDRA THOMASON BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(17) CHRIS CRAIG BOARD OF DIRECTORS	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) ROB FOSTER BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(19) KAREN MILLER BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(20) BRIAN HAMMONS BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(21) RANDY HOWARD BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(22) CLIFFORD BROWN PAST PRESIDENT	2.00	X		X				0.	0.	0.
(23) SUSANNE GRAY ASSISTANT SECRETARY	40.00			X				94,624.	0.	17,576.
1b Sub-total								222,558.	0.	40,938.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								222,558.	0.	40,938.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 21,195,653.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		21,195,653.			
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,494,770.		3,494,770.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	6,837,862.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	5,761,359.			
		c Gain or (loss)	1,076,503.			
	d Net gain or (loss)		1,076,503.		1,076,503.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MANAGEMENT FEES	900099	238,600.	238,600.			
b OTHER REVENUES	900099	7,541.	7,541.			
c _____						
d All other revenue						
e Total. Add lines 11a-11d		246,141.				
12 Total revenue. See instructions.		26,013,067.	246,141.	0.	4,571,273.	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	13,277,600.	13,277,600.		
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	270,023.		219,750.	50,273.
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	771,770.		771,770.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,659.		22,659.	
9 Other employee benefits	128,482.		128,482.	
10 Payroll taxes	73,880.		73,880.	
11 Fees for services (non-employees):				
a Management				
b Legal	33,435.		33,435.	
c Accounting	25,925.		25,925.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,119,043.		1,119,043.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	155,290.		155,290.	
14 Information technology				
15 Royalties				
16 Occupancy	36,060.		36,060.	
17 Travel	16,827.		16,827.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,564.		13,564.	
20 Interest	24,030.		24,030.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,023.		39,023.	
23 Insurance	27,363.		27,363.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	555,749.		555,749.	
b PREMIUM EXPENSE	129,757.		129,757.	
c DONOR RECOGNITION	52,592.		52,592.	
d FINANCIAL SOFTWARE	29,055.		29,055.	
e All other expenses	31,299.		31,299.	
25 Total functional expenses. Add lines 1 through 24e	16,833,426.	13,277,600.	3,505,553.	50,273.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1 Cash - non-interest-bearing		1			
	2 Savings and temporary cash investments	34,483,709.	2	40,880,287.		
	3 Pledges and grants receivable, net	752,160.	3	756,874.		
	4 Accounts receivable, net		4			
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges		9			
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,148,526.				
	b Less: accumulated depreciation	10b 442,118.	13,299,606.	10c	13,706,408.	
	11 Investments - publicly traded securities	1,091,126.	11	811,373.		
	12 Investments - other securities. See Part IV, line 11	142,331,199.	12	164,266,307.		
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11	1,936,795.	15	1,862,012.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	193,894,595.	16	222,283,261.			
Liabilities	17 Accounts payable and accrued expenses	848,274.	17	530,677.		
	18 Grants payable		18			
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	50,468,976.	25	60,592,792.		
	26 Total liabilities. Add lines 17 through 25	51,317,250.	26	61,123,469.		
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	6,508,060.	27	7,583,596.		
	28 Temporarily restricted net assets	72,491,966.	28	86,486,816.		
	29 Permanently restricted net assets	63,577,319.	29	67,089,380.		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
	33 Total net assets or fund balances	142,577,345.	33	161,159,792.		
34 Total liabilities and net assets/fund balances	193,894,595.	34	222,283,261.			

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,013,067.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,833,426.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,179,641.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	142,577,345.
5	Net unrealized gains (losses) on investments	5	9,390,989.
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	11,817.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	161,159,792.

Part XII Financial Statements and Reporting

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

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

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10758917.	12470133.	22793926.	22744988.	21195653.	89963617.
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	10758917.	12470133.	22793926.	22744988.	21195653.	89963617.
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)						4776370.
6 Public support. Subtract line 5 from line 4.						85187247.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	10758917.	12470133.	22793926.	22744988.	21195653.	89963617.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1812466.	2586567.	3098649.	3062477.	3494770.	14054929.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						104018546
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	81.90	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	82.82	%
16a 33 1/3% support test - 2012. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. 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	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	232	
2 Aggregate contributions to (during year)	6,789,212.	
3 Aggregate grants from (during year)	3,480,482.	
4 Aggregate value at end of year	40,109,743.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's 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? 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	80,520,005.	82,582,642.	66,886,684.	58,008,461.	70,692,678.
b Contributions	6,640,927.	3,605,968.	10,446,739.	4,514,897.	3,080,192.
c Net investment earnings, gains, and losses	8,106,301.	-1,622,019.	11,802,392.	7,828,280.	-12,373,901.
d Grants or scholarships	3,609,190.	2,779,295.	5,645,879.	2,685,243.	2,590,143.
e Other expenditures for facilities and programs				17,033.	139,075.
f Administrative expenses	1,321,626.	1,267,291.	907,294.	762,678.	661,290.
g End of year balance	90,336,417.	80,520,005.	82,582,642.	66,886,684.	58,008,461.

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

- a Board designated or quasi-endowment 0.00 %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment 0.00 %

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	12,457,094.			12,457,094.
b Buildings		1,459,776.	255,461.	1,204,315.
c Leasehold improvements				
d Equipment		213,956.	176,543.	37,413.
e Other		17,700.	10,114.	7,586.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				13,706,408.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	2,224,160.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) MONEY MARKET	4,075,166.	END-OF-YEAR MARKET VALUE
(B) NOTE RECEIVABLE	1,558,819.	END-OF-YEAR MARKET VALUE
(C) MUTUAL FUNDS	118,995,488.	END-OF-YEAR MARKET VALUE
(D) BONDS	4,065,311.	END-OF-YEAR MARKET VALUE
(E) HEDGE FUNDS	32,247,363.	END-OF-YEAR MARKET VALUE
(F) OTHER	1,100,000.	COST
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	164,266,307.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	60,592,792.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	60,592,792.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements		1 35,641,679.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a 9,390,989.	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d 1,360,484.	
e	Add lines 2a through 2d		2e 10,751,473.
3	Subtract line 2e from line 1		3 24,890,206.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b 1,122,861.	
c	Add lines 4a and 4b		4c 1,122,861.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5 26,013,067.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements		1 17,074,867.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d 1,360,484.	
e	Add lines 2a through 2d		2e 1,360,484.
3	Subtract line 2e from line 1		3 15,714,383.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b 1,119,043.	
c	Add lines 4a and 4b		4c 1,119,043.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5 16,833,426.

Part XIII Supplemental Information

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

MANAGEMENT FEE EXPENSE 1,360,484.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ANNUAL ACTUARIAL ADJUSTMENT 3,818.

INVESTMENT FEES NETTED AGAINST INCOME 1,119,043.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,122,861.

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

MANAGEMENT EXPENSES 1,360,484.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FESS NETTED AGAINST INCOME 1,119,043.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (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
ADOPTION MINISTRY OF YWAM PO BOX 512 PUYALLUP, WA 98371	71-0921217	501(C)(3)	30,575.	0.			OUTREACH MINISTRY OF YOUTH WITH A MISSION
ALL ABOARD LEARNING CENTER 106 E WASHINGTON CUBA, MO 65453	43-1941534	501(C)(3)	7,796.	0.			EDUCATIONL AND PHYSICAL DEVELOPMENT OF YOUTH
ALTON R-IV SCHOOL DISTRICT RT 2 BOX 2180 ALTON, MO 65606	43-6015516	501(C)(3)	28,109.	0.			EDUCATIONASL PROGRAM FOR CHILDREND
ALZHEIMERS ASSOCIATION MID-MISSOURI CHAPTER - 2400 BLUFF CREEK DR. - COLUMBIA, MO 65201	43-1344786	501(C)(3)	6,000.	0.			FOR ALZHEIMER'S AWARENESS
AMBASSADORS FOR CHILDREN METRO SPFD CHALLENGE GRANT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	11,400.	0.			IPT - METRO CHALLENGE GRANT
AMERICAN CANCER SOCIETY 3322 S. CAMPBELL, #G SPRINGFIELD, MO 65807	23-7040934	501(C)(3)	152,296.	0.			AID TO VICTIMS AND CANCER PREVENTION

