For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

2018

DLN: 93493174004150 OMB No. 1545-0047

Open to Public Inspection

Depar Treasu Interna	ıry	of the enue Service		<u>rs.gov/Form990</u> for instructions and the latest information.						
A F	or th	ne 2019 c	alendar year, or tax year beginning 07-01-2018 ,and ending 06-30	0-2019						
☐ Ac	ldress	applicable: change hange	C Name of organization COMMUNITY FOUNDATION OF THE OZARKS INC		D Employ 23-729		fication number			
	itial re	-	Doing business as							
		rn/terminated		.	E Telepho	ne numbe	<u> </u>			
		ed return ion pending	Number and street (or P.O. box if mail is not delivered to street address) Room/sul 425 EAST TRAFFICWAY STREET	te	(417) 8	364-6199)			
			City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, MO 65806							
			F Name and address of principal officer:	H(a) Is this	4		13,229,977			
			BRIAN FOGLE 425 EAST TRAFFICWAY SPRINGFIELD, MO 65806		dinates?		□Yes ☑No □Yes □No			
T Ta	x-exe	mpt status:	✓ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	`´ includ	ed?		口 Yes LINo : instructions)			
J W	ebsi	te:► WV	/W.CFOZARKS.ORG	H(c) Group	•					
K For	K Form of organization		: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of forma	ation: 1 973	M State	of legal domicile:			
P	art I	Sum	mary							
Governance	1		scribe the organization's mission or most significant activities: IISTER FUNDS FOR DONORS AND AGENCIES AND PROVIDE GRANTMAKING	SERVICES TO) NONPROF	ITS IN S	OUTHERN MISSOUR			
эоvе			is box ▶ ☐ if the organization discontinued its operations or disposed of m		of its net a		1 24			
೨ ×ಶ	1		of voting members of the governing body (Part VI, line 1a)			3	21			
Activities &	1		nber of individuals employed in calendar year 2018 (Part V, line 2a)			5	30			
¥	1		nber of volunteers (estimate if necessary)		•	6	840			
Act	1		elated business revenue from Part VIII, column (C), line 12		-	7a				
	1		lated business taxable income from Form 990-T, line 34			7b				
				Pri	or Year		Current Year			
O)	8	Contribut	cions and grants (Part VIII, line 1h)		30,654,	947	25,378,81			
Ravenue	9	Program	service revenue (Part VIII, line 2g)			0	602,470			
λč	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		6,383,	679	7,575,73			
_	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		520,		(
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		37,558,	833	33,557,018			
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)		16,417,	199	17,849,44			
	1		paid to or for members (Part IX, column (A), line 4)			0	(
83	1	•	other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,679,	882	1,791,340			
Expenses	1		onal fundraising fees (Part IX, column (A), line 11e)			0	(
ă	1		raising expenses (Part IX, column (D), line 25) ►59,043		2.057	212	2.006.22			
	1		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		3,857,		3,096,333			
	1		enses. Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses. Subtract line 18 from line 12		21,954, 15,604,		22,737,110 10,819,90			
Net Assets or Fund Balances	119	Revenue	less expenses. Subtract file 10 from file 12	Beginning	of Current \		End of Year			
set	20	Total ass	ets (Part X, line 16)		283,341,	041	294,361,86			
A As	1		ilities (Part X, line 26)		84,250,		80,988,186			
ξŞ	22	Net asset	s or fund balances. Subtract line 21 from line 20		199,090,	526	213,373,678			
Pá	art II	Sign	ature Block							
know	ledge		erjury, I declare that I have examined this return, including accompanying if, it is true, correct, and complete. Declaration of preparer (other than offic							
		****	*	202	0-06-18					
Sign	ì	Signat	ure of officer	Date						
Here		BRIAN	FOGLE PRESIDENT							
			r print name and title							
		F	rint/Type preparer's name Preparer's signature D	ate Che		PTIN P0107362	22			
Pai		L	THE WHITE ON A STATE OF THE STA	self	-employed					
Pre	•	eı	irm's name THE WHITLOCK COMPANY	Firn	n's EIN ► 43	-1365401				
Use	Or	nly ြ	irm's address ▶ 3271 E BATTLEFIELD SUITE 300	Pho	ne no. (417)	881-0145	i			
			SPRINGFIELD, MO 65804							
May 1	the II	RS discuss	this return with the preparer shown above? (see instructions)				Yes 🗆 No			

Cat. No. 11282Y

Form **990** (2018)

orm	990 (2018)				Page :
Pa	rt III Statement	of Program Service A	ccomplishments		
	Check if Sche	edule O contains a response	or note to any line in this Part		🗆
	Briefly describe the	organization's mission:			
ENE		NG COMMUNITY ENDOWMEN		UALITY OF LIFE FOR OUR CITIZENS NO H GRANTMAKING, PROVIDING LEADER	
	Did the organization	undertake any significant p	rogram services during the yea	ar which were not listed on	
	the prior Form 990 o	or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Schedu	e O.		
	Did the organization	cease conducting, or make	significant changes in how it co	onducts, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule O.			
1	Section $501(c)(3)$ ar		re required to report the amou	ree largest program services, as meas Int of grants and allocations to others,	
a	(Code: See Additional Data) (Expenses \$	17,849,443 including grants of \$	17,849,443) (Revenue \$	602,470)
b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
d	Other program servi (Expenses \$	ices (Describe in Schedule O includin	.) g grants of \$) (Revenue \$)
_	Total program ser	vice evnences >	17 849 443		

Form 990 (2018) Page 3												
Par	Checklist of Required Schedules											
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes Yes	No								
	Schedule A 🕏	1										
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? ^{**} Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	2	Yes	No								
3	for public office? If "Yes," complete Schedule C, Part I	3		INO								
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?											
	If "Yes," complete Schedule C, Part II	4		No								
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No								
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes									
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No								
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No								
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No								
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes									
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.											
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes									
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b	Yes									
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No								
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No								
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes									
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No								
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes									
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes									
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No								
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No								
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No								
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No								
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No								
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No								
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No								
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No								
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No								
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b										
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes									
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes									
		F	orm 99 6	D (2018)								

23 bit the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule 1, 240 bits to expensive and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule A, I "Yes," or to make 3, 20, 000 as of the last day of the year; that was issued after December 31, 2002? If "Yes," answer fines 246 through 24d and complete Schedule K, I "Yes," or to fine 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?					Page
3 Did the organization areswer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, If "We," go to line 25s and the organization have a tax-evernpt bond issue with an outstanding principal amount of more than \$100,000 as of templete Schedule K. If "We," go to line 25s and the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization maintain an one benefild "issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule I, Part I. 25d Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I. 25d Let er organization are 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-E2? 25d Let er organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, receives except year players, but sharp to the propension of the second or employees and that the transaction with a disqualified person in a prior year, and that the transaction payable storage and the organization provide a grant or other assistance to an officer, director, trustee, prior the organization species of the organization provide as grant or other assistance to a 35% controlled entity or famil	(list of Required Schedules (continued)			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. and Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 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-E27 If "Yes," complete Schedule L, Part I. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV. 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar				Yes	No
the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 24d 24d 24d 24d 24d 24d 24				Yes	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d a Section 501(C)(3), 501(C)(4), and 501(C)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 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-E27 in "Yes," complete Schedule L, Part I in Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest complexes dending a grant or other assistance to an officer, director, trustee, eye employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): b A family member of a current or former officer, director, trustee, or key employee for a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director indirector or family member thereof) and the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation or the organization receive and part of the part of the organizat	•	the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and	24a		No
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? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I . 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-E27 If "Yes," complete Schedule L, Part I . Did 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-E27 If "Yes," complete Schedule L, Part I . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28a Did the organization receive more officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . 28b C An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule R . 29a Did the organization receive contributions of art, historical treasures, or other si	Z	zation invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24h		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d as Action 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25a bt 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-E2? If "Yes," complete Schedule L, Part II. 25b Did the organization raport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 26 If "Yes," complete Schedule L, Part II. 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grants selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV was the organization and party to a business transaction with one of the following parties (see Schedule L, Part IV was the organization of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV was an officer, di					
a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I . Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have not been reported on any of the organization prior forms 990 or 990-E2? If "Yes," complete Schedule I., Part I . Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, cirectors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I., Part II . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II . Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV . A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I . Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II . Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . a Did the organization or an entity disregarded as separate from the organization wit	Z	zation act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I . Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28b C An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule M . 29c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . 29d Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I . 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3 If "Yes," complete Schedule R, Part I . 32 Did the organization related to any tax-exempt or taxable entity? If "Yes,	Z	zation engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"			No
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28b A nentity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . 28b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . Section 501(c)(3) organization receive any payment from or engage in any transaction with a c	а	action has not been reported on any of the organization's prior Forms 990 or 990-EZ?			No
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . 29 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . 20 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . 30 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . 31 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . 32 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization organization conduct more than 5% of its activities through an entity that is not a related organization and that is treate	s,	;, directors, trustees, key employees, highest compensated employees, or disqualified persons?	26		No
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filer	ŧ	employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		No
28a 28a 28a 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28b 28c 28c 28c 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 29 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 29 If "Yes," complete Schedule M. 29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 29 If "Yes," complete Schedule N, Part II. 20 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 30 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, or IV, and Part V, line 1 30 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 31 If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 32 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI in 2 34 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 36 All Form 990 filers are required to complete Schedule O. 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 38 Did the organization complete Schedule O and provide explan		, ,			
Part IV. 28b 2A entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 29 29 20 29 20 20 20 20 20 20 20 20 20 20 20 20 20	ı	rmer officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i>	28a		No
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI III. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance	b		28b		No
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			28c		No
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance	Z	zation receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			30		No
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	z	zation liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
331 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O			32		No
Part V, line 1		, , , , , , , , , , , , , , , , , , , ,	33		No
If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			34	Yes	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	z	zation have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
organization? If "Yes," complete Schedule R, Part V, line 2			35b		No
is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			36		No
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O					No
Part V Statements Regarding Other IRS Filings and Tax Compliance	z	zation complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.	38	Yes	
Check if Schedule O contains a response or note to any line in this Part V	_				
·		if Schedule O contains a response or note to any line in this Part V			
.a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 21				Yes	No

b Enter the number of Forms W-2G included in line 1a.Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Nο b If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O . 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a Nο financial account in a foreign country (such as a bank account, securities account, or other financial account)? . If "Yes," enter the name of the foreign country: ▶_ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