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
AMERICAN HEART ASSOCIATION 2446 E. MADRID AVE. SPRINGFIELD, MO 65804	13-5613797	501(C)(3)	19,579.	0.			PREVENTION OF HEART DISEASE
AMERICAN RED CROSS GREATER OZARKS CHAPTER - 1545 N. WEST BYPASS - SPRINGFIELD, MO 65803	44-0563832	501(C)(3)	17,104.	0.			EMERGENCY NEEDS OF FAMILIES
ARC OF THE OZARKS 1501 E PYTHIAN SPRINGFIELD, MO 65802	43-6049004	501(C)(3)	126,025.	0.			HOUSING AND ASSISTANCE FOR DISABLED CLIENTS
ARC OF THE OZARKS METRO SPFD CHALLENGE GRANT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	9,000.	0.			HOUSING AND ASSISTANCE FOR DISABLED CLIENTS
AREA AGENCY ON AGING REGION TEN PO BOX 3990 JOPLIN, MO 64803	43-1159115	501(C)(3)	40,000.	0.			DELIVERY TRUCK FOR MEALS ON WHEELS
AREA AGENCY ON AGING REGION TEN PO BOX 3990 JOPLIN, MO 64803	43-1159115	501(C)(3)	1,286.	0.			UNRESTRICTED
ART FEEDS P.O. BOX 703 JOPLIN, MO 64802	27-1326336	501(C)(3)	25,000.	0.			THERAPEUTIC ART KITS FOR JOPLIN/DUQUESNE SCHOOL KIDS
ASH GROVE SCHOOLS 100 MAPLE LANE ASH GROVE, MO 65604	44-6001727	501(C)(3)	7,481.	0.			EDUCATIONAL PROGRAM FOR YOUTH
ASSEMBLIES OF GOD WORLD MISSIONS 1445 N. BOONVILLE SPRINGFIELD, MO 65802	44-0577787	501(C)(3)	10,300.	0.			MISSION TRIPS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BIG BROTHERS BIG SISTERS OF THE OZARKS - 3372 W BATTLEFIELD - SPRINGFIELD, MO 65807	43-0971303	501(C)(3)	11,550.	0.			PROGRAMS AND SERVICES FOR CHILDREN AND VOLUNTEERS
BIG BROTHERS BIG SISTERS OF THE OZARKS METRO SGF CHALLENGE GRANT - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	10,200.	0.			PROGRAMS AND SERVICES FOR CHILDREN AND VOLUNTEERS
BIG IDEA GLENSTONE SQUARE SOCIAL 425 EAST TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	6,000.	0.			UNRESTRICTED
BILL WALLIS SCHOLARSHIP 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	12,500.	0.			EDUCATIONAL PROGRAMMING
BOURBON COMMUNITY CENTER 5992 HWY C BOURBON, MO 65441	43-1499808	501(C)(3)	5,000.	0.			COMMUNITY CENTER UPGRADES
BOYS & GIRLS CLUB OF SOUTHWEST MISSOURI - 317 COMINGO - JOPLIN, MO 64801	44-0627566	501(C)(3)	23,005.	0.			CENTER IMPROVEMENTS
BOYS & GIRLS CLUB OF THE OZARKS 1460 BEE CREEK RD BRANSON, MO 65616	43-1664669	501(C)(3)	37,450.	0.			SCHOLARSHIPS/REDUCED LUNCH QUALIFIED CHILDREN
BOYS & GIRLS CLUB OF THE WEST PLAINS AREA - 11 COURT SQUARE - WEST PLAINS, MO 65775	27-4455082	501(C)(3)	47,500.	0.			YOUTH EDUCATIONAL PROGRAM
BOYS & GIRLS CLUBS OF SPRINGFIELD 1410 N FREMONT AVE SPRINGFIELD, MO 65802	44-0513659	501(C)(3)	31,666.	0.			EDUCATIONL AND PHYSICAL DEVELOPMENT OF YOUTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BOYS & GIRLS CLUBS OF SPRINGFIELD METRO SPFD CHALLENGE GRANT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	11,400.	0.			EDUCATIONL AND PHYSICAL DEVELOPMENT OF YOUTH
BOYS & GIRLS TOWN METRO SPFD CHALLENGE GRANT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	9,000.	0.			IFT - METRO CHALLENGE GRANT
BOYS & GIRLS TOWN OF MISSOURI: GREAT CIRCLE - 1212 W LOMBARD ST - SPRINGFIELD, MO 65806	43-0681471	501(C)(3)	8,500.	0.			HOUSING/EDUCATIONL & PHYSICAL DEVELOPMENT OF YOUTH
BRADLEYVILLE R-1 PUBLIC SCHOOLS 16474 N STATE HWY 125 BRADLEYVILLE, MO 65614	44-6004951	501(C)(3)	87,777.	0.			YOUTH EDUCATIONAL PROGRAM
BREAST CANCER FOUNDATION OF THE OZARKS - 330 N JEFFERSON AVE - SPRINGFIELD, MO 65806	43-1881450	501(C)(3)	37,050.	0.			AID TO VICTIMS OF BREAST CANCER
BRENTWOOD CHRISTIAN CHURCH 1900 E BARATARIA SPRINGFIELD, MO 65804	44-6006164	501(C)(3)	9,124.	0.			PLAYGROUND EQUIPMENT
BRIDGES FOR YOUTH 1039 W. NICHOLS SPRINGFIELD, MO 65802	43-1718841	501(C)(3)	15,700.	0.			ASSISTANCE FOR CHILDREN THROUGH NEIGHBORHOOD YOUTH CENTER
BRYANT WATERSHED PROJECT PO BOX 1725 WEST PLAINS, MO 65775	43-1889711	501(C)(3)	50,000.	0.			HUMAN SERVICES
CAMP BARNABAS PO BOX 3200 SPRINGFIELD, MO 65808	33-1122930	501(C)(3)	26,437.	0.			HOUSING/EDUCATIONL & PHYSICAL DEVELOPMENT OF YOUTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CAMP NOAH 2485 COMO AVE. ST. PAUL, MN 55108	41-0872993	501(C)(3)	11,500.	0.			PROGRAMMING IN JOPLIN RECOVERY
CAMP PENUUEL PO BOX 367 IRONTON, MO 63650	23-7318998	501(C)(3)	5,000.	0.			UNRESTRICTED
CAMP QUALITY OZARKS 2721 KENNEDY AVENUE JOPLIN, MO 64801	38-2208796	501(C)(3)	15,460.	0.			CAMP EXPERIENCE FOR CHILDREN CANCER VICTIMS
CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO, FL 32862-8222	95-6006173	501(C)(3)	15,000.	0.			STUDENT COMMUNITY FELLOWSHIP
CARE TO LEARN - OZARK ENDOWMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	25,000.	0.			IFT - FOR CARE TO LEARN OZARK
CARE TO LEARN - OZARK FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	5,424.	0.			HEALTH.HUNGER.HYGIENE NEEDS FOR CHILDREN
CARE TO LEARN - OZARK INTERMEDIATE FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	50,000.	0.			HEALTH.HUNGER.HYGIENE NEEDS FOR CHILDREN
CARE TO LEARN 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	23-7290968	501(C)(3)	15,000.	0.			SHOP WITH A HERO
CARE TO LEARN - SPRINGFIELD FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	33,988.	0.			HEALTH.HUNGER.HYGIENE NEEDS FOR CHILDREN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CARE TO LEARN METRO SPFD CHALLENGE GRANT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	9,000.	0.			HEALTH, HUNGER, HYGIENE NEEDS FOR CHILDREN
CARTHAGE AREA UNITED WAY PO BOX 250 CARTHAGE, MO 64836	87-0705084	501(C)(3)	5,500.	0.			PROGRAMMING FOR COMMUNITY NONPROFITS
CARTHAGE CRISIS CENTER 100 S MAIN ST CARTHAGE, MO 64836	43-1769385	501(C)(3)	60,500.	0.			CRISIS CENTER AID TO THOSE IN NEED
CARTHAGE CRISIS CENTER, INC. REPAIR AND REPLACEMENT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	60,000.	0.			CRISIS CENTER AID TO THOSE IN NEED
CARTHAGE R-9 SCHOOL FOUNDATION 2600 S RIVER CARTHAGE, MO 64836	43-1712338	501(C)(3)	6,672.	0.			EDUCATIONAL PROGRAMS
CASA METRO SPGFLD CHALLENGE GRANT FUND - 425 E. TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	11,400.	0.			ASSIST THE COURT IN PROTECTING ABUSED CHILDREN
CASA OF SOUTHWEST MISSOURI PO BOX 4853 SPRINGFIELD, MO 65808	43-1524185	501(C)(3)	6,048.	0.			ASSIST THE COURT IN PROTECTING ABUSED CHILDREN
CASCIA HALL FOUNDATION 2520 S YORKTOWN AVE TULSA, OK 74114	73-1567543	501(C)(3)	8,500.	0.			EDUCATIONAL PROGRAMMING FOR CHILDREN
CASSVILLE SENIOR CENTER 1111 FAIR ST CASSVILLE, MO 65625	43-1221410	501(C)(3)	49,004.	0.			FOR SENIOR CENTER PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CATHOLIC CHARITIES OF SOUTHERN MISSOURI, INC. - 601 S. JEFFERSON - SPRINGFIELD, MO 65806	44-0609997	501(C)(3)	21,651.	0.			PROGRAMMING FOR COMMUNITY PROJECTS
CEDAR FALLS HIGH SCHOOL 1015 DIVISION STREET CEDAR FALLS, IA 50613	42-0862684	501(C)(3)	7,352.	0.			UNRESTRICTED
CENTS OF PRIDE FUND 425 EAST TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	6,000.	0.			HEALTH, HUNGER, AND HYGIENE SUPPLIES FOR STORES
CHILD ADVOCACY CENTER METRO SGF CHALLENGE GRANT FUND - 425 EAST TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	11,400.	0.			AID FOR ABUSED CHILDREN
CHILDREN'S HAVEN OF SOUTHWEST MISSOURI - 701 S. PICHER - JOPLIN, MO 64801	04-3603881	501(C)(3)	17,486.	0.			ASSISTANCE FOR AT RISK CHILDREN
CHILDREN'S MERCY HOSPITALS & CLINICS - 2401 GILLHAM RD. - KANSAS CITY, MO 64108	44-0605373	501(C)(3)	5,181.	0.			HEALTH NEEDS OF CHILDREN
CHILDREN'S SMILE CENTER PO BOX 1833 OZARK, MO 65721	57-1196229	501(C)(3)	6,706.	0.			DENTAL CARE FOR CHILDREN
CHRIST EPISCOPAL CHURCH 601 E WALNUT ST SPRINGFIELD, MO 65806-3560	43-1657802	501(C)(3)	75,300.	0.			UNRESTRICTED FOR PROGRAMS AND OPERATION
CHRISTIAN ACTION MINISTRIES 610 S. 6TH STREET, STE. 102 BRANSON, MO 65616	43-1355905	501(C)(3)	10,811.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CHRISTIAN COUNTY FAMILY CRISIS CENTER - PO BOX 1276 - OZARK, MO 65721	43-1928995	501(C)(3)	18,525.	0.			SHELTER FOR WOMEN AND CHILDREN
CHRISTIAN RENEWAL ASSOCIATION PO BOX 576 EDMONDS, WA 98020	91-1291259	501(C)(3)	5,000.	0.			UNRESTRICTED
CITY OF JOPLIN 602 S MAIN JOPLIN, MO 64801	44-6000196	POLITICAL	40,432.	0.			REBUILDING AND IMPROVING PARKS
CITY OF JOPLIN 602 S MAIN JOPLIN, MO 64801	44-6000196	POLITICAL	519.	0.			COMMUNITY BETTERMENT
CITY OF SEYMOUR PO BOX 247 SEYMOUR, MO 65746	44-6005586	POLITICAL	17,561.	0.			COMMUNITY BETTERMENT
CITY OF ST. MARY 782 3RD ST. ST. MARY, MO 63673	43-0915736	POLITICAL	753.	0.			VESTS FOR POLICE
CITY OF ST. MARY 782 3RD ST. ST. MARY, MO 63673	43-0915736	POLITICAL	15,000.	0.			WATER CHLORINATION
CITY OF STE. GENEVIEVE 165 S. FOURTH ST STE GENEVIEVE, MO 63670	43-6003164	POLITICAL	14,800.	0.			COMMUNITY BETTERMENT
CITY OF STE. GENEVIEVE FIRE DEPARTMENT - 165 S. FOURTH ST. - STE. GENEVIEVE, MO 63670	43-6003164	POLITICAL	5,000.	0.			HAZARDOUS GAS SAFETY EQUIPMENT FOR CTR TEAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CITY OF STE. GENEVIEVE POLICE DEPARTMENT - 165 SOUTH 4TH STREET - STE. GENEVIEVE, MO 63670	43-6003164	POLITICAL	4,796.	0.			NEW COMPUTERS & SOFTWARE UPGRADES
CITY OF STE. GENEVIEVE POLICE DEPARTMENT - 165 SOUTH 4TH STREET - STE. GENEVIEVE, MO 63670	43-6003164	POLITICAL	3,200.	0.			MOBILE DATA ACCESS FOR POLICE CARS
CLARK COMMUNITY MENTAL HEALTH CENTER - 912 OLD EXETER RD. - CASSVILLE, MO 65625	23-7218344	501(C)(3)	46,716.	0.			MENTAL AND HEALTH SERVICES
CLINTON AREA ARTS COUNCIL PO BOX 314 CLINTON, MO 64735	43-1846374	501(C)(3)	5,000.	0.			SCHOOL MUSIC DEPARTMENT PROGRAM
CLINTON AREA ARTS COUNCIL PO BOX 314 CLINTON, MO 64735	43-1846374	501(C)(3)	439.	0.			UNRESTRICTED
CLINTON CHRISTIAN ACADEMY 271 W DIVISION RD CLINTON, MO 64735	43-1878692	501(C)(3)	9,162.	0.			EDUCATIONAL PROGRAM
CLINTON MAIN STREET, INC. 200 S. MAIN STREET CLINTON, MO 64735	43-1528229	501(C)(3)	8,000.	0.			REBUILDING COMMUNITY CENTER
CLINTON SCHOOL DISTRICT #124 701 S 8TH ST CLINTON, MO 64735	44-6001380	501(C)(3)	5,760.	0.			EDUCATION PROGRAMS
CLINTON UNITED METHODIST CHURCH 601 S 4TH ST. CLINTON, MO 64735	44-0590276	501(C)(3)	15,916.	0.			UNRESTRICTED

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
COLLEGE OF THE OZARKS P.O. BOX 17 POINT LOOKOUT, MO 65726	44-0556862	501(C)(3)	5,075.	0.			EDUCATIONAL PROGRAMS
COMMUNITIES OF RECOVERY -- CORE 602 SOUTH 6TH STREET BRANSON, MO 65615	25-1624453	501(C)(3)	24,108.	0.			UNRESTRICTED
COMMUNITY FOUNDATION OF NORTHWEST MISSOURI - 1014 WEST ST. MAARTENS DRIVE - ST. JOSEPH, MO 64506	27-0436182	501(C)(3)	12,000.	0.			COMMUNITY BETTERMENT
COMMUNITY FOUNDATION OF THE OZARKS 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	27,965.	0.			UNRESTRICTED
COMMUNITY PARTNERSHIP OF THE OZARKS - 330 N JEFFERSON AVE - SPRINGFIELD, MO 65806	43-1830026	501(C)(3)	21,300.	0.			COMMUNITY BETTERMENT
COMMUNITY PARTNERSHIP OF THE OZARKS - 330 N JEFFERSON AVE - SPRINGFIELD, MO 65806	43-1830026	501(C)(3)	300.	0.			SUMMER SCIENCE PROGRAM FOR LOW INCOME CHILDREN
COMMUNITY PARTNERSHIP OF THE OZARKS - 330 N JEFFERSON AVE - SPRINGFIELD, MO 65806	43-1830026	501(C)(3)	1,536.	0.			TRANSITION ASSISTANCE
COMMUNITY PARTNERSHIP OF THE OZARKS - 330 N JEFFERSON AVE - SPRINGFIELD, MO 65806	43-1830026	501(C)(3)	8,000.	0.			STRENGTHENING FAMILIES PROGRAM
COMMUNITY PARTNERSHIP OF THE OZARKS - 330 N JEFFERSON AVE - SPRINGFIELD, MO 65806	43-1830026	501(C)(3)	7,000.	0.			WEBSITE FOR LOW-INCOME HOUSING ACCESS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
COMMUNITY PARTNERSHIP OF THE OZARKS - 330 N JEFFERSON AVE - SPRINGFIELD, MO 65806	43-1830026	501(C)(3)	5,000.	0.			FOR SERVICES AND PROGRAMS
COMMUNITY SUPPORT SERVICES 2312 ANNIE BAXTER AVE. JOPLIN, MO 64804	43-1121898	501(C)(3)	670.	0.			MATERIALS FOR HOME RESIDENTS
COMMUNITY SUPPORT SERVICES 2312 ANNIE BAXTER AVE. JOPLIN, MO 64804	43-1121898	501(C)(3)	15,000.	0.			SAFE ROOMS AT DUPLEX
CONSERVATION FORCE 3240 SOUTH 1-10 SERVICE ROAD W SUITE METAIRIE, LA 70001	72-1364493	501(C)(3)	5,000.	0.			UNRESTRICTED
CONVOY OF HOPE 1660 N CAMPBELL AVE SPRINGFIELD, MO 65803	68-0051386	501(C)(3)	11,800.	0.			DISASTER RECOVERY/AID TO VICTIMS
COOPERATIVE BAPTIST FELLOWSHIP HEARTLAND - PO BOX 679 - LIBERTY, MO 64069	43-1583837	501(C)(3)	14,650.	0.			UNRESTRICTED
CORVALLIS WALDORF SCHOOL 3855 NE HIGHWAY 20 CORVALLIS, OR 97330	93-1121512	501(C)(3)	10,000.	0.			EDUCATIONAL PROGRAMMING
COUNCIL FOR A HEALTHY DENT COUNTY PO BOX 190 SALEM, MO 65560	27-2353430	501(C)(3)	5,000.	0.			UNRESTRICTED
COUNCIL OF CHURCHES OF THE OZARKS PO BOX 3947 SPRINGFIELD, MO 65808	43-0903657	501(C)(3)	1,000.	0.			COMMUNITY BETTERMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
COUNCIL OF CHURCHES OF THE OZARKS PO BOX 3947 SPRINGFIELD, MO 65808	43-0903657	501(C)(3)	6,000.	0.			AMBASSADORS FOR CHILDREN PROGRAM
COUNCIL OF CHURCHES OF THE OZARKS PO BOX 3947 SPRINGFIELD, MO 65808	43-0903657	501(C)(3)	1,000.	0.			FOOD PANTRY
COUNCIL OF CHURCHES OF THE OZARKS PO BOX 3947 SPRINGFIELD, MO 65808	43-0903657	501(C)(3)	3,280.	0.			ANNUAL DISTRIBUTION
COUNCIL OF CHURCHES OF THE OZARKS PO BOX 3947 SPRINGFIELD, MO 65808	43-0903657	501(C)(3)	20,000.	0.			HEALTH, HUNGER, HYGIENE - CROSSLINES
COUNTRYSIDE ASSEMBLY OF GOD 2921 S. MORRISVILLE AVE. BOLIVAR, MO 65613	43-1568221	501(C)(3)	400,509.	0.			ROCK SOLID DEVELOPMENT PROJECT WIRE TRANSFER
COX COLLEGE OF NURSING 3801 S NATIONAL SPRINGFIELD, MO 65807	44-0577118	501(C)(3)	10,000.	0.			NURSING SCHOLARSHIPS
COX HEALTH FOUNDATION 3525 SOUTH NATIONAL, #204 SPRINGFIELD, MO 65807	43-6810485	501(C)(3)	300.	0.			GLAUSER ONCOLOGY FUND
COX HEALTH FOUNDATION 3525 SOUTH NATIONAL, #204 SPRINGFIELD, MO 65807	43-6810485	501(C)(3)	352.	0.			ANNUAL DISTRIBUTION
COX HEALTH FOUNDATION 3525 SOUTH NATIONAL, #204 SPRINGFIELD, MO 65807	43-6810485	501(C)(3)	2,500.	0.			FOOD FOR WOMEN'S HEART EVENT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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COX HEALTH FOUNDATION 3525 SOUTH NATIONAL, #204 SPRINGFIELD, MO 65807	43-6810485	501(C)(3)	2,500.	0.			THE COLORECTAL RUNDIE EVENT
COX HEALTH FOUNDATION 3525 SOUTH NATIONAL, #204 SPRINGFIELD, MO 65807	43-6810485	501(C)(3)	1,000.	0.			COLO RECTAL PREVENTION FUND
COX HEALTH FOUNDATION 3525 SOUTH NATIONAL, #204 SPRINGFIELD, MO 65807	43-6810485	501(C)(3)	6,750.	0.			MEDICAL EXPLORERS - SCHOLARSHIPS FOR DUES
COX HEALTH FOUNDATION 3525 SOUTH NATIONAL, #204 SPRINGFIELD, MO 65807	43-6810485	501(C)(3)	4,800.	0.			HEALTH INCENTIVE AWARDS
COX HEALTH FOUNDATION 3525 SOUTH NATIONAL, #204 SPRINGFIELD, MO 65807	43-6810485	501(C)(3)	5,000.	0.			FUNDS FOR THE MARTIN CENTER
COX HEALTH FOUNDATION 3525 SOUTH NATIONAL, #204 SPRINGFIELD, MO 65807	43-6810485	501(C)(3)	10,000.	0.			FAMILY PRACTICE RESIDENCY FMCC
CRAWFORD COUNTY FOUNDATION, INC. 34 VILLAGE @ 4 CUBA, MO 65453	43-1941534	501(C)(3)	40,000.	0.			COMMUNITY BETTERMENT
CROSSLINES CHURCHES OF THE JOPLIN AREA - PO BOX 1242 - JOPLIN, MO 64801	43-1272794	501(C)(3)	12,704.	0.			SUPPORTING JOPLIN AREA DISASTER RECOVERY
CROSSLINES-COC 1710 E CHESTNUT EXP SPRINGFIELD, MO 65802	43-0903657	501(C)(3)	24,407.	0.			FOOD ASSISTANCE TO LOW INCOME FAMILIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CROWDER COLLEGE FOUNDATION 601 LACLEDE AVE. NEOSHO, MO 64850	43-6057329	501(C)(3)	38,743.	0.			SCHOLARSHIPS AND EDUCATIONAL PROGRAMMING
CYSTIC FIBROSIS FOUNDATION 6950 SQUIBB ROAD STE 310 MISSION, KS 66202	13-1930701	501(C)(3)	5,000.	0.			RESEARCH FOR A CURE FOR CYSTIC FIBROSIS
DADE COUNTY HEALTH DEPARTMENT 413 W WATER ST GREENFIELD, MO 65661	43-1266535	POLITICAL	8,000.	0.			LAB COSTS & PRESCRIPTION ASSISTANCE
DALLAS COUNTY BETTERMENT ASSOCIATION - PO BOX 85 - BUFFALO, MO 65622	43-1846573	501(C)(3)	4,000.	0.			DALLAS COUNTY EMERGENCY RESPONSE UNIT
DALLAS COUNTY BETTERMENT ASSOCIATION - PO BOX 85 - BUFFALO, MO 65622	43-1846573	501(C)(3)	500.	0.			FOR DOWNTOWN ASSOCIATION'S ART WALK
DALLAS COUNTY BETTERMENT ASSOCIATION - PO BOX 85 - BUFFALO, MO 65622	43-1846573	501(C)(3)	1,000.	0.			CELTIC FESTIVAL - COMMUNITY BETTERMENT
DAYBREAK ROTARY FOUNDATION PO BOX 542 JOPLIN, MO 64802	43-1811626	501(C)(3)	45,000.	0.			MIRACLE BASEBALL FIELD/PLAYGROUND FOR DISABLED KIDS
DENT COUNTY ANIMAL WELFARE SOCIETY 230 COUNTY ROAD SALEM, MO 65560	43-1561296	501(C)(3)	5,000.	0.			UNRESTRICTED 2012 GRANT
DEVELOPMENTAL CENTER OF THE OZARKS 1545 E PYTHIAN SPRINGFIELD, MO 65802	44-0614402	501(C)(3)	58,466.	0.			FOR GENERAL OPERATING AND CAPITAL CAMPAIGN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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DISCOVERY CENTER 438 E ST LOUIS ST SPRINGFIELD, MO 65806	43-1568214	501(C)(3)	9,400.	0.			UNRESTRICTED
DISCOVERY CENTER 438 E ST LOUIS ST SPRINGFIELD, MO 65806	43-1568214	501(C)(3)	400.	0.			HEALTH, HUNGER, HYGIENE
DISCOVERY CENTER 438 E ST LOUIS ST SPRINGFIELD, MO 65806	43-1568214	501(C)(3)	5,586.	0.			PARTNERSHIP OF SUSTAINABILITY - COMMUNITY BETTERMENT
DISCOVERY CENTER 438 E ST LOUIS ST SPRINGFIELD, MO 65806	43-1568214	501(C)(3)	500.	0.			SCHOLARSHIPS FOR COMMUNITY LEADERSHIP
DORA PRE-K - 12 ACADEMIC FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	13,676.	0.			EDUCATIONAL PROGRAMMING
DRURY UNIVERSITY 900 N BENTON SPRINGFIELD, MO 65802	44-0552049	501(C)(3)	130,715.	0.			SCHOLARSHIPS AND EDUCATIONAL PROGRAMMING
DUENWEG FIRE DEPT 701 S. JOPLIN JOPLIN, MO 64801	43-1273133	501(C)(3)	9,000.	0.			BOOTS FOR FIREFIGHTERS
ELDON AREA COMMUNITY BETTERMENT ASSOCIATION - 112 S PINE - ELDON, MO 65026	43-1881618	501(C)(3)	5,371.	0.			FOR HEALTH AND HUMAN SERVICES
ELDON R-1 SCHOOL DISTRICT 112 S PINE ELDON, MO 65026	44-6002437	501(C)(3)	21,834.	0.			EDUCATIONAL PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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EQUI-LIBRIUM THERAPY CENTER FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	200,000.	0.			IFT - EQUINE THERAPY RIDING
EVANGEL UNIVERSITY 1111 N GLENSTONE SPRINGFIELD, MO 65802	44-0589787	501(C)(3)	12,000.	0.			PRE-MED SCHOLARSHIPS
EVANGEL UNIVERSITY 1111 N GLENSTONE SPRINGFIELD, MO 65802	44-0589787	501(C)(3)	1,250.	0.			BUILDING & GROUNDS MAINTENANCE
EVANGELICAL FREE CHURCH OF AMERICA 901 EAST 78TH STREET MINNEAPOLIS, MN 55420-1300	41-0721672	501(C)(3)	12,600.	0.			UNRESTRICTED
FAIR ACRES FAMILY YMCA, INC. 2600 GRAND AVE CARTHAGE, MO 64836	43-1558437	501(C)(3)	12,015.	0.			YOUTH EDUCATION AND COMMUNITY PROGRAMS
FAIRVIEW R-XI SCHOOL 4036 STATE ROUTE K WEST PLAINS, MO 65775	44-6004041	501(C)(3)	6,275.	0.			EDUCATIONAL PROGRAMMING
FAITH COMMUNITY HEALTH CENTER, INC. - 610 SOUTH SIXTH STREET - BRANSON, MO 65616	94-3467834	501(C)(3)	10,000.	0.			HEALTH SERVICES SUPPORT
FAITH COMMUNITY HEALTH CENTER, INC. - 610 SOUTH SIXTH STREET - BRANSON, MO 65616	94-3467834	501(C)(3)	2,000.	0.			UNRESTRICTED
FAITH COMMUNITY HEALTH CENTER, INC. - 610 SOUTH SIXTH STREET - BRANSON, MO 65616	94-3467834	501(C)(3)	10,000.	0.			WELLNESS AND HEALTHCARE EDUCATION FOR UNINSURED FAMILIES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FAMILY INSTITUTE OF THE OZARKS 315 S MAIN BOLIVAR, MO 65613	43-1366579	501(C)(3)	5,000.	0.			UNRESTRICTED
FAMILY INSTITUTE OF THE OZARKS 315 S MAIN BOLIVAR, MO 65613	43-1366579	501(C)(3)	450.	0.			HEALTH, HUNGER, HYGIENE
FARMERS MARKET OF THE OZARKS FUND 425 EAST TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	6,450.	0.			FOOD EDUCATION & SCHOLARSHIP PROGRAMS FOR LOW-INCOME INDIVIDUALS
FELLOWSHIP OF CHRISTIAN ATHLETES - SOUTH CENTRAL MISSOURI - 206 N. MAPLE - BLUE EYE, MO 65611	44-0610626	501(C)(3)	17,450.	0.			UNRESTRICTED
FIELDS OF PROMISE 3017 OXFORD RD. LAWRENCE, KS 66049	57-1235074	501(C)(3)	9,720.	0.			SUPPORTING 10 CHILDREN IN ADIGRAT, ETHIOPIA
FIRST & CALVARY PRESBYTERIAN CHURCH - 820 E CHERRY ST - SPRINGFIELD, MO 65806	44-0555219	501(C)(3)	8,020.	0.			UNRESTRICTED
FIRST BAPTIST CHURCH 209 E JEFFERSON CLINTON, MO 64735	44-0596781	501(C)(3)	83,978.	0.			UNRESTRICTED
FIRST BAPTIST CHURCH - MIAMI, OK PO BOX 1030 MIAMI, OK 74355	73-0634803	RELIGIOUS ORG	150,000.	0.			AFRICA MISSION ACCOUNT
FIRST PRESBYTERIAN CHURCH PO DRAWER E WARRENSBURG, MO 64093	44-0617873	501(C)(3)	16,704.	0.			UNRESTRICTED

Schedule I (Form 990)

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FIRST UNITED METHODIST CHURCH OF CARTHAGE - 617 S MAIN STREET - CARTHAGE, MO 64836	44-0615076	501(C)(3)	13,080.	0.			ANNUAL DISTRIBUTION
FORSYTH LIBRARY 162 MAIN ST. FORSYTH, MO 65653	43-1091486	501(C)(3)	1,500.	0.			NEW AWNING
FORSYTH LIBRARY 162 MAIN ST. FORSYTH, MO 65653	43-1091486	501(C)(3)	600.	0.			PUBLIC EDUCATION
FORSYTH LIBRARY 162 MAIN ST. FORSYTH, MO 65653	43-1091486	501(C)(3)	4,400.	0.			UNRESTRICTED
FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS - 1131 BOONVILLE - SPRINGFIELD, MO 65802	43-1560366	501(C)(3)	791.	0.			PHELPS CENTER FOR GIFTED EDUCATION- CHEMISTRY & PHYSICS
FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS - 1131 BOONVILLE - SPRINGFIELD, MO 65802	43-1560366	501(C)(3)	25,000.	0.			MATCHING FUNDS FOR SPRINGFIELD SCHOOLS' FOUNDATION EDUCATION GRANTS
FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS - 1131 BOONVILLE - SPRINGFIELD, MO 65802	43-1560366	501(C)(3)	3,333.	0.			EDUCATIONAL PROGRAMMING
FREEMAN HEALTH SYSTEM 1102 W 32ND ST JOPLIN, MO 64804	43-1704371	501(C)(3)	10,995.	0.			LIGHT TOWERS FOR HOSPITAL
FREEMAN HEALTH SYSTEM 1102 W 32ND ST JOPLIN, MO 64804	43-1704371	501(C)(3)	245.	0.			UNRESTRICTED

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FRIENDS OF OPERATION US 2885 WEST BATTLEFIELD ROAD SPRINGFIELD, MO 65807	73-1682215	501(C)(3)	9,200.	0.			SUPPORT THE HATCHING PROJECT
FRIENDS OF THE ZOO 3043 N FORT ST SPRINGFIELD, MO 65803	23-7096596	501(C)(3)	5,625.	0.			UNRESTRICTED
GALENA COMMUNITY CHURCH P. O. BOX 66 GALENA, MO 65656	43-1107586	501(C)(3)	2,598.	0.			BUILDING FUND
GALENA COMMUNITY CHURCH P. O. BOX 66 GALENA, MO 65656	43-1107586	501(C)(3)	2,598.	0.			UNRESTRICTED
GALESBURG COMMUNITY FOUNDATION 246 E. MAIN ST. STE. 101 GALESBURG, IL 61401	37-1159944	501(C)(3)	18,300.	0.			SIXTEENTH SECTION FUND
GASCONADE COUNTY R-1 SCHOLARSHIP FUND - 425 E. TRAFFICWAY - SPRINGFIELD, MO 65804	23-7290968	501(C)(3)	12,580.	0.			EDUCATIONAL PROGRAMMING
GASCONADE COUNTY R-1 SCHOOL DISTRICT - 164 BLUE PRIDE DR - HERMANN, MO 65041	43-6015434	501(C)(3)	500.	0.			MATCHING GRANT FOR BAND TRAILER
GASCONADE COUNTY R-1 SCHOOL DISTRICT - 164 BLUE PRIDE DR - HERMANN, MO 65041	43-6015434	501(C)(3)	1,795.	0.			HIGH SCHOOL ART DEPARTMENT
GASCONADE COUNTY R-1 SCHOOL DISTRICT - 164 BLUE PRIDE DR - HERMANN, MO 65041	43-6015434	501(C)(3)	30.	0.			SCHOOL PRINTING COSTS