5h If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . 5c 6a solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .. Nο Nο b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Nο Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a Yes 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Yes Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

7c Yes **d** If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8

Nο **9a** Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a No **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h No Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b a Gross income from members or shareholders 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources 11b

11 Section 501(c)(12) organizations. Enter: 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a Enter the amount of reserves the organization is required to maintain by the states in 13b

which the organization is licensed to issue qualified health plans 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b

15

Nο

Form 990 (2018)

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Page 6

				rage 0			
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	·	onse to	lines V			
Se	ction A. Governing Body and Management						
		\square	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2						
	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 2						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person? •	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No			
6	6 Did the organization have members or stockholders?						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Code					
4.0		40	Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		No			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
b		100					
	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?						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	\vdash					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?						
17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?						
17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?						
17	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?						

Part VII

(15) MOREY MECHLIN

AT-LARGE

AT-LARGE

(16) JIM HOLT

(17) DON DAVIS BOARD OF DIRECTORS

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) (F) (A) (B) (D) (E) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation anv hours and a director/trustee) organization organizations from the for related (W-2/1099-(W- 2/1099organization and Highest Individual employ organizations MISC) MISC) related nstitutional director. below dotted E E organizations emplo line) ogn trustee Ď Ę nsat 2 2.00 (1) JEFF SCHRAG Х 0 CHAIR EMERITUS 2.00 (2) ROBIN WALKER Χ Χ 0 2.00 (3) ABRAM MCGULL II VICE CHAIR 0 Χ 2.00 (4) RHONDA CHRISTOPHER 0 TREASURER 2.00 (5) RANDY HOWARD Χ 0 IAB REPRESENTATIVE 2.00 (6) JEAN TWITTY 0 BOARD OF DIRECTORS 2.00 (7) MITCH HOLMES 0 BOARD OF DIRECTORS 2.00 (8) JARED LIGHTLE Χ 0 BOARD OF DIRECTORS 2.00 (9) DEBRA SHANTZHART 0 BOARD OF DIRECTORS 2.00 (10) RON KRAETTLI BOARD OF DIRECTORS 2.00 (11) GARY POWELL Х 0 BOARD OF DIRECTORS 2.00 (12) SUSAN KRAUSS 0 BOARD OF DIRECTORS 2.00 (13) MEGAN MORRIS 0 BOARD OF DIRECTORS 2.00 (14) RON REED Χ 0 BOARD OF DIRECTORS

2.00

2.00

2.00

0

0

(A)

compensation from the organization \blacktriangleright 0

(B)

Part VII

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

Page 8

Name and Title	Average hours per week (list any hours for related	than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from relate organization (W- 2/1099	on d ns	Estima amount o compen from organizat	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MI3C)	MISC)		relat organiza	ed
(18) ROBIN MORGAN	2.00	x						0		0		0
BOARD OF DIRECTORS		••••										
(19) MARVIN SILLIMAN	N SILLIMAN 2.00 X 0					o		0				
BUARD OF DIRECTORS		••••										
(20) KELLY PARSON	2.00	X						0		o		0
BUARD OF DIRECTORS												
(21) RON PENNY	2.00 X X 0					0						
SECRETARY		••••		Ĺ								
(22) BRIAN FOGLE	40.00			x				140,924		0		26,954
PRESIDENT		••••		<u> </u>								
(23) SUSANNE GRAY	ANNE GRAY 40.00 X 98,746						0		26,346			
ASSISTANT SECRETARY	T	••••		Ĺ.				30,7 10				
										\dashv		
1b Sub-Total					,	•				T		
c Total from continuation sheets to Part \					1	•						
d Total (add lines 1b and 1c)					1	•		239,670		0		53,300
2 Total number of individuals (including but of reportable compensation from the organization)		those li	sted a	abov	/e) v	vho re	ceive	ed more than \$100	,000			
											Yes	No
3 Did the organization list any former offic	er director or t	rustee	kev 4	-mn	love	e orb	iahe	est compensated er	nnlovee on		+	
line 1a? If "Yes," complete Schedule J for										3		No
4 For any individual listed on line 1a, is the	£	hl								_ <u> </u>		
organization and related organizations gr	eater than \$150	0.000?	ipens If "Ye	s." (n ar comi	olete S	Sche	mpensation from ti dule J for such	ne	1		
individual										4	Yes	
5 Did any person listed on line 1a receive of	r accrue compe	neation	from	201	, un	related	dore	ranization or individ	tual for	_	103	
services rendered to the organization?If								janizacion or murvic	iuai ioi	_		NI -
						,				5		No
Section B. Independent Contractors									100 005 5			
1 Complete this table for your five highest from the organization. Report compensat										npen	isation	
from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B)										(C))	
Name and b	ousiness address							Descript	ion of services		Compen	
										_		

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

(C)

(D)

Part	VIII	Statement of									_	_
		Check if Schedul	le O contains a	respo	onse or note to any							
							A) evenue		(B) ated or	(C) Unrelated	(D) Revenue	
									rempt nction	business revenue	excluded from tax under secti	
									venue		512 - 514	
र र	1a	Federated campaig	ns	1a								
an	ŀ	• Membership dues	• •	1 b								
يَّ ق	(Fundraising events		1c								
ffs, FA	(d Related organizatio	ins	1d								
i <u>∃</u> i	•	Government grants (co	ontributions)	1e								
Sir	f	All other contributions, and similar amounts n										
Contributions, Gifts, Grants and Other Similar Amounts		above	ot included	1f	25,378,811							
들통	g	Noncash contribution in lines 1a - 1f:\$	ons included	7 -	216,010							
ng pu	١,	h Total. Add lines 1a										
<u> </u>		II I TOTALI AGG III CS TA	11				25,378,811					
an	_	MANACEMENT FEEC			Busines	s Code	5	42,572	542	,572		
ven		MANAGEMENT FEES				900099		59,898		,898		
o¥ a:	b	OTHER REVENUES				900099		33,030		,050		
vice	С			_		+						
Š	d			_		+						
ranı	е			_								
Program Service Revenue	f	All other program se	rvice revenue			602,470		<u> </u>		I	<u>'</u>	
٩	g.	Total. Add lines 2a-2	2f	•	<u> </u>	002,170						
		Investment income (ii imilar amounts) .			interest, and other		5,191,13	7			5,19:	1,137
		Income from investme			ond proceeds i	-						
						•						
			(i) Real		(ii) Personal							
	6a	Gross rents										
	b	Less: rental expenses										
	_											
	C	Rental income or (loss)										
	d	Net rental income o	r (loss)		🔈	\dashv						
			(i) Securit	ies	(ii) Other							
	7a	Gross amount from sales of	12.0	57,559								
		assets other than inventory	12,0	37,339								
		•										
	b	Less: cost or other basis and	9,6	72,959								
	c	sales expenses Gain or (loss)	2,3	84,600								
		Net gain or (loss) .			>		2,384,60	О			2,384	1,600
	8a	Gross income from fo	-									
Other Revenue		(not including \$ contributions reporte		of								
S		See Part IV, line 18		а								
Re		Less: direct expense		b								
her		Net income or (loss)		-	ents			+				
ot	Уa	Gross income from g See Part IV, line 19		es.								
				а								
		Less: direct expense		b								
		Net income or (loss)		activit	ies	_						
	TUZ	Gross sales of invent returns and allowand										
				а								
	b	Less: cost of goods s	sold	b								
	C	Net income or (loss)		invent								
	11	Miscellaneous	Revenue		Business Code							
		-										
	b											
	ט	•										
	_											
	С											
		All other revenue .										
		All other revenue . • Total. Add lines 11a										
	12	Total revenue. See	instructions.	• •	• • • •		33,557,01	8	602,470		0 7,575	

ori	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all col	lumns. All other orga	nizations must comp	lete column (A).	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> 🗆 </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,061,852	15,061,852		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,787,591	2,787,591		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	312,955		253,912	59,043
7	Other salaries and wages	1,148,337		1,148,337	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	46,766		46,766	
9	Other employee benefits	180,481		180,481	
10	Payroll taxes	102,801		102,801	
11	Fees for services (non-employees):				
á	a Management				
ı	b Legal	14,168		14,168	
•	c Accounting	27,945		27,945	
•	d Lobbying				
•	e Professional fundraising services. See Part IV, line 17				
1	f Investment management fees	1,446,270		1,446,270	
•	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	31,433		31,433	
14	Information technology				
15	Royalties				
16	Occupancy	169,154		169,154	
	Travel	23,964		23,964	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	183,259		183,259	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44,065		44,065	
23	Insurance	397,354		397,354	
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 MISCELLANEOUS	376,365		376,365	
	b DEVELOPMENT	99,435		99,435	
	c PUBLICATIONS	82,545		82,545	
	d MAINTENANCE	55,986		55,986	
	e All other expenses	144,390		144,390	
25	Total functional expenses. Add lines 1 through 24e	22,737,116	17,849,443	4,828,630	59,043
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).				