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GASCONADE COUNTY R-1 SCHOOL DISTRICT - 164 BLUE PRIDE DR - HERMANN, MO 65041	43-6015434	501(C)(3)	315.	0.			GIFT BAGS FOR GOLF TOURNAMENT
GASCONADE COUNTY R-1 SCHOOL DISTRICT - 164 BLUE PRIDE DR - HERMANN, MO 65041	43-6015434	501(C)(3)	500.	0.			FOR MUSIC DEPARTMENT TRAILER
GASCONADE COUNTY R-1 SCHOOL DISTRICT - 164 BLUE PRIDE DR - HERMANN, MO 65041	43-6015434	501(C)(3)	25,370.	0.			SUPPORTING THE SCHOOL DISTRICT
GENERATIONS FREE WILL BAPTIST CHURCH - 2301 CONNECTICUT - JOPLIN, MO 64803	43-1189192	501(C)(3)	50,000.	0.			MATCHING GRANT FOR BUILDING CAMPAIGN
GEORGE A SPIVA CENTER FOR THE ARTS 222 W 3RD ST JOPLIN, MO 64801	44-6006139	501(C)(3)	5,419.	0.			HEALTH SERVICES
GIFT OF HOPE 15366 US HIGHWAY 60 FORSYTH, MO 65653	43-1612944	501(C)(3)	10,000.	0.			PURCHASE OF GROCERIES
GIFT OF HOPE 15366 US HIGHWAY 60 FORSYTH, MO 65653	43-1612944	501(C)(3)	1,000.	0.			HUMAN SERVICES
GOOD SAMARITAN BOYS RANCH PO BOX 617 BRIGHTON, MO 65617	44-6006077	501(C)(3)	300.	0.			ART SUPPLIES FOR ART THERAPY PROGRAM
GOOD SAMARITAN BOYS RANCH PO BOX 617 BRIGHTON, MO 65617	44-6006077	501(C)(3)	1,000.	0.			LEVEL FOUR PLUS GROUP HOME

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GOOD SAMARITAN BOYS RANCH PO BOX 617 BRIGHTON, MO 65617	44-6006077	501(C)(3)	17,500.	0.			UNRESTRICTED GRANT
GOOD SHEPHERD LUTHERAN CHURCH 8975 COUNTY LANE 170 CARTHAGE, MO 64836	43-1454432	501(C)(3)	7,245.	0.			UNRESTRICTED
GORDON COLLEGE 255 GRAPEVINE COLLEGE WENHAM, MA 01984	04-2104258	501(C)(3)	79,500.	0.			UNRESTRICTED
GRACE EPISCOPAL CHURCH 820 HOWARD ST CARTHAGE, MO 64836	44-0608719	501(C)(3)	14,688.	0.			UNRESTRICTED
GREATER OZARKS AUDUBON SOCIETY PO BOX 3231 SPRINGFIELD, MO 65808	43-1730027	501(C)(3)	11,850.	0.			UNRESTRICTED
GREENE COUNTY MEDICAL SOCIETY ALLIANCE - 1200 E WOODHURST DR STE D200 - SPRINGFIELD, MO 65804	44-0515179	501(C)(3)	5,500.	0.			HEALTH SERVICES
GREENE COUNTY SENIOR BOARD PO BOX 9766 SPRINGFIELD, MO 65804	37-1709405	501(C)(3)	32,000.	0.			SENIOR NEEDS
GYN CANCERS ALLIANCE 3023 SOUTH FORT, SUITE D SPRINGFIELD, MO 65807	43-1943170	501(C)(3)	31,450.	0.			ASSISTANCE TO THOSE WITH GYNECOLOGICAL CANCER
HALFWAY R-III SCHOOL DISTRICT 2150 HIGHWAY 32 HALFWAY, MO 65663	44-6001400	501(C)(3)	7,491.	0.			UNRESTRICTED

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HEALTHY HALF PINTS FUND 425 E. TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	11,000.	0.			STUDENT NUTRITIONAL PROGRAM
HEARTLIGHT MINISTRIES FOUNDATION PO BOX 480 HALLSVILLE, TX 75650	20-3179800	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING
HICKORY COUNTY CARES PO BOX 205, 240 NORTH MAIN WHEATLAND, MO 65779	43-3308607	501(C)(3)	2,500.	0.			UNRESTRICTED
HICKORY COUNTY CARES PO BOX 205, 240 NORTH MAIN WHEATLAND, MO 65779	43-3308607	501(C)(3)	10,000.	0.			OPERATIONAL EXPENSE & FOOD COSTS & UTILITIES
HOLY TRINITY CATHOLIC CHURCH 2818 E BENNETT ST SPRINGFIELD, MO 65804	43-0889012	501(C)(3)	7,000.	0.			UNRESTRICTED
HOSPICE FOUNDATION OF THE OZARKS 4121 S FREMONT AVE, STE 120 SPRINGFIELD, MO 65804	43-1552783	501(C)(3)	5,176.	0.			CARE FOR END OF LIFE NEEDS
INDEPENDENT LIVING CENTER 2639 E. 34TH STREET JOPLIN, MO 64804	43-1714219	501(C)(3)	3,039.	0.			ALERTING DEVICES AND EMERGENCY RESPONSE ED.
INDEPENDENT LIVING CENTER 2639 E. 34TH STREET JOPLIN, MO 64804	43-1714219	501(C)(3)	9,500.	0.			FREEZER & FOOD EXPENSES
INDEPENDENT LIVING CENTER 2639 E. 34TH STREET JOPLIN, MO 64804	43-1714219	501(C)(3)	4,961.	0.			UNRESTRICTED

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ISABEL'S HOUSE - CRISIS NURSERY OF THE OZARKS - 2750 W BENNETT ST - SPRINGFIELD, MO 65802	20-4574229	501(C)(3)	500.	0.			YOUTH HOUSING PROGRAMS
ISABEL'S HOUSE - CRISIS NURSERY OF THE OZARKS - 2750 W BENNETT ST - SPRINGFIELD, MO 65802	20-4574229	501(C)(3)	250.	0.			UNRESTRICTED
ISABEL'S HOUSE - CRISIS NURSERY OF THE OZARKS - 2750 W BENNETT ST - SPRINGFIELD, MO 65802	20-4574229	501(C)(3)	5,000.	0.			FINGER-PRINTING VOLUNTEERS AND STAFF MEMBERS
JAMES RIVER CHURCH 6100 N 19TH ST OZARK, MO 65721	43-1564676	RELIGIOUS ORG	49,000.	0.			2013 MISSION OUTREACH
JAMES RIVER CHURCH 6100 N 19TH ST OZARK, MO 65721	43-1564676	RELIGIOUS ORG	25,000.	0.			UNRESTRICTED
JOHN Q. HAMMONS FOUNDATION, INC 3861 E STAN MUSIAL DR SPRINGFIELD, MO 65809	43-1521852	501(C)(3)	16,500.	0.			UNRESTRICTED
JOHN Q. HAMMONS FOUNDATION, INC 3861 E STAN MUSIAL DR SPRINGFIELD, MO 65809	43-1521852	501(C)(3)	1,125.	0.			RONALD MCDONALD HOUSE
JOPLIN AREA HABITAT FOR HUMANITY 211 S. MAIN STREET SUITE 216 JOPLIN, MO 64801	43-1524876	501(C)(3)	66,962.	0.			HOUSING FOR TORNADO VICTIMS
JOPLIN FAMILY WORSHIP CENTER 5290 E. 7TH ST. JOPLIN, MO 64801	43-1311573	501(C)(3)	25,000.	0.			TRANSPORTATION FOR TORNADO SURVIVORS PROGRAM

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
JOPLIN FAMILY WORSHIP CENTER 5290 E. 7TH ST. JOPLIN, MO 64801	43-1311573	501(C)(3)	50,000.	0.			RECOVERY OUTREACH WITH TRUCK, FOOD, BUILDING SUPPLIES, AND SUPPORT
JOPLIN FAMILY YMCA 510 S. WALL JOPLIN, MO 64802	44-0552026	501(C)(3)	30,742.	0.			AFTER SCHOOL CARE
JOPLIN LONG TERM RECOVERY COMMITTEE - 1110 EAST 7TH STREET - JOPLIN, MO 64801	26-2189665	501(C)(3)	25,000.	0.			GRANT FOR FURNISHINGS AND APPLICANCES
JOPLIN LONG TERM RECOVERY COMMITTEE - 1110 EAST 7TH STREET - JOPLIN, MO 64801	26-2189665	501(C)(3)	500,000.	0.			REBUILD JOPLIN HOUSING GRANT
JOPLIN R-8 SCHOOL DISTRICT 1717 EAST 15TH STREET JOPLIN, MO 64804	44-6003106	501(C)(3)	12,990.	0.			SACKPACKS FOR SCHOOL CHILDREN
JOPLIN R-VIII SCHOOL FOUNDATION PO BOX 128 JOPLIN, MO 64802	43-1664927	501(C)(3)	50,000.	0.			COMMUNITY BETTERMENT
JOPLIN RECOVERY FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	64,479.	0.			LONG TERM RECOVERY IN JOPLIN, MO
JORDAN VALLEY COMMUNITY HEALTH CENTER - P O BOX 843778 - KANSAS CITY, MO 64184	43-1602701	501(C)(3)	28,241.	0.			MEDICAL AND DENTAL ASSISTANCE FOR LOW INCOME
JUNIOR LEAGUE OF SPRINGFIELD, MO, INC. REVOCABLE BOARD/DESIGNATED FUND - 425 EAST TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	12,544.	0.			UNRESTRICTED

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KABOOM! 4455 CONNECTICUT AVE, NW STE. B10 WASHINGTON, DC 20008	52-1970904	501(C)(3)	5,738.	0.			JOPLIN PLAYGROUND BUILDING PROJECT
KANAKUK INSTITUTE 1353 LAKESHORE DRIVE BRANSON, MO 65616	43-1926319	501(C)(3)	128,000.	0.			UNRESTRICTED
KIDS ACROSS AMERICA FOUNDATION 1429 LAKESHORE DRIVE BRANSON, MO 65616	43-1348373	501(C)(3)	58,000.	0.			UNRESTRICTED
KIDSMART---TOOLS FOR LEARNING 12175 BRIDGETON BRIDGETON, MO 63044	43-1906392	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING
KSMU/OZARKS PUBLIC BROADCASTING 901 S NATIONAL SPRINGFIELD, MO 65804	44-6000308	POLITICAL	26,732.	0.			TO SUPPORT OZARKS PUBLIC RADIO
LAKE REGIONAL CANCER CENTER 54 HOSPITAL DRIVE OSAGE BEACH, MO 65065	23-7339737	501(C)(3)	7,807.	0.			PROMOTE AWARENESS OF BREAST CANCER
LAMBERT MEMORIAL SCHOLARSHIP 425 EAST TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	5,000.	0.			SCHOLARSHIP
LEAST OF THESE PO BOX 808 NIXA, MO 65714	43-1867039	501(C)(3)	56,400.	0.			FOOD & HYGIENE PROGRAMS CHRISTIAN COUNTY
LEAST OF THESE BUILDING FUND 425 E. TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	15,000.	0.			FOOD & HYGIENE PROGRAMS CHRISTIAN COUNTY

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LEGAL AID OF WESTERN MISSOURI--JOPLIN OFFICE - 302 S. JOPLIN - JOPLIN, MO 64801	43-1643962	501(C)(3)	20,000.	0.			LEGAL SERVICES TO LOW INCOME TORNADO VICTIM RESIDENTS
LIGHTHOUSE CHILD & FAMILY DEVELOPMENT CENTER - 900 N BENTON, LAY HALL 308B - SPRINGFIELD, MO 65802	26-2610308	501(C)(3)	6,050.	0.			MATERIALS & TRAINING
LIVES UNDER CONSTRUCTION BOYS RANCH - 296 BOYS RANCH ROAD - LAMPE, MO 65681	46-0368556	501(C)(3)	9,000.	0.			UNRESTRICTED
LOGAN-ROGERSVILLE SCHOOL DISTRICT 100 E FRONT ST ROGERSVILLE, MO 65742	44-6005281	501(C)(3)	8,811.	0.			EMERGENCY STUDENT NEEDS NOVEMBER
LOGAN-ROGERSVILLE SCHOOL DISTRICT 100 E FRONT ST ROGERSVILLE, MO 65742	44-6005281	POLITICAL	68.	0.			COUNSELING SESSIONS FOR STUDENTS
LOGAN-ROGERSVILLE SCHOOL DISTRICT 100 E FRONT ST ROGERSVILLE, MO 65742	44-6005281	POLITICAL	160.	0.			SHOES FOR STUDENTS
LOST AND FOUND, INC 1006 N CEDARBROOK AVE SPRINGFIELD, MO 65802	43-1896981	501(C)(3)	8,425.	0.			DIRECT SERVICES FOR GRIEVING FAMILIES
MANSFIELD R-IV SCHOOL DISTRICT 316 W OHIO AVE MANSFIELD, MO 65704	44-6004986	501(C)(3)	19,110.	0.			EDUCATIONAL SERVICES
MEN AT THE CROSS 1353 LAKESHORE DRIVE BRANSON, MO 65616	26-2364202	501(C)(3)	51,500.	0.			UNRESTRICTED