Form 990 (2018)

13

14

15

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

Investments-program-related. See Part IV, line 11

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Intangible assets . . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Other assets. See Part IV, line 11 .

Page **11**

1.051.900

7.061.031

125,474,166

80.838.481

213,373,678

294,361,864

Form **990** (2018)

13

14

15

1.370.003

6.204.202

113,533,831

79.352.493

199.090.526

283,341,041

27

28

29

30

31

32

33

34

(A) (B) Beginning of year End of year 1 Cash-non-interest-bearing .

2 Savings and temporary cash investments . . . 51,468,493 2 46,496,863 676,397 3 709,547 3 Pledges and grants receivable, net . . 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5

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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Assets 1,133,218 Notes and loans receivable, net 8 Inventories for sale or use . Prepaid expenses and deferred charges 9

1.888.368 10a Land, buildings, and equipment: cost or other 14,016,557 10a basis. Complete Part VI of Schedule D 686,083 Less: accumulated depreciation 10b 11,297,154 10c 13,330,474 170,694,462 11 11 180,992,656 Investments—publicly traded securities . 46.701.314 12 49.892.056 12 Investments—other securities. See Part IV, line 11 .

16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 283.341.041 16 294.361.864 325.653 299,289 17 17 Accounts payable and accrued expenses 18 18 Grants payable . . 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,

Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . 22 563,582 23 485,753 23 Secured mortgages and notes payable to unrelated third parties

24 Unsecured notes and loans payable to unrelated third parties 24 83,361,280 25 80.203.144 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 26 Total liabilities. Add lines 17 through 25 . 84.250.515 26 80.988.186

3a

3h

Nο

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

THE FOUNDATION RECEIVES, DISTRIBUTES AND ADMINISTERS FUNDS FOR CHARITABLE AND PUBLIC PURPOSES, PRIMARILY PERMANENT ENDOWED FUNDS FOR THE

Software Version:

EIN: 23-7290968

Name: COMMUNITY FOUNDATION OF THE OZARKS INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

SPRINGFIELD METROPOLITAN AREA, REGIONAL COMMUNITY FOUNDATIONS AND THE SOUTHERN TIER OF MISSOURI

етне с	JKA	PHIC Pri	it - DO NOI	PROCESS	As Filed Data -			DLN: 9	3493174004150
		JLE A		Public (Charity Statu	s and Pub	olic Supp	ort	OMB No. 1545-0047
orm 0EZ		or	Com	plete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	mpt charitable	trust.	a section	2018
		he Treasury e Service		► Go to	www.irs.gov/Form			•	Open to Public Inspection
me o	of the	e organiza [.]	tion OF THE OZARKS	INC				Employer identific	ation number
art		Passan	for Bublic C	harity State	s (All organization	s must comple	to this part \ S	23-7290968	
	_				us (All organization it is: (For lines 1 thro			see mstructions.	
. [A church, c	onvention of c	hurches, or as	sociation of churches	described in sect	tion 170(b)(1)	(A)(i).	
: [A school de	scribed in sec	tion 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)		
		A hospital o	or a cooperativ	e hospital serv	vice organization descr	ribed in section	170(b)(1)(A)(iii).	
. [_	A medical r name, city,		ization operate	ed in conjunction with	a hospital descri	bed in section 1	170(b)(1)(A)(iii). E	nter the hospital's
			ation operated (iv). (Complet		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
					governmental unit de	scribed in sectio	on 170(b)(1)(A)(v).	
' E	✓	An organiza section 17	ation that norr (0(b)(1)(A)((nally receives vi). (Complete	a substantial part of it Part II.)	s support from a	governmental u	nit or from the gener	al public described in
· [A communi	ty trust descri	bed in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)		
					escribed in 170(b)(1) ee instructions. Enter				ege or university or
	_	from activit investment	ies related to income and u	its exempt fun nrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (le mplete Part III.)	tain exceptions, a	and (2) no more	than 331/3% of its su	ipport from gross
					exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
		more public	ly supported	organizations o	l exclusively for the be lescribed in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2)). See section 509(a	
		Type I. A s organizatio	supporting org n(s) the powe	anization oper	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
	_	manageme	nt of the supp		ervised or controlled intion vested in the sare				
					supporting organizatio				ted with, its
		Type III n functionally	on-functional	illy integrated he organization	ons). You must com d. A supporting organi n generally must satis t IV, Sections A and	zation operated i fy a distribution i	in connection wit requirement and	th its supported organ	
		Check this	box if the orga	nization receiv	red a written determine integrated supporting	ation from the II		pe I, Type II, Type II	I functionally
: Er		-				-			
Pr	rovid	e the follow	ing informatio		pported organization(s).			
(ame of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your governing document? mone		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
tal									
	erw	ork Reduc	tion Act Noti	ce, see the Ir	structions for	Cat. No. 11285	5F S	Schedule A (Form 9	90 or 990-EZ) 201

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 18,801,627 15,562,713 16,530,656 30,654,947 25,378,811 106,928,754 membership fees received. (Do not include any "unusual grant.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge.. Total. Add lines 1 through 3 18,801,627 15,562,713 16,530,656 30,654,947 25,378,811 106,928,754 The portion of total contributions by each person (other than a governmental unit or publicly

line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (a)2014 (or fiscal year beginning in) ▶ Amounts from line 4. . 18,801,627 Gross income from interest. dividends, payments received on

securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . **Total support.** Add lines 7 through

Section C. Computation of Public Support Percentage

2,537,026

15 Public support percentage for 2017 Schedule A, Part II, line 14

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

- **(b)**2015 15,562,713 2,287,332

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,

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

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

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

b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

- (c)2016
- 16,530,656 2,897,165
- (d)2017 2,922,020
- 30,654,947
- (e)2018

25,378,811

3,744,867

12

14

15

Schedule A (Form 990 or 990-EZ) 2018

- 5,927,304
 - 101,001,450 (f)Total 106,928,754

14,388,410

121,317,164

83.250 %

82.380 %

- supported organization) included on

10

11

P	Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 4 9 0				
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If										
	the organization fails to	qualify under t	he tests listed l	pelow, please co	mplete Part II.)						
Se	ction A. Public Support						_				
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	(or fiscal year beginning in) ► 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 Tax revenues levied for the										
4	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										
/a	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. Add lines 7a and 7b										
8	Public support. (Subtract line 7c										
J	from line 6.)										
Se	ction B. Total Support				•		•				
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total				
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	(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. Add lines 10a and 10b.										
с 11	Net income from unrelated business										
	activities not included in line 10b,										
	whether or not the business is										
	regularly carried on.										
12	Other income. Do not include gain or loss from the sale of capital assets										
	(Explain in Part VI.)										
13	Total support. (Add lines 9, 10c,										
	11, and 12.)										
14	First five years. If the Form 990 is fo	r the organization	's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) c	rganization,				
	check this box and stop here						▶ ⊔				
	ection C. Computation of Public			1 (6)							
15	Public support percentage for 2018 (lin		•	, , ,		15					
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16					
Se	ction D. Computation of Investi										
17	Investment income percentage for 201	.8 (line 10c, colur	nn (f) divided by	line 13, column (f))	17					
18	Investment income percentage from 2	017 Schedule A,	Part III, line 17 .			18					
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not				
	more than 33 1/3%, check this box and s										
	33 1/3% support tests—2017. If the										
_	not more than 33 1/3%, check this box	-			•		_				
20	Private foundation If the organization										

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-E2) 2010		- 1	age 3
₽}	Supporting Organizations (continued)		1	
			Yes	No
11	. Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	the organization operate for the benefit of any supported organization other than the supported organization(s) that rated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit ried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_	Section D. All Type III Supporting Organizations		<u> </u>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	ions).		
_	a The organization satisfied the Activities Test. Complete line 2 below.	0113).		
	ш			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		

instructions)

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrat	ed Type III supporting or	ganization (see

c Remainder. Subtract lines 4a and 4b from 4.

5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c.

8 Breakdown of line 7: a Excess from 2014. **b** Excess from 2015. . . . c Excess from 2016.

Additional Data

Software ID: Software Version:

EIN: 23-7290968

Name: COMMUNITY FOUNDATION OF THE OZARKS INC

Page 8

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part VI

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

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

Supplemental Financial Statements

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

OMB No. 1545-0047 2018

Employer identification number

DLN: 93493174004150

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

► Go to www.irs.gov/Form990 for the latest information.