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MERCY HEALTH FOUNDATION SPRINGFIELD - 3265 S. NATIONAL AVE - SPRINGFIELD, MO 65807	32-0195818	501(C)(3)	500.	0.			MERCY HOSPITAL SPFD SCHOOL OF RADIOLOGIC TEACHNOLOGY: HEALTH INCENTIVE AWARD
MERCY HEALTH FOUNDATION SPRINGFIELD - 3265 S. NATIONAL AVE - SPRINGFIELD, MO 65807	32-0195818	501(C)(3)	6,500.	0.			2013 SAFE AND SOBER CAMPAIGN
MERCY HEALTH FOUNDATION SPRINGFIELD - 3265 S. NATIONAL AVE - SPRINGFIELD, MO 65807	32-0195818	501(C)(3)	897.	0.			JANE PITT PEDIATRIC CANCER CENTER
MERCY HEALTH FOUNDATION SPRINGFIELD - 3265 S. NATIONAL AVE - SPRINGFIELD, MO 65807	32-0195818	501(C)(3)	352.	0.			UNRESTRICTED
MERS/MISSOURI GOODWILL INDUSTRIES 1727 LOCUST STREET ST. LOUIS, MO 63103	43-0652657	501(C)(3)	17,500.	0.			FOOD & OPERATIONAL EXPENSES
MIAMI PUBLIC SCHOOLS ENRICHMENT FOUNDATION - 26 N. MAIN ST. - MIAMI, OK 74354	73-1316520	501(C)(3)	5,000.	0.			UNRESTRICTED GRANT
MIRACLE OF NAZARETH INTERNATIONAL FOUNDATION - 550 UNION STREET - MISHAWAKA, IN 46544	35-2046656	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING
MISSOURI COLLEGES FUND, INC. 3401 W. TRUMAN BLVD. STE. 202 JEFFERSON CITY, MO 65109	43-0680952	501(C)(3)	13,000.	0.			UNRESTRICTED
MISSOURI COLLEGES FUND, INC. 3401 W. TRUMAN BLVD. STE. 202 JEFFERSON CITY, MO 65109	43-0680952	501(C)(3)	600.	0.			ANNUAL CONTRIBUTIONS FOR STUDENT FINANCIAL AID

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MONETT AREA YMCA 115 S LINCOLN AVE MONETT, MO 65708	44-0545283	501(C)(3)	5,000.	0.			BUILDING CAMPAIGN
MONETT AREA YMCA 115 S LINCOLN AVE MONETT, MO 65708	44-0545283	501(C)(3)	9,000.	0.			NEW YMCA
MONETT AREA YMCA 115 S LINCOLN AVE MONETT, MO 65708	44-0545283	501(C)(3)	500.	0.			STRONG KIDS PROGRAM
MONETT AREA YMCA 115 S LINCOLN AVE MONETT, MO 65708	44-0545283	501(C)(3)	1,000.	0.			CAPITAL CAMPAIGN
MONETT AREA YMCA 115 S LINCOLN AVE MONETT, MO 65708	44-0545283	501(C)(3)	400.	0.			FOR PROGRAMS AND EDUCATION
MORRISVILLE CEMETERY ASSOCIATION 1043 HWY 215 MORRISVILLE, MO 65710	44-0667307	501(C)(3)	22,272.	0.			FOR NEEDS & HISTORIC PRESERVATION
MOXIE CINEMA FUND 425 EAST TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	31,373.	0.			FOR DIGITAL PROJECTORS AND UNRESTRICTED
MS SOCIETY 1675 E SEMINOLE ST # J SPRINGFIELD, MO 65804	44-0613436	501(C)(3)	23,750.	0.			UNRESTRICTED
MSU - WEST PLAINS CAMPUS 128 GARFIELD WEST PLAINS, MO 65775	43-1641443	501(C)(3)	6,150.	0.			UNRESTRICTED

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MSU - WEST PLAINS CAMPUS 128 GARFIELD WEST PLAINS, MO 65775	43-1641443	501(C)(3)	500.	0.			ATHLETICS DEPARTMENT - GRIZZLY ATHLETICS
MSU FOUNDATION 300 S. JEFFERSON, STE. 100 SPRINGFIELD, MO 65806	43-1234200	501(C)(3)	10,000.	0.			COLLEGE OF HUMANITIES AND PUBLIC AFFAIRS - SPEAKER SERIES
MSU FOUNDATION 300 S. JEFFERSON, STE. 100 SPRINGFIELD, MO 65806	43-1234200	501(C)(3)	2,500.	0.			HAMMONS HALL - IMAGO THEATER ZOOZOO
MSU FOUNDATION 300 S. JEFFERSON, STE. 100 SPRINGFIELD, MO 65806	43-1234200	501(C)(3)	100.	0.			THE PERFORMANCE SOCIETY
MSU FOUNDATION 300 S. JEFFERSON, STE. 100 SPRINGFIELD, MO 65806	43-1234200	501(C)(3)	1,000.	0.			FOR LOWELL FLEENOR MUSIC SCHOLARSHIP
MSU FOUNDATION 300 S. JEFFERSON, STE. 100 SPRINGFIELD, MO 65806	43-1234200	501(C)(3)	1,500.	0.			CENTURY BANK OF THE OZARKS BANKING SCHOLARSHIP
MSU FOUNDATION 300 S. JEFFERSON, STE. 100 SPRINGFIELD, MO 65806	43-1234200	501(C)(3)	2,500.	0.			FOUNDER'S CLUB SCHOLARSHIP
MSU FOUNDATION 300 S. JEFFERSON, STE. 100 SPRINGFIELD, MO 65806	43-1234200	501(C)(3)	13,000.	0.			PRE-MED SCHOLARSHIPS AND CALLAWAY SCHOLARSHIPS
MT. VERNON SCHOOLS 730 S. LANDRUM MT. VERNON, MO 65712	44-6003597	501(C)(3)	26,993.	0.			UNRESTRICTED

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NATIONAL CHRISTIAN FOUNDATION - HEARTLAND - 706 NORTH LINDENWOOD DRIVE - OLATHE, KS 66062	30-0209280	501(C)(3)	5,000.	0.			UNRESTRICTED
NATIONAL INSTITUTE OF MARRIAGE 2175 SUNSET INN ROAD BRANSON, MO 65616	86-0418475	501(C)(3)	55,000.	0.			UNRESTRICTED GRANT
NIXA HIGH SCHOOL 514 S NICHOLAS NIXA, MO 65714	44-6003678	501(C)(3)	1,500.	0.			8 ELECTRIC PIANOS
NIXA HIGH SCHOOL 514 S NICHOLAS NIXA, MO 65714	44-6003678	501(C)(3)	5,800.	0.			SET UP STUDENT MANAGED STORE
NIXA HIGH SCHOOL 514 S NICHOLAS NIXA, MO 65714	44-6003678	501(C)(3)	1,444.	0.			EDUCATIONAL PROGRAM
NIXA JUNIOR HIGH SCHOOL 205 NORTH ST NIXA, MO 65714	44-6003678	501(C)(3)	641.	0.			EDUCATIONAL PROGRAM
NIXA JUNIOR HIGH SCHOOL 205 NORTH ST NIXA, MO 65714	44-6003678	501(C)(3)	1,500.	0.			BOOKS FOR 7TH GRADE
NIXA JUNIOR HIGH SCHOOL 205 NORTH ST NIXA, MO 65714	44-6003678	501(C)(3)	399.	0.			IPAD
NIXA JUNIOR HIGH SCHOOL 205 NORTH ST NIXA, MO 65714	44-6003678	501(C)(3)	1,075.	0.			7 NOOKS AND COVERS

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NIXA JUNIOR HIGH SCHOOL 205 NORTH ST NIXA, MO 65714	44-6003678	501(C)(3)	1,956.	0.			DATA PROJECTOR AND CABLES
NIXA JUNIOR HIGH SCHOOL 205 NORTH ST NIXA, MO 65714	44-6003678	501(C)(3)	1,614.	0.			6 KEYBOARDS FOR CLASSROOM
NIXA R-II SCHOOL DISTRICT 301 S MAIN ST NIXA, MO 65714	44-6003678	501(C)(3)	5,162.	0.			EDUCATIONAL PROGRAM
NIXA R-II SCHOOL DISTRICT 301 S MAIN ST NIXA, MO 65714	44-6003678	501(C)(3)	20,193.	0.			EMERGENCY STUDENT NEEDS
NIXA R-II SCHOOL DISTRICT 301 S MAIN ST NIXA, MO 65714	44-6003678	501(C)(3)	20.	0.			ACT REGISTRATION FOR SCORE STUDENTS
NIXA R-II SCHOOL DISTRICT 301 S MAIN ST NIXA, MO 65714	44-6003678	501(C)(3)	665.	0.			TECHNOLOGY DEPARTMENT
NIXA R-II SCHOOL DISTRICT 301 S MAIN ST NIXA, MO 65714	44-6003678	501(C)(3)	461.	0.			OCTOBER VISION SERVICES
NIXA R-II SCHOOL DISTRICT 301 S MAIN ST NIXA, MO 65714	44-6003678	501(C)(3)	100.	0.			CHORAL DEPARTMENT
NIXA R-II SCHOOL DISTRICT 301 S MAIN ST NIXA, MO 65714	44-6003678	501(C)(3)	100.	0.			THEATRE DEPARTMENT

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NIXA R-II SCHOOL DISTRICT 301 S MAIN ST NIXA, MO 65714	44-6003678	POLITICAL	3,270.	0.			SAFETY TEAM PROGRAM: RADIOS, PHONES, SERVICE FEES
OACAC 215 SOUTH BARNES SPRINGFIELD, MO 65802	43-0836672	501(C)(3)	1,000.	0.			\$500 HEAD START SMILES, \$500 ENERGEY ASSISTANCE PROGRAM
OACAC 215 SOUTH BARNES SPRINGFIELD, MO 65802	43-0836672	501(C)(3)	2,500.	0.			OBSERVATION & COACHING FOR 23 GREEN COUNTY HEAD START CLASSROOMS
OACAC 215 SOUTH BARNES SPRINGFIELD, MO 65802	43-0836672	501(C)(3)	2,300.	0.			PRESCHOOL DEVELOPMENT SCREENINGS
OACAC 215 SOUTH BARNES SPRINGFIELD, MO 65802	43-0836672	501(C)(3)	12,000.	0.			TRAINING MATERIALS/SUPPLIES FOR REALL SIMULATION
OACAC HEAD START 215 SOUTH BARNES SPRINGFIELD, MO 65802	43-0836672	501(C)(3)	13,750.	0.			IMPROVE EARLY CHILDHOOD EDUCATION & KINDERGARTEN READINESS
OACAC OF TANEY COUNTY 610 S 6TH ST. #202 BRANSON, MO 65616	43-0836672	501(C)(3)	101,303.	0.			TANEY COUNTY COAD FOR TORNADO RELIEF
OACAC- DADE COUNTY NEIGHBORHOOD CENTER - 150 S. MAIN STREET - GREENFIELD, MO 65661	43-0836672	501(C)(3)	5,576.	0.			HUNGER CHALLENGE
OMC CAPITAL IMPROVEMENT FUND 425 E. TRAFFICWAY SPRINGFIELD, MO 65806	44-6005758	501(C)(3)	10,000.	0.			HEALTH SERVICES

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OPTIONS PREGNANCY CLINIC 192 EXPRESSWAY LANE, STE. A BRANSON, MO 65616	43-1642900	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING
OTC FOUNDATION 1001 E CHESTNUT EXPY SPRINGFIELD, MO 65802	43-1753974	501(C)(3)	33,500.	0.			COLLEGE'S MIDDLE COLLEGE PROGRAM
OTC FOUNDATION 1001 E CHESTNUT EXPY SPRINGFIELD, MO 65802	43-1753974	501(C)(3)	12,000.	0.			HEALTH INCENTIVE AWARDS
OTC FOUNDATION 1001 E CHESTNUT EXPY SPRINGFIELD, MO 65802	43-1753974	501(C)(3)	9,309.	0.			SCHOLARSHIP AWARDS
OTC FOUNDATION 1001 E CHESTNUT EXPY SPRINGFIELD, MO 65802	43-1753974	501(C)(3)	2,400.	0.			SIMULATION LAB
OTC FOUNDATION 1001 E CHESTNUT EXPY SPRINGFIELD, MO 65802	43-1753974	501(C)(3)	12,508.	0.			UNRESTRICTED
OTC FOUNDATION 1001 E CHESTNUT EXPY SPRINGFIELD, MO 65802	43-1753974	501(C)(3)	15,000.	0.			FOR VETERANS LOAN PROGRAM
OTC FOUNDATION 1001 E CHESTNUT EXPY SPRINGFIELD, MO 65802	43-1753974	501(C)(3)	1,000.	0.			AUTOMOTIVE SCHOLARSHIP
OZARK CENTER PO BOX 2526 JOPLIN, MO 64803	43-0821959	501(C)(3)	60,000.	0.			TORNADO RECOVERY