Inspection

COI	MMUNITY FOUNDATION OF THE OZARKS INC		23-7290968						
Pā	Organizations Maintaining Donor Adv Complete if the organization answered "Y		<u> </u>						
	Complete if the organization answered in	(a) Donor advised funds	(b)Funds and other accounts						
	Total number at end of year	35	. ,						
,	Aggregate value of contributions to (during year)	11,749,74							
2	Aggregate value of grants from (during year)								
,	Aggregate value at end of year	8,628,95							
•	,	63,361,58							
-	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?								
•	charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?								
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" on For							
L	Purpose(s) of conservation easements held by the org								
	Preservation of land for public use (e.g., recreati		n historically important land area						
		· 🗖							
	☐ Protection of natural habitat	Preservation of a	certified historic structure						
	☐ Preservation of open space								
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year.	a qualified conservation contribution in the fo							
_	Total number of conservation easements		Held at the End of the Year						
a L	Total acreage restricted by conservation easements .		2b						
b	Number of conservation easements on a certified histo		2c						
C	Number of conservation easements included in (c) acq	, ,							
d	structure listed in the National Register		2d						
5	Number of conservation easements modified, transfer tax year ▶	red, released, extinguished, or terminated by	y the organization during the						
1	Number of states where property subject to conservat	ion easement is located >							
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hol		of violations, Yes No						
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing o	conservation easements during the year						
7	Amount of expenses incurred in monitoring, inspecting \$ \\$	g, handling of violations, and enforcing conse	ervation easements during the year						
,	Does each conservation easement reported on line 2(o	1) above satisfy the requirements of section	170/h)//1/(B)/i)						
,	and section 170(h)(4)(B)(ii)?		☐ Y es ☐ No						
9	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial sta							
a	t IIII Organizations Maintaining Collection Complete if the organization answered "Y	·	her Similar Assets.						
La	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final provide.	or public exhibition, education, or research in	furtherance of public service,						
b									
((i) Revenue included on Form 990, Part VIII, line 1		> \$						
(ii)Assets included in Form 990, Part X		> \$						
2	If the organization received or held works of art, histo following amounts required to be reported under SFAS		ancial gain, provide the						
а	Revenue included on Form 990, Part VIII, line 1		▶ \$						
	Assets included in Form 990, Part X								
a =	Panarwork Paduction Act Notice, see the Instruction	one for Form 000	E2202D Schodula D (Form 000) 2019						

Par	t IIII	Organizations Ma	aintaining Coll	lections of a	Art, Histori	cal T	reasu	ires, or	Other S	Similar As	sets (conti	nued)	
3		the organization's acq (check all that apply):		n, and other re	ecords, check	any of	the fol	llowing th	at are a s	significant u	se of its coll	ection	
а		Public exhibition			d		Loan	or excha	nge progr	ams			
b		Scholarly research			е		Other	r					
С		Preservation for future	e generations										
4	Provid Part X	le a description of the o	organization's coll	ections and ex	xplain how the	ey furtl	ner the	e organiza	ntion's ex	empt purpo	se in		
5		g the year, did the orga s to be sold to raise fur									☐ Yes	□ N	o
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.			on Form 990	, Part	IV, lir	ne 9, or	reported	d an amou	ınt on Forn	າ 990,	Part
1a		organization an agent ed on Form 990, Part)									Yes	□ N	o
b	If "Yes	s," explain the arrange	ement in Part XIII	and complete	the following	table:				Α	mount		_
c		ning balance		·	-				1c				_
d	_	ons during the year .							1d				_
e		outions during the year							1e				_
f		g balance							1f				_
								_			п		_
2a		e organization include								•	_	⊔ N	0
b		s," explain the arrange			· · · · · · · · · · · · · · · · · · ·			•					
ē	rt V	Endowment Fund	ds. Complete if							-			
1 -	Reginni	ng of year balance .		(a)Current y 136,74		rior yea 128,053		(c)Two yea	7,752,116	(d)Three yea	985,967	our year	334,498
	_	- ,		·	39,888	7,547			5,867,501		223,414		257,567
		utions			9,718	3,837			1,710,357		767,657	٠,,	79,342
		estment earnings, gair	·		33,345	2,251			2,598,498		904,790	2 1	067,745
		or scholarships		2,90	55,545	2,231	.,300		2,390,490	1,	904,790	۷,	067,743
е		expenditures for facilities	es										
f		strative expenses .		4	12,220	438	3,888		678,055	1	613,610	1,	617,695
		year balance		145,27	1,345	136,747	7,304	128	3,053,421	119,	752,116	112,	985,967
2		le the estimated percei	ı	nt year and b	alance (line 1	a colu	mn (a))) hold as	<u> </u>	·	, I	·	 _
ے a		designated or quasi-e	_	0 %	alance (iiile I	g, colu	iiii (a))) Held as	•				
_		nent endowment >	56.330 %										
b		orarily restricted endov		70.04									
С		ercentages on lines 2a,	***************************************	570 % 1 100%									
За		ere endowment funds		•		t are h	eld and	d adminis	tered for	the			
		ization by:	not in the possess	or the org	jamzacion cha		cia aii	a aannii	tereu ror	unc		Yes	No
	(i) un	related organizations									3a(i)		No
		lated organizations .									3a(ii)		No
b		s" on 3a(ii), are the rel					?.				3b		
4		be in Part XIII the inte			endowment :	tunds.							
Pai	rt VI	Land, Buildings, Complete if the org			n Form 000	Dort	TV/ li-	no 115	Coo For	~ 000 Pa	rt V ling 1	Λ	
	Descrip	otion of property	(a) Cost or oth (investmen	er basis (t	b) Cost or other				mulated de			ook valu	e
12	Land .			12,267,914								17	2,267,914
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 4	59,776			474,427		12	985,349
	Building					1,43	,,,,,			7/7,72/			
		old improvements					05.04.2			104.043			40.070
d	Equipm	ent				- 23	35,912			194,942			40,970

Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments—Other Securities. Complete if the	ne organization ansv	vered "Yes" on Form 99	0, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value		od of valuation:
(including name of security) (1) Financial derivatives		Cost or end-or	-year market value
(2) Closely-held equity interests	1,276,370		F
(A) MONEY MARKET	2,799,015		F
(B) HEDGE FUNDS (C)	45,816,671		F
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	49,892,056		
Part VIII Investments—Program Related.		no 11c Coo Form 000	Dort V. line 12
Complete if the organization answered 'Yes' on F (a) Description of investment	(b) Book value	(c) Metho	od of valuation:
(1)		Cost or end-or	-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•		
Part IX Other Assets. Complete if the organization answered (a) Description		ort IV, line 11d. See Form 9	990, Part X, line 15. (b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			
Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.			le or 11f.
1. (a) Description of liability (1) Federal income taxes	(b) B	ook value	
AGENCY FUNDS		80,203,144	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	80,203,144	
2. Liability for uncertain tax positions. In Part XIII, provide the text of organization's liability for uncertain tax positions under FIN 48 (ASC 7)		=	
,	,		

Schedule D (Form 990) 2018

Page 4

5,232,107 32,110,748

1,446,270

33,557,018

d	Other (Describe in Part XIII.)
е	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, lin
a	Investment expenses not included on Form 9

Add lines 4a and 4b .

Donated services and use of facilities . .

Net unrealized gains (losses) on investments . . .

Other (Describe in Part XIII.)

Recoveries of prior year grants	
Other (Describe in Part XIII.)	
Add lines 2a through 2d	
Subtract line 2e from line 1	
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
Investment expenses not included on Form 990, Part VIII, line 7b	

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Complete if the organization answered 'Ves' on Form 990, Part TV, line 12a

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

3,128,136

2,103,971

s za through zd		•	•	•		_ 2e	
t line 2e from line 1						3	
s included on Form 990, Part VIII, line 12, but not on line 1:							
nent expenses not included on Form 990, Part VIII, line 7b	4a				1,446,270		
Describe in Part XIII.)	4b						
s 4a and 4b						4c	
venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						5	
Reconciliation of Expenses per Audited Financial Statem	ents	With	า Ex	per	ises per R	leturi	n.

Schedule D (Form 990) 2018

	Complete if the organization answered fee on Form 990, Part	IV, IIIIe 12a.		
1	Total expenses and losses per audited financial statements		1	23,346,655
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 2,055,809		
e	Add lines 2a through 2d		2e	2,055,809
3	Subtract line 2e from line 1	[3	21,290,846
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 1,446,270		
b	Other (Describe in Part XIII.)	4b		
	·			I

2a

2b 2c

2d

Add lines 4a and 4b . 4c 1,446,270

5 Total expenses. Add lines 3 and 4	lc. (This must equal Form 990, Part I, line 18.)	5	22,737,11					
Part XIII Supplemental Information								
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.								
Return Reference								
See Additional Data Table								

chedule D (Form 990) 2018	Page	5
Part XIII Supplemental Info	rmation (continued)	_
Return Reference	Explanation	7
		_
		_
		_
		_
		_
		_
		_

Schedule D (Form 990) 2018

Additional Data

Software Version:

EIN: 23-7290968

Name: COMMUNITY FOUNDATION OF THE OZARKS INC.

Supplemental Information

Return Reference Explanation

Software ID:

PART XI, LINE 2D - OTHER MANAGEMENT FEE EXPENSE 2,055,809. ANNUAL ACTUARIAL ADJUSTMENT 48,162. ADJUSTMENTS:

upplemental Information							
Return Reference	Explanation						
PART XII, LINE 2D - OTHER ADJUSTMENTS:	MANAGEMENT FEE EXPENSE 2,055,809.						