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OZARK COIN CLUB P.O. BOX 3913 SPRINGFIELD, MO 65808	45-3155292	501(C)(3)	22,753.	0.			YOUTH PROGRAMMING
OZARK GREENWAYS PO BOX 50733 SPRINGFIELD, MO 65805	43-1525122	501(C)(3)	9,300.	0.			EXPANSION OF GREENWAYS TRAIL
OZARK GREENWAYS PO BOX 50733 SPRINGFIELD, MO 65805	43-1525122	501(C)(3)	600.	0.			POLK COUNTY BIKE CLUB- BENCHES FOR TRAIL
OZARK GREENWAYS PO BOX 50733 SPRINGFIELD, MO 65805	43-1525122	501(C)(3)	5,500.	0.			AN EVENING AT ROCKSPAN
OZARK MOUNTAIN FAMILY YMCA 175 INDUSTRIAL PARK DRIVE, SUITE A HOLLISTER, MO 65672	44-0545283	501(C)(3)	35,000.	0.			UNRESTRICTED GRANT
OZARK TRAILS COUNCIL, BSA 1616 S EASTGATE SPRINGFIELD, MO 65809	44-0546294	501(C)(3)	17,610.	0.			UNRESTRICTED
OZARKS FAMILY YMCA 1 YMCA DRIVE MOUNTAIN GROVE, MO 65711	43-1617662	501(C)(3)	1,500.	0.			FOR TREADMILLS IN MTN. GROVE AND CABOOL
OZARKS FAMILY YMCA 1 YMCA DRIVE MOUNTAIN GROVE, MO 65711	43-1617662	501(C)(3)	41,833.	0.			UNRESTRICTED
OZARKS FAMILY YMCA 1 YMCA DRIVE MOUNTAIN GROVE, MO 65711	43-1617662	501(C)(3)	150.	0.			SEYMOUR YMCA AFTER SCHOOL PROGRAM ART SUPPLIES

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OZARKS FAMILY YMCA 1 YMCA DRIVE MOUNTAIN GROVE, MO 65711	43-1617662	501(C)(3)	11,350.	0.			COMPUTER EQUIPMENT & TRAINING MATERIALS FOR TEEN WORKERS
OZARKS FOOD HARVEST PO BOX 5746 SPRINGFIELD, MO 65801	43-1426384	501(C)(3)	5,000.	0.			WEEKEND BACKPACK FOOD PROGRAM FOR CHILDREN
OZARKS FOOD HARVEST PO BOX 5746 SPRINGFIELD, MO 65801	43-1426384	501(C)(3)	5,000.	0.			SUPPORT BOLIVAR FOOD PANTRY FOR NEEDY
OZARKS FOOD HARVEST PO BOX 5746 SPRINGFIELD, MO 65801	43-1426384	501(C)(3)	39,245.	0.			UNRESTRICTED
OZARKS LITERACY COUNCIL 397 E CENTRAL ST SPRINGFIELD, MO 65802	43-1162068	501(C)(3)	4,000.	0.			IMPROVE KINDERGARTEN READINESS
OZARKS LITERACY COUNCIL 397 E CENTRAL ST SPRINGFIELD, MO 65802	43-1162068	501(C)(3)	12,842.	0.			LITERACY PROJECTS AND PROGRAMS
OZARKS MEDICAL CENTER FOUNDATION CAPACITY BUILDING FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	44-6005758	501(C)(3)	59,851.	0.			HEALTH SERVICES
OZARKS REGIONAL YMCA 417 S JEFFERSON SPRINGFIELD, MO 65806	44-0545283	501(C)(3)	1,461.	0.			HEALTHY LIVING ALLIANCE PROGRAM
OZARKS REGIONAL YMCA 417 S JEFFERSON SPRINGFIELD, MO 65806	44-0545283	501(C)(3)	14,548.	0.			FOR YMCA PROJECTS AND PROGRAMS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
OZARKS REGIONAL YMCA 417 S JEFFERSON SPRINGFIELD, MO 65806	44-0545283	501(C)(3)	3,000.	0.			STRONG KIDS CAMPAIGN
OZARKS RESOURCE GROUP-HERMITAGE PO BOX 125 HERMITAGE, MO 65668	20-5822485	501(C)(3)	8,000.	0.			LAB COSTS & PRESCRIPTION ASSISTANCE
OZARKS WATER WATCH: UPPER WHITE RIVER BASIN FOUNDATION - P.O. BOX 636 - KIMBERLING CITY, MO 65686	43-1942991	501(C)(3)	6,250.	0.			UNRESTRICTED
OZORA COMMUNITY FIRE PROTECTION ASSOCIATION - 17919 STATE ROUTE N - ST. MARY, MO 63673	43-1254072	501(C)(3)	5,500.	0.			REPLACEMENT AIR CYLINDERS
OZORA COMMUNITY FIRE PROTECTION ASSOCIATION - 17919 STATE ROUTE N - ST. MARY, MO 63673	43-1254072	501(C)(3)	2,000.	0.			HUMAN SERVICES
PARTNERSHIP FOR SUSTAINABILITY FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	6,000.	0.			EQUIPMENT FOR COMMUNITY COMPOSTING
PAWNEE COUNTY WORKSHOP PO BOX 63 CLEVELAND, OK 74020	73-1216618	501(C)(3)	22,500.	0.			EDUCATIONAL FILM FOR SCHOOLS AND WORKSHOPS
PAWNEE COUNTY WORKSHOP PO BOX 63 CLEVELAND, OK 74020	73-1216618	501(C)(3)	28,250.	0.			UNRESTRICTED
PEACE LUTHERAN CHURCH 3100 N. ST. LOUIS JOPLIN, MO 64804	43-1186155	501(C)(3)	25,000.	0.			FOR FURNISHINGS AT NEW CHURCH LOCATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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PLACEWORKS PROJECT FUND 425 E. TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	32,500.	0.			PLACE BASED EDUCATIONAL GRANT
POLK COUNTY K-LIFE PO BOX 701 BOLIVAR, MO 65613	01-0643912	501(C)(3)	5,500.	0.			YOUTH SERVICES
PRAYER MOUNTAIN OF THE OZARKS PO BOX 40 BRANSON, MO 65615	73-1109099	501(C)(3)	5,000.	0.			FOR GENERAL OPERATING
PREGNANCY CARE CENTER 1342 E PRIMROSE STE C SPRINGFIELD, MO 65804	43-1786978	501(C)(3)	5,000.	0.			UNRESTRICTED
PRIMROSE PLACE 3850 S. NATIONAL STE. 500 SPRINGFIELD, MO 65807	43-1183783	501(C)(3)	43,513.	0.			TO AID THOSE WITH ALZHEIMER'S
PRO MUSICA 221 S MAIN STREET, SUITE 312 JOPLIN, MO 64801	43-1398296	501(C)(3)	3,000.	0.			ARTS AND CULTURE PROGRAMS
PRO MUSICA 221 S MAIN STREET, SUITE 312 JOPLIN, MO 64801	43-1398296	501(C)(3)	3,000.	0.			CONCERT AND SCHOOL PROGRAM
PROJECT HOPE 1419 S. ENTERPRISE SPRINGFIELD, MO 65804	43-1864044	501(C)(3)	10,000.	0.			WOMEN'S CANCER HOSPITAL - NICARAGUA
RAZORBACK FOUNDATION 1295 S. RAZORBACK RD. FAYETTEVILLE, AR 72701	71-0540644	501(C)(3)	5,000.	0.			UNRESTRICTED

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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REBUILD JOPLIN 705 ILLINOIS AVE., STE. 1 JOPLIN, MO 64801	26-2189665	501(C)(3)	523,000.	0.			RESIDENTIAL REBUILDING PROJECT
REEDS SPRING R-IV SCHOOL FOUNDATION SCHOLARSHIP FUND - 425 E. TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	23,500.	0.			GRANT TRANSFER
REGIONAL GIRLS SHELTER 2740 E. PYTHIAN SPRINGFIELD, MO 65802	43-1699263	501(C)(3)	5,146.	0.			UNRESTRICTED
REPUBLIC R-III SCHOOLS 518 N HAMPTON REPUBLIC, MO 65738	44-6004149	501(C)(3)	2,469.	0.			STUDENT VISION/HYGIENE NEEDS
REPUBLIC R-III SCHOOLS 518 N HAMPTON REPUBLIC, MO 65738	44-6004149	501(C)(3)	14,000.	0.			EMERGENCY STUDENT NEEDS
REPUBLIC R-III SCHOOLS 518 N HAMPTON REPUBLIC, MO 65738	44-6004149	501(C)(3)	5,399.	0.			EDUCATION PROGRAMS
REPUBLIC R-III SCHOOLS 518 N HAMPTON REPUBLIC, MO 65738	44-6004149	501(C)(3)	700.	0.			MUSIC EDUCATION
RONALD MCDONALD HOUSE 949 E PRIMROSE ST SPRINGFIELD, MO 65807	43-1371143	501(C)(3)	34,462.	0.			UNRESTRICTED
RONALD MCDONALD HOUSE TOOTH TRUCK METRO SGF CHALLENGE GRANT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	11,400.	0.			HOUSING FOR FAMILIES WITH ILL CHILDREN

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ROTARACT CLUB OF SPRINGFIELD FUND 425 EAST TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	9,260.	0.			HUMAN SERVICES
ROTARY FOUNDATION 1560 SHERMAN AVENUE EVANSTON, IL 60201	36-3245072	501(C)(3)	5,405.	0.			UNRESTRICTED
SALEM AREA COMMUNITY BETTERMENT ASSOC, INC. - PO BOX 732 - SALEM, MO 65560	43-1677891	501(C)(3)	10,000.	0.			\$5000 OPERATING, \$5000 OZARK NATURAL RESOURCE CENTER
SALEM PUBLIC LIBRARY 102 N. JACKSON SALEM, MO 65560	04-3690774	501(C)(3)	10,000.	0.			UNRESTRICTED
SALVATION ARMY P.O. BOX 9685 SPRINGFIELD, MO 65801	58-0660607	501(C)(3)	11,273.	0.			FOR OPERATIONS AND PROGRAMS
SALVATION ARMY - COFFEYVILLE, KANSAS - PO BOX 514 - COFFEYVILLE, KS 67337	13-5562351	501(C)(3)	5,499.	0.			UNRESTRICTED
SALVATION ARMY - DENT COUNTY PO BOX 229 SALEM, MO 65560	43-0653584	501(C)(3)	10,000.	0.			UNRESTRICTED
SALVATION ARMY -- ST. LOUIS OFFICE 1130 HAMPTON AVE. ST. LOUIS, MO 63139	36-2167910	501(C)(3)	5,807.	0.			UNRESTRICTED
SAN FRANCISCO BICYCLE COALITION EDUCATION FUND - 833 MARKET STREET, 10TH FLOOR - SAN FRANCISCO, CA 94103	20-5182730	501(C)(3)	7,000.	0.			GREAT STREETS PROJECT YEAR 3 OF 3

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SHARE IT FORWARD 399 SILVER DOLLAR CITY RAILROAD BRANSON, MO 65616	20-1582086	501(C)(3)	156,000.	0.			UNRESTRICTED GRANT
SHARE THE HARVEST FOOD PANTRY & RESALE NOOK - 689 N STATE HWY 7 - CAMDENTON, MO 65020	42-1677951	501(C)(3)	10,500.	0.			UNRESTRICTED GRANT
SHARE THE HARVEST FOOD PANTRY FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	5,500.	0.			UNRESTRICTED
SHELL KNOB SENIOR CENTER PO BOX 225 SHELL KNOB, MO 65747	43-1847159	501(C)(3)	227,000.	0.			SERVICES FOR SENIORS
SKAGGS FOUNDATION PO BOX 650 BRANSON, MO 65615	30-0107007	501(C)(3)	24,500.	0.			OPERATIONAL EXPENSES
SMITH-GLYNN-CALLAWAY FNDTN. SCHLSHP FUND IN HONOR OF DR. PETERSON - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	20,000.	0.			SCHOLARSHIPS
SOUTHWEST BAPTIST UNIVERSITY 1601 S SPRINGFIELD BOLIVAR, MO 65613	44-0567385	501(C)(3)	28,985.	0.			EDUCATIONAL PROGRAMMING
SOUTHWEST MISSOURI AREA COALITION PO BOX 14 BUFFALO, MO 65622	27-3253482	501(C)(3)	9,298.	0.			UNRESTRICTED GRANT
SOUTHWEST MISSOURI ARTHRITIS ASSOCIATION, INC - 819 E. 9TH ST. - JOPLIN, MO 64801	43-1435726	501(C)(3)	8,408.	0.			TO REPLACE EQUIPMENT

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SPRINGFIELD BUSINESS & DEVELOPMENT CORPORATION - PO BOX 1687 - SPRINGFIELD, MO 65801	43-1309497	501(C)(3)	1,200.	0.			FACING RACISM SCHOLARSHIPS
SPRINGFIELD BUSINESS & DEVELOPMENT CORPORATION - PO BOX 1687 - SPRINGFIELD, MO 65801	43-1309497	501(C)(3)	5,000.	0.			OPERATIONAL SUPPORT
SPRINGFIELD CATHOLIC SCHOOLS 2340 S EASTGATE AVE SPRINGFIELD, MO 65809	44-0619146	501(C)(3)	6,000.	0.			EDUCATIONAL PROGRAMMING
SPRINGFIELD COUNCIL OF PTAS 1359 E ST LOUIS SPRINGFIELD, MO 65802	23-7126624	501(C)(3)	5,500.	0.			HEALTH.HUNGER.HYGIENE AND CLOTHING BANK
SPRINGFIELD PUBLIC SCHOOLS NUTRITION SERVICES - 3002 WEST KILDEE LANE - SPRINGFIELD, MO 65810	44-6005539	POLITICAL	22,079.	0.			NUTRITIONAL NEEDS OF CHILDREN
SPRINGFIELD R-12 PUBLIC SCHOOLS 1359 E ST LOUIS SPRINGFIELD, MO 65802	44-6005539	POLITICAL	122.	0.			EMERGENCY STUDENT NEEDS
SPRINGFIELD R-12 PUBLIC SCHOOLS 1359 E ST LOUIS SPRINGFIELD, MO 65802	44-6005539	POLITICAL	244.	0.			STUDENT TRANSPORTATION
SPRINGFIELD R-12 PUBLIC SCHOOLS 1359 E ST LOUIS SPRINGFIELD, MO 65802	44-6005539	POLITICAL	37,671.	0.			SACKPACKS FOR LOW INCOME CHILDREN
SPRINGFIELD R-12 PUBLIC SCHOOLS 1359 E ST LOUIS SPRINGFIELD, MO 65802	44-6005539	POLITICAL	1,338.	0.			HEAD LICE TREATMENT