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

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

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

Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2018
Open to Public

DLN: 93493174004150

Inspection

Internal Revenue Service		F G0 t0 <u>ww</u>	101	the latest illioi mati	Jiii		
Name of the organization COMMUNITY FOUNDATION OF THE	HE OZARKS INC					Employer identific	ation number
						23-7290968	
		and Assistance					
Does the organization mai the selection criteria used						ce, and	☑ Yes ☐ No
2 Describe in Part IV the org							⊈ fes ∟ No
Part III Grants and Other	Assistance to Don	nestic Organizations a	ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government	(2) =	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sect		-					600
3 Enter total number of other	er organizations liste	ed in the line 1 table.				<u> ▶</u>	34
For Paperwork Reduction Act Notice	ce, see the Instructio	ns for Form 990.		Cat. No. 5005	5P	Sch	edule I (Form 990) 2018

Schedule I (Form 990) 2018

(6) HUMAN SERVICE

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

(6)

Explanation

Schedule I (Form 990) 2018

(7)

Part IV

Return Reference

Additional Data

ALL ABOARD LEARNING

ALLIANCE FOR LEADERSHIP

ADVANCEMENT AND SUCCESS

106 F WASHINGTON CUBA. MO 65453

918 E CALHOUN SPRINGFIELD, MO 65802

CENTER

Software ID:

43-1941534

47-4540688

Software Version: EIN: 23-7290968

11,000

30,000

Name: COMMUNITY FOUNDATION OF THE OZARKS INC.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation

organization	if applicable	grant	cash	(book, FMV, appraisal,	
or government			assistance	other)	

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

501(C)(3)

501(C)(3)

(q) Description of

non-cash assistance

(h) Purpose of grant

MENTORING PROGRAM

FOR LATINX STUDENTS

or assistance

UNRESTRICTED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-1344786 501(C)(3) 8.110 UNRESTRICTED ALZHEIMERS ASSOCIATION GREATER MISSOURI CHAPTER

2400 BLUFF CREEK DR COLUMBIA, MO 65201

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

SPRINGFIELD, MO 65804

AMERICAN CANCER SOCIETY 23-7040934 501(C)(3) 10.699 UNRESTRICTED 2926 E BATTLEFIELD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government TRICTED

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

PO BOX 720366

OKLAHOMA CITY, OK 73162

13-1788491 132.543 CANCER RESEARCH AMERICAN CANCER SOCIETY 501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

IDEVELOPMENT FOR AK

MUSIC PROJECT

AMERICAN KIRG ING	72 1212002	504(6)(2)	4 000		D. ID. TOTTL 4 4 4 1
2446 E MADRID AVE SPRINGFIELD, MO 65804					
AMERICAN HEART ASSOCIATION	13-5613797	501(C)(3)	19,741		UNRESTRICTE

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

305 WIMBLEDON DRIVE

BRANSON, MO 65616

IPUBLICITY AND WEB AMERICAN KIDS INC 73-1243062 501(C)(3) 1.0001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 73-1243062 501(C)(3) 1.825 MUSIC TECHNICAL

AMERICAN KIDS INC. 305 WIMBLEDON DRIVE BRANSON, MO 65616

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

305 WIMBLEDON DRIVE BRANSON, MO 65616

JUPGRADES FOR AUDIO EQUIPMENT AMERICAN KIDS INC 73-1243062 501(C)(3) 12.900 UNRESTRICTED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) AMERICAN RED CROSS 44-0563832 501(C)(3) 9,407 UNRESTRICTED FOR EATER OZARKS

NATIONAL HEADQUARTERS 2025 E ST NW WASHINGTON, DC 20006					THE GREAT CHAPTER I SPRINGFIE
AMERICAN RED CROSS OF	44-0563832	501(C)(3)	4,000		UNRESTRI

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

SPRINGFIELD, MO 65803

R IN FIELD, MO RICTED SOUTHERN MISSOURI 1545 N WEST BYPASS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CE TO

AMERICAN RED CROSS OF SOUTHERN MISSOURI 1545 N WEST BYPASS SPRINGFIELD, MO 65803	44-0563832	501(C)(3)	12,000			FAMILIES AFFECTED BY
STREAM COSCOS						

NEW YORK, NY 10110

TORMS 501(C)(3) 50.000 AMERICANS FOR OXFORD INC. 52-1495060 FOR JESUS COLLEGE. 500 FIFTH AVENUE loxford

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 23-7290968 501(C)(3) 200,000 UNRESTRICTED ANNIE M AND DAVID

CAMP FIELD TRIP

SPRINGFIELD, MO 65806				
425 E TRAFFICWAY ST				
MONTGOMERY FUND				

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

1501 E PYTHIAN

SPRINGFIELD, MO 65802

ARC OF THE OZARKS 43-6049004 501(C)(3) 436 INO LIMITS SUMMER

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government KITCHEN

ARC OF THE OZARKS 1501 E PYTHIAN SPRINGFIELD, MO 65802	43-6049004	501(C)(3)	5,000		MONETT K REMODEL
ADC OF THE OZADIC	43 6040004	E01(C)(2)	F 000		MUCIC TU

1501 F PYTHIAN SPRINGFIELD, MO 65802

IMUSIC THERAPY ARC OF THE OZARKS 43-6049004 501(C)(3)| 5,0001 PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ARC OF THE OZARKS 43-6049004 501(C)(3) 8.446 UNRESTRICTED

1501 E PYTHIAN SPRINGFIELD, MO 65802		, , , ,	·		
AREA AGENCY ON AGING REGION TEN	43-1159115	501(C)(3)	2,500		MEALS ON WHEELS PROGRAM

PO BOX 3990 JOPLIN, MO 64803

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1159115 501(C)(3) 5.000 LAMAR SENIOR CENTER AREA AGENCY ON AGING

SENIOR CENTER

REGION TEN PO BOX 3990 JOPLIN, MO 64803

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

PO BOX 3990

JOPLIN, MO 64803

AREA AGENCY ON AGING 43-1159115 10.000 KITCHEN EQUIPMENT

501(C)(3) REGION TEN FOR CARTHAGE CAN DO

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 59-2322926 501(C)(3) 5.000 ARTIS-NAPLES UNRESTRICTED 5833 PELICAN BAY BLVD

NAPLES, FL 34108 ASH GROVE R-IV SCHOOL 44-6001727 501(C)(3) 25.850 DISTRICT

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

ASH GROVE, MO 65604

SCHOLARSHIPS AND ITEACHER AWARD 100 MAPLE LANE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ASPIRE OF SWMO 23-7290968 501(C)(3) 5.000 IEDUCATIONAL EFFORT ENDOWMENT FUND FOR HIGH SCHOOL

425 F TRAFFICWAY ISTUDENTS SPRINGFIELD, MO 65806 ASSOCIATION FOR THE BLIND 23-7290968 501(C)(3) 7.056l UNRESTRICTED SHORT TERM FUND

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

SPRINGFIELD, MO 65806

425 E TRAFFICWAY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-0673516 501(C)(3) 20.000 UNRESTRICTED ASSOCIATION OF THE MIRACULOUS MEDAL

1811 WEST SAINT JOSEPH ST PERRYVILLE, MO 63775 AURORA BEAUTIFICATION CO 23-7290968 501(C)(3) 5.000 FUND

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

SPRINGFIELD, MO 65806

UNRESTRICTED 425 FAST TRAFFICWAY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 23-7290968 501(C)(3) 29.000 AURORA PROJECT RISE FUND IPOVERTY REDUCTION 425 E TRAFFICWAY ST IPROGRAM SUPPORT

SPRINGFIELD, MO 65806 AURORA R-VIII SCHOOL 44-6001732 501(C)(3) 25.701 DISTRICT

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

I EDUCATIONAL PROGRAMMING 201 S MADISON AVE AURORA, MO 65605

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1124444 501(C)(3) CAPITAL IMPROVEMENT AURORA UNITED METHODIST IFUND

CHURCH
1211 S CARNATION DR
AURORA, MO 65605

AURORA UNITED METHODIST 43-1124444 501(C)(3) 6,500

UNRESTRICTED
CHURCH

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

1211 S CARNATION DR AURORA, MO 65605

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-1314531 501(C)(3) 6.100 UNRESTRICTED BARRY COUNTY YOUTH CAMP PO BOX 254 MONETT, MO 65708 BARTON COUNTY GOOD 43-1465283 501(C)(3) 5.0001 UNRESTRICTED SAMARITAN

1301 PARRY ST LAMAR, MO 64759

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-0971303 501(C)(3) 20.300 UNRESTRICTED BIG BROTHERS BIG SISTERS OF THE OZARKS

3372 W BATTLEFIELD SPRINGFIELD, MO 65807 BIG SPRINGS MEDICAL 43-1068291 501(C)(3) 10.000

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

ELLINGTON, MO 63638

ORAL HEALTH ASSOCIATION **IEXPANSION TELE-**PO BOX 157 DENTISTRY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-7290968 501(C)(3) 10.000 UNRESTRICTED BILL WALLIS CHARITABLE FOUNDATION

425 F TRAFFICWAY SPRINGFIELD, MO 65806

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

SPRINGFIELD, MO 65806

BILL WALLIS SCHOLARSHIP 23-7290968 501(C)(3) 30.000

SCHOLARSHIP 425 E TRAFFICWAY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 46-3536944 501(C)(3) 6.500 UNRESTRICTED BISHOP KEMPER SCHOOL OF MINISTRY

136 MAIN STREET SUITE 101 KANSAS CITY, MO 64105 BLOOMSDALE VOLUNTEER 43-1217976 501(C)(4) 10.000

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

BLOOMSDALE, MO 63627

IBLOOMSDALE VFD -FIRE DEPARTMENT TURNOUT GEAR AND PO BOX 42 HVAC ASSIST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-1514904 501(C)(3) 20.000 BONEBRAKE-MCMURTREY IHISTORY MUSEUM BUILDING

FOUNDATION 601 N HICKORY ITMPROVEMENTS SALEM, MO 65560

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

SPRINGFIELD, MO 65806

BOOTS BANDS AND BBO FUND 23-7290968 501(C)(3) 7.600 UNRESTRICTED 425 EAST TRAFFICWAY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) **BOYS & GIRLS CLUB OF** 04-2104912 501(C)(3) 9.0001 UNRESTRICTED GREATER SALEM 13 HAWTHORNE BLVD 43-1664669 501(C)(3) 6.075 UNRESTRICTED

SALEM, MA 01970 **BOYS & GIRLS CLUB OF THE** OZARKS

1460 BEE CREEK RD BRANSON, MO 65616

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BOYS AND GIRLS CLUB OF 44-0627566 501(C)(3) 5.000 CAPITAL CAMPAIGN SOUTHWEST MISSOURI 317 COMINGO

UNRESTRICTED

10.800

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

501(C)(3)

JOPLIN, MO 64801

BOYS AND GIRLS CLUB OF SOUTHWEST MISSOURI

317 COMINGO JOPLIN, MO 64801 44-0627566

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 44-0513659 501(C)(3) 27.704 PROGRAMMING FOR BOYS AND GIRLS CLUBS OF SPRINGFIELD CHILDREN

1410 N FREMONT AVE SPRINGFIELD, MO 65802

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

SPRINGFIELD, MO 65806

BRANSON AREA DISASTER 23-7290968 501(C)(3) 5.500 SUPPORT NEEDS OF RELIEF FUND VICTIMS 425 FAST TRAFFICWAY

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) BREAST CANCER FOUNDATION 43-1881450 501(C)(3) 56,250 SUPPORT FOR CANCER

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

LYTOTIMO

620 WEST REPUBLIC ROAD SUITE 107 SPRINGFIELD, MO 65807					VICTIMS
BRENTWOOD CHRISTIAN	44-6006164	501(C)(3)	28,350		UNRESTRIC

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

OF THE OZADIC

SPRINGFIELD, MO 65804

(b) EIN

RICTED CHURCH 1900 E BARATARIA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

44 COMMONS

LITTLE COMPTON, RI 02837

BRIDGES FOR YOUTH PO BOX 9866 SPRINGFIELD, MO 65801	43-1718841	501(C)(3)	14,000		GENERAL OPERATIONS
BROWNELL PUBLIC LIBRARY	05-0259263	501(C)(3)	25,000		ENDOWMENT FUNDING

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 23-7290968 501(C)(3) 5,000 IRURAL SCHOOL CABOOL EDUCATION

TRIP

FOUNDATION TEACHER GRANT ENDOWMENT FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806		(-)(-)	5,73		EDUCATIONAL PARTNERSHIP
CAMDENTON R-III SCHOOL DISTRICT	43-0829976	501(C)(3)	750		HAWTHORN ELEMENTARY FIELD

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

119 SERVICE RD

CAMDENTON, MO 65020

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-0829976 501(C)(3) 1.000 TEACHER AWARD CAMDENTON R-III SCHOOL DISTRICT 119 SERVICE RD

FOOD FOR LOW

INCOME CHILDREN

119 SERVICE RD CAMDENTON, MO 65020

CAMDENTON R-III SCHOOL 43-0829976 501(C)(3) 2,000

DISTRICT

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

119 SERVICE RD CAMDENTON, MO 65020

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-0829976 501(C)(3) 10.325 CAMDENTON R-III SCHOOL ICAMDENTON LASER DISTRICT IROBOTICS

119 SERVICE RD CAMDENTON, MO 65020 UNRESTRICTED

CAMP BARNABAS 33-1122930 501(C)(3) 45.600 PO BOX 3200

SPRINGFIELD, MO 65808

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 27-1303282 501(C)(3) 15.000l UNRESTRICTED CAMP CH-YO-CA PO BOX 2010 WEST MONROE, LA 71294

IFILM PROJECT

6.480

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

501(C)(3)

CAMPUS CRUSADE FOR

100 LAKE HART DRIVE 3100 ORLANDO, FL 32832

CHRIST (CRU)

95-6006173

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 47-1494384 501(C)(3) 50.361 CARE TO LEARN ADDRESSING HEALTH 1740 S GLENSTONE SUITE R HUNGER AND HYGENE

1740 S GLENSTONE SUITE R
SPRINGFIELD, MO 65804

CARL JUNCTION R-I SCHOOL 44-6005462 501(C)(3) 98,235

DISTRICT
206 S RONEY

HUNGER AND HYGENE HUNGER AND HYGENE NEEDS OF CHILDREN

PROGRAMMING

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

CARL JUNCTION, MO 64834

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government TRICTED

CARNAHAN POLICY INSTITUTE 116 FOREST HILL AVE JEFFERSON CITY, MO 65109	82-3770176	501(C)(3)	1,000		UNRESTR:
SELLEGGII GELLATIO					

116 FOREST HILL AVE JEFFERSON CITY, MO 65109

5.000 CARNAHAN POLICY INSTITUTE 82-3770176 501(C)(3) IFILM PROJECT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CARTER COUNTY MISSOURI 43-6006200 POLITICAL 61,624 IFLOOD RECOVERY

PO BOX 517 VAN BUREN, MO 63965		SUBDIVISIO			
CARTHAGE COMMUNITY FOUNDATION CAPACITY BUILDING FUND 425 E TRAFFICWAY	23-7290968	501(C)(3)	13,407		SUPPORT FOR RURAL AFFILIATE

SPRINGFIELD, MO 65806

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 23-7290968 501(C)3 54,418 UNRESTRICTED CARTHAGE COMMUNITY FOUNDATION OPERATING ENDOWMENT FUND 425 EAST TRAFFICWAY

SPRINGFIELD, MO 65806 501(C)3 3,927 CARTHAGE CRISIS CENTER 23-7290968 LONG TERM OPERATIONS

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

SPRINGFIELD, MO 65806

UNRESTRICTED FUND 425 EAST TRAFFICWAY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1712338 501(C)(3) 34.555 **I**EDUCATION CARTHAGE R-9 SCHOOL FOUNDATION I PROGRAMMING 710 LYON STREET CARTHAGE, MO 64836 44-6002057 501(C)(3) 58.500 **I**EDUCATION

PROGRAMMING

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

CARTHAGE R-IX SCHOOL DISTRICT

710 LYON STREET CARTHAGE, MO 64836

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1524185 501(C)(3) 8.300 UNRESTRICTED CASA OF SOUTHWEST MISSOURI SPRINGFIELD, MO 65808

IEDUCATION

PROGRAMMING

21.213

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

501(C)(3)

PO BOX 4853 CASSVILLE R-IV SCHOOL DISTRICT

1501 MAIN ST CASSVILLE, MO 65625 44-6001377

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 27-0022421 501(C)(3) 10.473 CATALYST MISSIONS GROUP INTERNATIONAL CHILD IDEVELOPMENT

PROGRAM

HUMAN SERVICES

8242 S HARVARD AVE SUITE D
TULSA, OK 74137

CATHOLIC CHARITIES OF 80-0455890 501(C)(3) 18,500
SOUTHERN MISSOURI

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

424 EAST MONASTERY STREET SPRINGFIELD, MO 65807

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CATHOLIC CHURCH 36-6000520 501(C)(3) 5.000 UNRESTRICTED EXTENSION SOCIETY 150 SOUTH WACKER DRIVE

UNRESTRICTED

11,250

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

501(C)(3)

13-5563422

SUITE 2000 CHICAGO, IL 60606

CATHOLIC RELIEF SERVICES

228 W LEXINGTON ST BALTIMORE, MD 21201

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) CEDAR EALLS HIGH SCHOOL 42-0862684 E01(C)(3) 7 496 Jechol vectibe viid

1015 DIVISION STREET CEDAR FALLS, IA 50613	42-0802084	301(0)(3)	7,486		CURRICULUM
CENTRAL BANK OF THE OZARKS MARSHFIELD AREA COMMUNITY DEVELOPMENT FUND	23-7290968	501(C)(3)	11,000		UNRESTRICTED

425 E TRAFFICWAY SPRINGFIELD, MO 65806

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CHAMPION ATHLETES OF THE 43-1786541 501(C)(3) 6,300 UNRESTRICTED OZADIZO

1715 S KANSAS AVE SPRINGFIELD, MO 65807					
CHARLES AND LAURA MEEK	23-7290968	501(C)(3)	200,000		UNRESTRICTED

FUND 425 E TRAFFICWAY ST

SPRINGFIELD, MO 65806

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CHILDREN'S LEARNING 42-1547554 501(C)(3) 14.401 TEARLY CHILDHOOD CENTER I PROGRAMMING

88 THIRD STREET CAMDENTON, MO 65020 CHILDREN'S MIRACLE 87-0387205 501(C)(3) 102.100 UNRESTRICTED

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

NETWORK 3525 S NATIONAL STE 203

SPRINGFIELD, MO 65807

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-7290968 501(C)3 5.472 CHILDREN'S SMILE CENTER LOW INCOME CHILDREN

ENDOWMENT FUND IDENTAL CARE PO BOX 8960 SPRINGFIELD, MO 65801

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

OZARK, MO 65721

CHILDREN'S SMILE CENTER 57-1196229 501(C)(3) 11.858 IDENTAL HYGIENE FOR PO BOX 1833 CHILDREN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