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SPRINGFIELD REGIONAL ARTS COUNCIL 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	43-1225541	501(C)(3)	448.	0.			HEALTH, HUNGER, HYGIENE FOR SCHOOL CHILDREN
SPRINGFIELD REGIONAL ARTS COUNCIL 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	43-1225541	501(C)(3)	200.	0.			SCULPTURE WALK CONSULTANT
SPRINGFIELD REGIONAL ARTS COUNCIL 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	43-1225541	501(C)(3)	1,500.	0.			SUPPORT FOR EMERGING ART: LEMON DROP PROJECT
SPRINGFIELD REGIONAL ARTS COUNCIL 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	43-1225541	501(C)(3)	34,786.	0.			UNRESTRICTED
SPRINGFIELD REGIONAL ARTS COUNCIL 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	43-1225541	501(C)(3)	2,000.	0.			YOUTH POETRY PROGRAMMING
SPRINGFIELD SYMPHONY ORCHESTRA 411 N SHERMAN PKWY SPRINGFIELD, MO 65802	43-0797224	501(C)(3)	19,036.	0.			UNRESTRICTED
SPRINGFIELD-GREENE COUNTY LIBRARY PO BOX 760 SPRINGFIELD, MO 65801	05-0534215	POLITICAL	10,056.	0.			UNRESTRICTED
SPRINGFIELD-GREENE COUNTY LIBRARY DISTRICT - 4653 SOUTH CAMPBELL - SPRINGFIELD, MO 65810	05-0534215	POLITICAL	7,050.	0.			"DESTINATION FOR LITERACY" PROGRAM
SPRINGFIELD-GREENE COUNTY PARK BOARD - 1923 N WELLS - SPRINGFIELD, MO 65803	44-6000268	POLITICAL	400.	0.			SCHOLARSHIP PROGRAM

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SPRINGFIELD-GREENE COUNTY PARK BOARD - 1923 N WELLER - SPRINGFIELD, MO 65803	44-6000268	POLITICAL	50,000.	0.			UNRESTRICTED
SPRINGFIELD-GREENE COUNTY PARK BOARD - 1923 N WELLER - SPRINGFIELD, MO 65803	44-6000268	POLITICAL	8,273.	0.			COMMUNITY DEVELOPMENT
SPRINGFIELD-GREENE COUNTY PARK BOARD - 1923 N WELLER - SPRINGFIELD, MO 65803	44-6000268	POLITICAL	250.	0.			CODP VOLLEYBALL PROGRAM
SPRINGFIELD-GREENE COUNTY PARK BOARD - 1923 N WELLER - SPRINGFIELD, MO 65803	44-6000268	POLITICAL	2,500.	0.			EDUCATIONAL PROGRAM
ST. AGNES CATHEDRAL 535 S JEFFERSON SPRINGFIELD, MO 65806	44-0581498	501(C)(3)	27,121.	0.			STAIN GLASS WINDOWS
ST. AGNES SCHOOL 6539 US HIGHWAY 61 BLOOMSDALE, MO 63627	43-0691483	501(C)(3)	6,813.	0.			EDUCATIONAL PROGRAM
ST. ANN'S CATHOLIC CHURCH PO BOX 803 CARTHAGE, MO 64836	44-0653009	501(C)(3)	17,500.	0.			UNRESTRICTED
ST. BERNARD PROJECT/REBUILD JOPLIN 8324 PARC PLACE CHALMETTE, LA 70043	26-2189665	501(C)(3)	200,000.	0.			REBUILDING/REPAIRING HOMES IN JOPLIN, MO
ST. JOHN'S COLLEGE OF NURSING & HEALTH SCIENCES OF SBU - 4431 S. FREMONT - SPRINGFIELD, MO 65804	32-0195818	501(C)(3)	15,000.	0.			NURSING SCHOLARSHIPS

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ST. JOSEPH CENTER 204 HAMPTON DRIVE VENICE, CA 90291	95-3874381	501(C)(3)	15,000.	0.			UNRESTRICTED
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE'S PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	5,997.	0.			UNRESTRICTED GRANT
ST. PATRICK'S CATHOLIC CHURCH 638 WEST D AVENUE KINGMAN, KS 67068	48-0543796	501(C)(3)	7,125.	0.			UNRESTRICTED GRANT
ST. PATRICK'S CHURCH 17 SAINT PATRICK'S LANE ROLLA, MO 65401	43-0653548	501(C)(3)	6,475.	0.			UNRESTRICTED
STE. GENEVIEVE AREA CENTER FOR LIFE - 615 KIEFER ST - STE GENEVIEVE, MO 63670	61-1680486	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
STE. GENEVIEVE COMMUNITY ACCESS TELEVISION - P.O. BOX 51 - STE. GENEVIEVE, MO 63670	43-1701308	501(C)(3)	10,373.	0.			COMMUNITY BETTERMENT
STE. GENEVIEVE COMMUNITY SERVICES FORUM - PO BOX 248 - STE GENEVIEVE, MO 63670	43-1656059	501(C)(3)	10,000.	0.			STE. GEN. KNIGHTS OF COLUMBUS - SUPPORT FOR NEW FRYER SHED
STE. GENEVIEVE COMMUNITY SERVICES FORUM - PO BOX 248 - STE GENEVIEVE, MO 63670	43-1656059	501(C)(3)	3,000.	0.			YOUNG MOTHERS PROGRAM SUPPORT
STE. GENEVIEVE COMMUNITY SERVICES FORUM - PO BOX 248 - STE GENEVIEVE, MO 63670	43-1656059	501(C)(3)	5,300.	0.			DRUG TAKE BACK EQUIPMENT

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STE. GENEVIEVE COMMUNITY SERVICES FORUM - PO BOX 248 - STE GENEVIEVE, MO 63670	43-1656059	501(C)(3)	15,000.	0.			VFW POST 2210
STE. GENEVIEVE COMMUNITY SERVICES FORUM - PO BOX 248 - STE GENEVIEVE, MO 63670	43-1656059	501(C)(3)	5,000.	0.			BLOOMSDALE KNIGHTS OF COLUMBUS GROUNDS EQUIPMENT
STE. GENEVIEVE COMMUNITY SERVICES FORUM - PO BOX 248 - STE GENEVIEVE, MO 63670	43-1656059	501(C)(3)	-741.	0.			COMMUNITY FARMER'S MARKET
STE. GENEVIEVE COUNTY BOARD FOR THE DEVELOPMENTALLY DISABLED - 21530 HWY 32, SUITE B - STE GENEVIEVE, MO 63670	26-3730352	501(C)(3)	10,000.	0.			SIDEWALKS AT NEW CHALLENGER BASEBALL FIELD
STE. GENEVIEVE COUNTY FIREFIGHTERS ASSOCIATION - 165 S. 4TH - STE GENEVIEVE, MO 63670	43-1400975	501(C)(3)	42,860.	0.			FLY-OVER FOR COUNTY MAPPING
STE. GENEVIEVE COUNTY NUTRITION CENTER - 727 PARKWOOD DRIVE - STE. GENEVIEVE, MO 63670	52-1072753	501(C)(3)	5,000.	0.			REPLACEMENT LIGHTING
STE. GENEVIEVE LIONS CHARITABLE FOUNDATION - PO BOX 9 - STE GENEVIEVE, MO 63670	45-1421875	501(C)(3)	16,488.	0.			PARK
STE. GENEVIEVE PARISH 20 N. FOURTH ST. STE GENEVIEVE, MO 63670	43-0653472	501(C)(3)	7,500.	0.			CODE IMPROVEMENT FOR FIRE SAFETY AT ROZIER BLDG.
STE. GENEVIEVE PARISH ST. VINCENT DE PAUL SOCIETY - 49 DUBOURG PLACE - STE. GENEVIEVE, MO 63670	43-0653472	501(C)(3)	12,000.	0.			FOOD PANTRY & UTILITY ASSISTANCE

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STEAMBOAT SPRINGS WINTER SPORTS CLUB FOUNDATION - PO BOX 774487 - STEAMBOAT SPRINGS, CO 80477	74-2254732	501(C)(3)	5,000.	0.			UNRESTRICTED
STOCKTON AREA MINISTERIAL ALLIANCE PO BOX 171 STOCKTON, MO 65785	20-1957662	501(C)(3)	1,000.	0.			PROJECT HOPE START-UP & OPERATION
STOCKTON AREA MINISTERIAL ALLIANCE PO BOX 171 STOCKTON, MO 65785	20-1957662	501(C)(3)	850.	0.			CHRISTMAS BASKETS
STOCKTON AREA MINISTERIAL ALLIANCE PO BOX 171 STOCKTON, MO 65785	20-1957662	501(C)(3)	3,800.	0.			UNRESTRICTED
STOCKTON AREA MINISTERIAL ALLIANCE PO BOX 171 STOCKTON, MO 65785	20-1957662	501(C)(3)	500.	0.			SCHOOL SUPPLIES FOR BACK TO SCHOOL FAIR
SUNRISE ROTARY CHARITABLE FUND 425 EAST TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	6,260.	0.			HUMAN SERVICES
SUSTAINABLE COMMUNITIES/SM. FARMS NETWORK - PO BOX 83 PONDER STREET - HARVIELL, MO 63945	26-3090593	501(C)(3)	14,150.	0.			CONSTRUCTION MATERIALS & LABOR COSTS
SUTTER PRESBYTERIAN CHURCH 3500 FEE FEE RD BRIDGETON, MO 63044	43-0666776	501(C)(3)	6,200.	0.			HAPPINESS FUND
TABERNACLE OF PRAISE MINISTRIES 256 CHURCH ROAD BRANSON, MO 65616	65-1033141	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING

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TEXAS COUNTY MEMORIAL HOSPITAL 1333 S SAM HOUSTON BLVD HOUSTON, MO 65483	43-0887928	POLITICAL	100,000.	0.			FOR HOSPITAL PROJECT
TEXAS COUNTY MEMORIAL HOSPITAL HEALTHCARE FOUNDATION - 1333 S SAM HOUSTON BLVD - HOUSTON, MO 65483	80-0014944	501(C)(3)	25,000.	0.			OPERATIONS
TEXAS COUNTY MEMORIAL HOSPITAL HEALTHCARE FOUNDATION - 1333 S SAM HOUSTON BLVD - HOUSTON, MO 65483	80-0014944	501(C)(3)	430.	0.			SCHOLARSHIPS FOR TCMH HEALTHCARE FOUNDATION
THAYER R-II PUBLIC SCHOOLS 401 E WALNUT ST THAYER, MO 65791	43-6004425	501(C)(3)	9,000.	0.			GOOD SAMARITAN SCHOLARSHIP
THE ASSOCIATION FOR THE BLIND 1452 EAST PORTLAND ST SPRINGFIELD, MO 65804	80-0280486	501(C)(3)	17,084.	0.			ANNUAL DISTRIBUTION
THE CARING PEOPLE 164 CORPORATE PLACE BRANSON, MO 65616	43-1748286	501(C)(3)	82,500.	0.			UNRESTRICTED
THE CATCH MINISTRY, INC. 1278 GLENNEYRE LAGUNA BEACH, CA 92651	46-0995481	PENDING	10,000.	0.			UNRESTRICTED
THE CHILD ADVOCACY CENTER 1033 E WALNUT ST SPRINGFIELD, MO 65806	43-1729079	501(C)(3)	35,122.	0.			UNRESTRICTED
THE CREAMERY ARTS CENTER ENDOWMENT FUND - 425 EAST TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	25,000.	0.			UNRESTRICTED