OPERATIONAL SUPPORT

CHILDREN'S TUMOR	13-2298956	501(C)(3)	5,000		UNRESTRICTED
FOUNDATION					
120 WALL STREET 16TH FL					
NEW YORK, NY 10005					

54.490

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

501(C)(3)

CHRIST EPISCOPAL CHURCH

601 E WALNUT ST SPRINGFIELD, MO 65806 43-1657802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1355905 501(C)(3) 68.039 UNRESTRICTED CHRISTIAN ACTION MINISTRIES 610 S 6TH STREET STE 102

MINISTRIES
610 S 6TH STREET STE 102
BRANSON, MO 65616

CHRISTIAN COUNTY 44-6000473 501(C)(3) 5,400

EMERGENCY MANAGEMENT

COAD

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

100 W CHURCH ROOM 100 OZARK, MO 65721

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) CHURCH OF CHRIST AT 58-2432452 501(C)(3) 6,230 UNRESTRICTED

ALISTELL ROAD

64744

EL DORADO SPRINGS, MO

1390 AUSTELL RD SE MARIETTA, GA 30008					
CHURCH OF CHRIST FOOD PANTRY 302 E HOSPITAL RD	43-1521842	501(C)(3)	5,000		GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Y REDUCTION M SUPPORT

CIRCLES JOPLIN 3510 E 3RD ST JOPLIN, MO 64801	44-0556865	501(C)(3)	20,000		POVERTY I PROGRAM

SUBDIVISIO

1902 JEFFERSON STREET HERMANN, MO 65041

CITY OF HERMANN 43-6001607 POLITICAL 1.257 CANCER SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

ITO SUPPORT TRUMAN

SERVICE (T.A.T.S.)

AREA TRANSPORTATION

CITY OF HERMANN	43-6001607	POLITICAL	6,764		MATERIALS PURCHASE
1902 JEFFERSON STREET		SUBDIVISIO			FOR PREPAREDNESS
HERMANN MO 65041					GRANT

5.000

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

POLITICAL

SUBDIVISIO

CITY OF LAMAR MISSOURI

1104 BROADWAY LAMAR, MO 64759 44-6000205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government FOR POOL

DONATION PROGRAM

107 E 8TH STREET LOCKWOOD, MO 65682	44-6000215	SUBDIVISIO	12,149		ZIPLINE FOR POOL
CITY OF NIXA	44-6005734	501(C)(3)	1,500		WEATHER RADIO

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

PO BOX 395

NIXA, MO 65714

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CITY OF NIXA 44-6005734 501(C)(3) 5.000 ICHRISTIAN COUNTY IECONOMIC.

DEVELOPMENT

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

PO BOX 395 NIXA, MO 65714

CITY OF SEYMOUR 44-6005586 POLITICAL 1,000 UNRESTRICTED SUBDIVISIO SEYMOUR, MO 65746

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 44-6005586 POLITICAL 15.602 CITY OF SEYMOUR LIBRARY EXPENSES PO BOX 247

SUBDIVISIO SEYMOUR, MO 65746 CITY OF SPRINGFIELD 44-6000268 501(C)(3) 350,000 COOPER TENNIS PARK MISSOURI

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

SPRINGFIELD, MO 65802

ICOURTS 840 BOONVILLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

TECHNICAL RESCUE - 5

IGAS AIR MONITORS

CITY OF ST MARY 782 3RD ST ST MARY, MO 63673	43-0915736	POLITICAL SUBDIVISIO	_,		ST. MARY UTILITY DEPT - SEWAGE GRINDER EQUIP.
CITY OF STE GENEVIEVE FIRE	43-6003164	POLITICAL	6.440		STE, GEN CO

CITY OF STE GENEVIEVE FIRE 43-6003164 POLITICAL 6.440 SUBDIVISIO DEPARTMENT

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

165 S FOURTH ST

STE GENEVIEVE, MO 63670

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CITY OF STE GENEVIEVE FIRE 43-6003164 POLITICAL 7 193 STE GEN FIRE DEPT -

DEPARTMENT 165 S FOURTH ST STE GENEVIEVE, MO 63670	13 333131	SUBDIVISIO	. ,		STABLIZATION EQUIPMENT
CITY OF STE GENEVIEVE	43-6003164	POLITICAL	13,241		STE. GEN POLICE DEP

STE GENEVIEVE, MO 63670

POLICE DEPARTMENT SUBDIVISIO I- MOTOROLA 165 SOUTH 4TH STREET HANDHELD RADIOS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 43-6003164 POLITICAL 9.500 CITY OF STE GENEVIEVE ICITY OF STE. GENEVIEVE - TOURISM 165 S FOURTH ST SUBDIVISIO

| GENEVIEVE - TOUR. | SUBDIVISIO | STE GENEVIEVE, MO 63670 | SUBDIVISIO | STE GENEVIEVE, MO 63670 | SUBDIVISIO | STE GENEVIEVE, MO 63670 | SUBDIVISIO | SUBDIVISI

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

PIERCE CITY, MO 65723

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 26-2482075 501(C)(3) 5.494 UNRESTRICTED CLINTON ANIMAL RESCUE ENDEAVOR 103 S GAIL DR

DISTRIBUTION

8.298

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

501(C)(3)

103 S GAIL DR
CLINTON, MO 64735
CLINTON CHRISTIAN
ACADEMY

271 W DIVISION RD CLINTON, MO 64735

43-1878692

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 44-6001380 501(C)(3) 18.027 CLINTON SCHOOL DISTRICT IEDUCATIONAL 701 S 8TH ST I PROGRAMMING

701 S 8TH ST
CLINTON, MO 64735

CLINTON UNITED METHODIST 44-0590276 501(C)(3) 25
CHURCH

ALZHEIMER'S PATIENT SUPPORT

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

601 S 4TH ST CLINTON, MO 64735

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) CLINTON UNITED METHODIST 44-0590276 501(C)(3) 3,123 HAYSLER ALLEN CHOLARSHIP

CHURCH 601 S 4TH ST CLINTON, MO 64735					POAGUE SCH FUND
CLINTON UNITED METHODIST	44-0590276	501(C)(3)	20,132		UNRESTRICT

CLINTON, MO 64735

CTED CHURCH 601 S 4TH ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 44-0556862 501(C)(3) 10.000 UNRESTRICTED COLLEGE OF THE OZARKS PO BOX 17 POINT LOOKOUT, MO 65726 COMMUNITIES OF RECOVERY 46-1516182 501(C)(3) 52.632 UNRESTRICTED

-- CORE PO BOX 6224

BRANSON, MO 65615

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance grant cash or assistance assistance other) or government

425 E TRAFFICWAY SPRINGFIELD, MO 65806

937 BROADWAY SUITE 306 CAPE GIRARDEAU, MO 63702	43-1722915	501(C)(3)	10,000		EMAC/COAD PROJECT
COMMUNITY CLINIC OF SWMO	23-7290968	501(C)(3)	5,000		LOW INCOME HEALTH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) COMMUNITY DEVELOPMENT 23-7074712 501(C)(3) 5,000 2019 CONFERENCE GOLD SPONSORSHIP SOCIETY

7 MEADOW LANE ROCHESTER, NY 14618					
COMMUNITY FOUNDATION OF NORTHWEST MISSOURI 1006 WEST ST MAARTENS DRIVE SUITE B	27-0436182	501(C)(3)	10,000		EXCHANGE BANK SCHOLARSHIP FUND

ST JOSEPH, MO 64506

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) COMMUNITY FOUNDATION OF 22 7200060 E01(C)(2) E 000 TO CURRORT ROCKING

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

COMMUNITY FOUNDATION OF	22 7200000	E01(C)(2)	62.510		LINDECTRICTED
ENDOWMENT FUND 425 E TRAFFICWAY ST SPRINGFIELD, MO 65806					FUNDRAISER
ROGERSVILLE GRANTMAKING	23-7290966	301(C)(3)	5,000		ROGERSVILLE

COMMUNITY FOUNDATION OF 23-7290968 501(C)(3) 62,519 IUNRESTRICTED THE OZARKS 425 E TRAFFICWAY

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

SPRINGFIELD, MO 65806

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1759417 501(C)(3) 1.250 DIAPER RESOURCE COMMUNITY INTERAGENCY COUNCIL ICENTER 109 ATD AVENUE

IRURAL POVERTY

PROGRAM

20.000

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

501(C)(3)

WEST PLAINS, MO 65775

COMMUNITY INTERAGENCY
COUNCIL
109 AID AVENUE

WEST PLAINS, MO 65775

43-1759417

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 26-1545304 501(C)(3) 6.093 COMMUNITY OUTREACH RELIEF OPERATIONS IN MINISTRIES BOLIVAR, MO AREA

UNRESTRICTED

22.427

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

501(C)(3)

320 S MARKET STREET BOLIVAR, MO 65613

BOLIVAR, MO 65613

COMMUNITY OUTREACH MINISTRIES 320 S MARKET STREET

26-1545304

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1830026 501(C)(3) 252.502 ICOMMUNITY 1 COMMUNITY PARTNERSHIP OF THE OZARKS BETTERMENT PROGRAMMING