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(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
THE FOUNDATION: THE COUNCIL OF CHURCHES OF THE OZARKS - 3000 E CHESTNUT EXPWY, STE A - SPRINGFIELD, MO 65802	43-1819544	501(C)(3)	12,327.	0.			UNRESTRICTED
THE KITCHEN 1630 N JEFFERSON AVE SPRINGFIELD, MO 65803	43-1384531	501(C)(3)	2,500.	0.			EXPENSES FOR PATIENTS OF THE KITCHEN CLINIC
THE KITCHEN 1630 N JEFFERSON AVE SPRINGFIELD, MO 65803	43-1384531	501(C)(3)	7,000.	0.			LOCALLY SOURCED FOOD PRODUCTION FOR SPRINGFIELD SCHOOLS
THE KITCHEN 1630 N JEFFERSON AVE SPRINGFIELD, MO 65803	43-1384531	501(C)(3)	498.	0.			YOUTH TRANSPORTATION PROGRAMS
THE KITCHEN 1630 N JEFFERSON AVE SPRINGFIELD, MO 65803	43-1384531	501(C)(3)	350.	0.			THE RARE BREED - ART PROGRAMMING
THE KITCHEN 1630 N JEFFERSON AVE SPRINGFIELD, MO 65803	43-1384531	501(C)(3)	227,270.	0.			HOMELESS SERVICES
THE KITCHEN METRO SGF CHALLENGE GRANT FUND - 425 EAST TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	10,200.	0.			HOMELESS SERVICES
THE OC - CITY OF OZARK 1530 W. JACKSON OZARK, MO 65721	44-6000241	POLITICAL	5,950.	0.			COMMUNITY BETTERMENT
THE VENUES CHURCH 1436 SOUTH SUMMER PLACE SPRINGFIELD, MO 65809	46-1740911	501(C)(3)	20,000.	0.			FOR MINISTRY ENDEAVORS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
THE VICTIM CENTER METRO SGF CHALLENGE GRANT FUND - 425 E. TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	11,400.	0.			AID FOR VICTIMS OF ABUSE
THE VIVIAN LEON FUND FOR THE MUSICAL ARTS CREATED BY THE MISSOURI - 425 E. TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	11,489.	0.			MUSICAL EDUCATIONAL PROGRAMMING
THOMAS JEFFERSON INDEPENDENT DAY SCHOOL - 3401 E. NEWMAN ROAD - JOPLIN, MO 64801	43-1626282	501(C)(3)	5,000.	0.			UNRESTRICTED GRANT
TORCHBEARER FOUNDATION PO BOX 6674 BRANSON, MO 65615	47-0847030	501(C)(3)	13,200.	0.			UNRESTRICTED GRANT
TRI COUNTY PREGNANCY RESOURCE CENTER - PO BOX 107 - AURORA, MO 65605	30-0645046	501(C)(3)	41,200.	0.			OPERATIONS AND PROGRAMS
TURNING POINT MINISTRIES PO BOX 22127 CHATTANOOGA, TN 37422	58-1881966	501(C)(3)	5,000.	0.			FAITH BASED PROGRAMMING
UNITED METHODIST CHURCH OF SALEM, MISSOURI - 801 EAST SCENIC RIVERS BLVD. - SALEM, MO 65560	43-0731516	RELIGIOUS ORG	10,000.	0.			CHILDREN'S BACKPACK PROGRAM
UNITED METHODIST CHURCH OF SALEM, MISSOURI - 801 EAST SCENIC RIVERS BLVD. - SALEM, MO 65560	43-0731516	RELIGIOUS ORG	20,000.	0.			UNRESTRICTED
UNITED METHODIST CHURCH OF SALEM, MISSOURI - 801 EAST SCENIC RIVERS BLVD. - SALEM, MO 65560	43-0731516	RELIGIOUS ORG	2,000.	0.			WOMEN'S MINISTRIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
UNITED MINISTRIES IN HIGHER EDUCATION - 1330 EAST CHERRY STREET SUITE L10 - SPRINGFIELD, MO 65802	51-0155226	501(C)(3)	14,577.	0.			UNRESTRICTED
UNITED WAY OF THE OZARKS 320 N JEFFERSON SPRINGFIELD, MO 65806	44-0552047	501(C)(3)	5,000.	0.			FLIP BACKPACK PROGRAM
UNITED WAY OF THE OZARKS 320 N JEFFERSON SPRINGFIELD, MO 65806	44-0552047	501(C)(3)	5,000.	0.			FOR IMAGINATION LIBRARY
UNITED WAY OF THE OZARKS 320 N JEFFERSON SPRINGFIELD, MO 65806	44-0552047	501(C)(3)	27,834.	0.			UNRESTRICTED
UNIVERSITY OF MISSOURI--COLUMBIA AR - PO BOX 807012 - KANSAS CITY, MO 64180	43-6003859	POLITICAL	9,350.	0.			BUILDING COMMUNITY CAPACITY IN RURAL MISSOURI
UNIVERSITY OF TABLE ROCK LAKE FOUNDATION, INC. - 2228 STONERIDGE CENTER ROAD - REEDS SPRING, MO 65737	43-2033569	501(C)(3)	6,935.	0.			UNRESTRICTED
VALLE SCHOOLS 20 NORTH FOURTH STREET STE. GENEVIEVE, MO 63670	43-0653472	501(C)(3)	190,144.	0.			FOR EDUCATIONAL PURPOSES
VICTORY MISSION PO BOX 2884 SPRINGFIELD, MO 65801	43-1345089	501(C)(3)	13,644.	0.			FOR GENERAL OPERATING
VICTORY TRADE SCHOOL 1715 N. BOONVILLE SPRINGFIELD, MO 65803	43-1345089	501(C)(3)	500.	0.			GENERAL SUPPORT FOR CHEF AND EDUCATIONAL PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
VICTORY TRADE SCHOOL 1715 N. BOONVILLE SPRINGFIELD, MO 65803	43-1345089	501(C)(3)	8,000.	0.			GREENHOUSE FOR FOOD BANK PROGRAM
VIVA CUBA, INC. 301 E. WASHINGTON ST. CUBA, MO 65453	43-1589547	501(C)(3)	2,500.	0.			CUBA WELCOME SIGNS
VIVA CUBA, INC. 301 E. WASHINGTON ST. CUBA, MO 65453	43-1589547	501(C)(3)	5,000.	0.			FOR COMMUNITY BEAUTIFICATION
WARSAW SCHOOL DISTRICT 20363 LANE OF CHAMPIONS WARSAW, MO 65355	44-6005440	POLITICAL	12,716.	0.			EDUCATIONAL PROGRAMMING
WASHINGTON AVENUE BAPTIST CHURCH 1722 N NATIONAL AVE SPRINGFIELD, MO 65803	75-3261641	501(C)(3)	13,012.	0.			CHURCH IMPROVEMENTS
WATERSHED COMMITTEE OF THE OZARKS LONG TERM FUND - 425 EAST TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	7,367.	0.			ENVIRONMENTAL EDUCATION
WATERSHED COMMITTEE OF THE OZARKS METRO SPFD CHALLENGE GRANT FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	6,000.	0.			WATER QUALITY IMPROVEMENT
WESLEY UNITED METHODIST CHURCH 922 W REPUBLIC RD SPRINGFIELD, MO 65807	43-6067877	501(C)(3)	95,777.	0.			UNRESTRICTED
WEST PLAINS COUNCIL ON THE ARTS P.O. BOX 339 WEST PLAINS, MO 65775	43-1242541	501(C)(3)	10,985.	0.			UNRESTRICTED

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WEST PLAINS COUNCIL ON THE ARTS P.O. BOX 339 WEST PLAINS, MO 65775	43-1242541	501(C)(3)	50,000.	0.			FOR OZARK PLATEAU INITIATIVE
WEST PLAINS R-7 SCHOOL DISTRICT 613 WEST FIRST STREET WEST PLAINS, MO 65775	44-6004756	POLITICAL	5,250.	0.			EDUCATION AWARD TO BROOK NICOLE MAYFIELD
WESTLAKE AQUATIC CENTER (LAURIE/SUNRISE BEACH ROTARY) - PO BOX 1571 - LAURIE, MO 65038	43-1741080	501(C)(3)	7,000.	0.			COMMUNITY CENTER IMPROVEMENTS
WESTVILLE HIGH SCHOOL SCHOLARSHIP FUND - PO BOX 410 - WESTVILLE, OK 74965	73-1078340	501 (C)(3)	6,000.	0.			SCHOLARSHIP
WHITE RIVER VALLEY HISTORICAL SOCIETY - PO BOX 84145 - FORSYTH, MO 65653	43-1650276	501(C)(3)	6,000.	0.			UNRESTRICTED
WILLARD CHILDREN'S HEALTH AND DENTAL FUND - 425 E TRAFFICWAY - SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	9,856.	0.			CHILDREN'S HEALTH AND DENTAL NEEDS
WILLARD R-II SCHOOL DISTRICT 460 E KIME ST WILLARD, MO 65781	44-6004826	501(C)(3)	9,693.	0.			EDUCATIONAL PROGRAM
WILLARD R-II SCHOOL DISTRICT 460 E KIME ST WILLARD, MO 65781	44-6004826	501(C)(3)	81.	0.			ATHLETIC OFFICE - BOYS BASKETBALL
WILLARD R-II SCHOOL DISTRICT 460 E KIME ST WILLARD, MO 65781	44-6004826	501(C)(3)	285.	0.			TRANSPORTATION DEPARTMENT FOR PLACEWORKS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WILLARD R-II SCHOOL DISTRICT 460 E KIME ST WILLARD, MO 65781	44-6004826	501(C)(3)	2,200.	0.			STUDENT SAFETY EQUIPMENT
WILLARD R-II SCHOOL DISTRICT 460 E KIME ST WILLARD, MO 65781	44-6004826	501(C)(3)	13,500.	0.			HEALTH AND DENTAL NEEDS OF STUDENTS
WILLOW SPRINGS PUBLIC SCHOOLS 215 W FOURTH ST WILLOW SPRINGS, MO 65793	44-6004841	501(C)(3)	5,000.	0.			ELEMENTARY SCHOOL AWNING
WILLOW SPRINGS PUBLIC SCHOOLS 215 W FOURTH ST WILLOW SPRINGS, MO 65793	44-6004841	501(C)(3)	200.	0.			BAKER CREEK ELEMENTARY SCHOOL FIELD TRIP
WILLOW SPRINGS PUBLIC SCHOOLS 215 W FOURTH ST WILLOW SPRINGS, MO 65793	44-6004841	501(C)(3)	450.	0.			DOCUMENT CAMERA
WILLOW SPRINGS PUBLIC SCHOOLS 215 W FOURTH ST WILLOW SPRINGS, MO 65793	44-6004841	501(C)(3)	9,657.	0.			EDUCATIONAL PROGRAMS
WINGS OF HOPE 18370 WINGS OF HOPE BLVD ST. LOUIS, MO 63005	43-0909606	501(C)(3)	5,000.	0.			UNRESTRICTED GRANT
WOMAN 2 WOMAN 1044 MAIN STREET OSAGE BEACH, MO 65065	43-1886013	501(C)(3)	11,000.	0.			FOR WOMAN MENTORING AND EDUCATION
WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO, FL 32862-8200	95-1831097	501(C)(3)	15,960.	0.			FAITH BASED PROGRAMMING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
YOUNG LIFE - MISSOURI SMALL TOWNS 3170 E. SUNSHINE ST. STE G SPRINGFIELD, MO 65804	84-0385934	501(C)(3)	40,000.	0.			UNRESTRICTED
FIRST CHRISTIAN CHURCH 409 W 4TH STREET JOPLIN, MO 64801	01-4220881	501 (C)(3)	8,343.	0.			UNRESTRICTED
HUMANE SOCIETY OF SOUTHWEST MISSOURI - 3161 W NORTON ROAD - SPRINGFIELD, MO 65803	44-0665040	501 (C)(3)	73,124.	0.			HUMANE CARE OF ANIMALS
JEFFERSON AVENUE BAPTIST CHURCH 316 E SUNSHINE SPRINGFIELD, MO 65807	01-2542687	501 (C)(3)	5,425.	0.			ANNUAL DISTRIBUTION
REEDS SPRING R-IV SCHOOL DISTRICT 20281 ST HWY 413 REEDS SPRING, MO 65737	44-6004145	POLITICAL	17,625.	0.			EDUCATIONAL PROGRAMS
WEST PLAINS CHRISTIAN CLINIC P.O. BOX 988 WEST PLAINS, MO 65775	27-1307333	501 (C)(3)	20,000.	0.			SUPPORT PROGRAMS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
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
BEAUTIFICATION	202	28,755.	0.		
COMMUNITY BETTERMENT	1812	268,294.	0.		
EDUCATIONAL	837	1,013,578.	0.		
ENVIRONMENTAL	915	233,233.	0.		
FAITH BASED	253	22,650.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(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
HEALTH AND GENERAL	148.	42,638.	0.		
HUMANE SERVICE	1,593.	333,211.	0.		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

Part I Questions Regarding Compensation

	Yes	No
1a Check the 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
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	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRIAN FOGLE PRESIDENT	(i)	121,299.	0.	6,635.	6,635.	16,727.	151,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	45	1,577,840.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	1	129,166.	APPRAISAL
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	5	2,025,000.	APPRAISAL
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (CASH VALUE LI)	X	1	1,895.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS, INC.

Employer identification number

23-7290968

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PURPOSES, PRIMARILY PERMANENT ENDOWED FUNDS FOR THE SPRINGFIELD

METROPOLITAN AREA, REGIONAL COMMUNITY FOUNDATIONS AND THE SOUTHERN TIER

OF MISSOURI.

FORM 990, PART VI, SECTION B, LINE 11: CHAIRMAN OF THE AUDIT OPERATIONS

REVIEWS AND PRESENTS IT TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST FORMS MUST BE

COMPLETED BY BOARD MEMBERS AND STAFF

FORM 990, PART VI, SECTION B, LINE 15: REVIEWED AND DETERMINED BY THE

EXECUTIVE COMMITTEE

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ANNUITY ACTUARIAL ADJUSTMENT -3,818.

RECLASSIFICATIONS 15,635.

TOTAL TO FORM 990, PART XI, LINE 9 11,817.

PART XI LINE 2C

ANSWER YES TO QUESTIONS PLEASE EXPLAIN IF THE PROCESS HAS CHANGED

NO CHANGE IN THE PROCESS FROM PRIOR YEARS.

Related Organizations and Unrelated Partnerships

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

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

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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" to 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
COMMUNITY FOUNDATION OF THE OZARKS STOCK TRUST - 71-6225763, 425 E TRAFFICWAY, SPRINGFIELD, MO 65806	THE FOUNDATION RECEIVES AND DISTRIBUTES FUNDS FOR CHARITABLE PURPOSES	MISSOURI	501(C)(3)	11A			X
LEZAH STENGER FOUNDATION - 43-1872019 5051 S NATIONAL AVE SPRINGFIELD, MO 65810	ORGANIZED AS A SUPPORTING ORGANIZATION FOR THE COMMUNITY FOUNDATION	MISSOURI	501(C)(3)	11C			X
OZARKS CHARITABLE REAL ESTATE FOUNDATION LLC - 41-2086647, P.O. BOX 8960, SPRINGFIELD, MO 65807	FOUNDATION RECEIVES, MANAGES AND DISTRIBUTES REAL ESTATE DONATIONS FOR	MISSOURI	501(C)(3)	11A			X

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

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LEZAH STENGER FOUNDATION	C	129,166.FMV	
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

OZARKS CHARITABLE REAL ESTATE FOUNDATION LLC

PRIMARY ACTIVITY: FOUNDATION RECEIVES, MANAGES AND DISTRIBUTES REAL ESTATE DONATIONS FOR CFO