330 N JEFFERSON AVE SPRINGFIELD, MO 65806

CONNECT2CULTURE 23-7290968 501(C)(3) 6,846

UNRESTRICTED

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

PO BOX 8960

SPRINGFIELD, MO 65801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CONCEDIVATION FORCE 72-1264402 E01/C)/2) 5 0001 UNRESTRICTED

90,350

3240 SOUTH 1-10 SERVICE ROAD W SUITE 200	/2-13 04 493	301(C)(3)	3,000		
METAIRIE, LA 70001					

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

501(C)(3)

68-0051386

CONVOY OF HOPE

330 S PATTERSON AVE

SPRINGFIELD, MO 65802

HUMAN SERVICES

PROGRAMMING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) COUNCIL FOR A HEALTHY 27-2353430 501(C)(3) 5,000 UNRESTRICTED

DENT COUNTY PO BOX 190 SALEM, MO 65560					
COUNCIL OF CHURCHES OF	43-0903657	501(C)(3)	61,541		COMMUNIT

SPRINGFIELD, MO 65808

BETTERMENT PO BOX 3947 PROGRAMMING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) COUNTY OF CAPE GIRARDEAU 43-6000596 POLITICAL 10.000 IRURAL HEALTH TIVE

PROGRAM

TREASURER ONE BARTON SQUARE SUITE 302 JACKSON, MO 63755	SUBDIVISIO	·		INITIAT

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

1350 E INDUSTRIAL RD

MOUNT VERNON, MO 65712

43-1497087 501(C)(3) 5.000 COVENANT BAPTIST CHURCH ICLEANING CLOSET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

HEALTH PROGRAMMING

COX COLLEGE OF NURSING 1423 N JEFFERSON AVE	44-0577118	501(C)(3)	7,000		NURSING SCHOLARSHIPS
SPRINGFIELD, MO 65807					1

77.500

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

501(C)(3)

COX HEALTH FOUNDATION

3525 SOUTH NATIONAL 204 SPRINGFIELD, MO 65807 43-6810485

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-1656689 501(C)(3) 43.033 COX MONETT HOSPITAL THEALTH PROGRAMMING 801 N LINCOLN AVENUE

MONETT, MO 65708 COX-MONETT HOSPITAL 43-1852817 501(C)(3) 6.700 UNRESTRICTED AUXII TARY

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

801 N LINCOLN

MONETT, MO 65708

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1263847 501(C)(3) 5.000 UNRESTRICTED CRAWFORD COUNTY FAIR INCORPORATED PO BOX 399 CUBA, MO 65453

UNRESTRICTED

5.150

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

501(C)(3)

CUBA, MO 65453

CRAWFORD COUNTY
FOUNDATION INC

106 E WASHINGTON CUBA, MO 65453 43-1941534

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-6000916 501(C)(3) 50.000 UNRESTRICTED CRAWFORD COUNTY R-I SCHOOL DISTRICT 2975 HWY C BOURBON, MO 65441 CRAWFORD COUNTY R-II 43-6011975 501(C)(3) 50.000 UNRESTRICTED

1 WILDCAT PRIDE DR CUBA, MO 65453

SCHOOLS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CRITICAL THEORY WORKSHOP ! 83-3751393 501(0)(3) 5 0001 SPONSORSHIP

PO BO 163

MONETT, MO 65708

INC	00 07 01000	301(0)(3)	3,555		
735 ELLSWORTH ST PHILADELPHIA, PA 19147					
CROSSLINES OF MONETT	43-1357771	501(C)(3)	300,000		COMPLETION OF

BUILDING EXPANSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 43-0903657 501(C)(3) 16.211 CROSSLINES. HUMAN SERVICES 615 N GLENSTONE I PROGRAMMING SPRINGFIELD, MO 65802

EDUCATIONAL PROGRAMMING

5.0001

SPRINGFIELD, MO 6580 CROWDER COLLEGE -CASSVILLE 4020 N MAIN STREET

CASSVILLE, MO 65625

43-6057329

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-1567977 501(C)(3) 10.000 UNRESTRICTED CUBA DEVELOPMENT GROUP PO BOX 242

CUBA, MO 65453 DADE COUNTY HISTORICAL 43-0954921 501(C)(3) 5.0001 HULSTON MILL PARK

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

SOCIETY 429 W WATER ST

GREENFIELD, MO 65661

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 44-0545283 501(C)(3) 17.083 YOUTH PROGRAMMING DALLAS COUNTY AREA YMCA 932 W MAIN ST I AND COMMUNITY BETTERMENT

BUFFALO, MO 65622 DALLAS COUNTY R-I SCHOOL 44-6001998 POLITICAL 6.344 I EDUCATIONAL PROGRAMMING DISTRICT

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

1323 S ASH STREET BUFFALO, MO 65622

(f) Method of valuation (b) EIN (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 23-7290968 501(C)(3) 22,270 SCHOLARSHIPS DAVE & NATALENE JOHNSON EAMILY FOLINDATION

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

WELFARE SOCIETY PO BOX 565 SALEM, MO 65560

DENT COUNTY ANIMAL	43-1561296	501(C)(3)	5,000		UNRESTRICTED
SCHOLARSHIP FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806					

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) DENTISTS FOR THE DISABLED 73-1325324 501(C)(3) 5.000 UNRESTRICTED

AND ELDERLY IN NEED OF TREATMENT					
300 UNITED FOUNDERS BLVD OKLAHOMA CITY, OK 73112					
DEVELOPMENTAL CENTER OF	44-0614402	501(C)(3)	5.000		UNRESTRICTED

. (~) (~) | THE OZARKS 1545 E PYTHIAN SPRINGFIELD, MO 65802

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government DEVELOPMENTAL CENTER OF 44-0614402 501(C)(3) 15,000 PEDIATRIC THERAPY

THE OZARKS 1545 E PYTHIAN SPRINGFIELD, MO 65802					
DIAPER BANK OF THE OZARKS	46-2851972	501(C)(3)	6,000		HUMAN SERVICES

SPRINGFIELD, MO 65801

PO BOX 846

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government DICKEY FAMILY TLC FUND 23-7290968 501(0)(3) 25 nonl DISTRIBUTION

425 E TRAFFICWAY SPRINGFIELD, MO 65806	23 7 2 3 3 3 3	301(0)(3)	23,000		
DIOCESE OF SPFLD-CAPE GIRARDEAU	44-0609997	501(C)(3)	19,200		UNRESTRIC

SPRINGFIELD, MO 65806

ICTED 601 S JEFFERSON

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government RICTED

PROGRAMMING

DOGWOOD RANCH 1004 EAST SKYLINE AVENUE	20-4279204	501(C)(3)	26,000		UNRESTRI
OZARK, MO 65721					
4					

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

111 DOLLYWOOD LANE PIGEON FORGE, TN 37863

DOLLYWOOD FOUNDATION 62-1348105 501(C)(3) 19.854 IEDUCATIONAL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-7290968 501(C)(3) 5.000 UNRESTRICTED DONCO3 - NIANGUA COMMUNITY FUND 425 F TRAFFICWAY

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

DONIPHAN, MO 63935

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-6014314 501(C)(3) 5.784 CDP REIMBURSEMENT DONIPHAN R-1 SCHOOL DISTRICT 309 PINE ST

309 PINE ST DONIPHAN, MO 63935

DONIPHAN R-1 SCHOOL 43-6014314 501(C)(3) 12,864
DISTRICT

INVOICE 129093

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

309 PINE ST

DONIPHAN, MO 63935

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) DONIPHAN R-1 SCHOOL 43-6014314 501(C)(3) 16,982 CENTER FOR DISASTER ROPY GRANT

309 PINE ST DONIPHAN, MO 63935					PHILANTHROPY GI
DOULA FOUNDATION 1111 SOUTH GLENSTONE	30-0046369	501(C)(3)	50		UNRESTRICTED

AVENUE

SPRINGFIELD, MO 65804

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 30-0046369 501(C)(3) 50.000 THEALTHY MOM. DOULA FOUNDATION 1111 SOUTH GLENSTONE HEALTHY BABY

AVENUE SPRINGFIELD, MO 65804

DOWNTOWN REVITALIZATION 23-7290968 501(C)(3) 5,000

OPERATION DOWNTOWN

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

425 E TRAFFICWAY SPRINGFIELD, MO 65806

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other)

UNRESTRICTED

INDIVIDUALS IN POVERTY

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

501(C)(3)

DREW LEWIS FOUNDATION

1126 N BROADWAY AVE BLDG

SPRINGFIELD, MO 65802

47-2991671

INC 1126 N BROADWAY AVE BLDG A SPRINGFIELD, MO 65802					
DREW LEWIS FOUNDATION	47-2991671	501(C)(3)	18,897		JOB SKILL

10.000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

DRURY UNIVERSITY 900 N BENTON	44-0552049	501(C)(3)	399		BOOKS FOR LIBRARY

400

JORGE L. PADRON FUND

FOR SCIENCE

EDUCATION

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

501(C)(3)

SPRINGFIELD, MO 65802
DRURY UNIVERSITY

SPRINGFIELD, MO 65802

900 N BENTON

44-0552049

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

FOR THE SPRINGFIELD-

ORCHESTRA

DRURY UNIVERSITY	44-0552049	501(C)(3)	1,164		HOLOCAUST
900 N BENTON					EDUCATION -
SPRINGFIELD, MO 65802					WOLBRINK

1.750

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

501(C)(3)

DRURY UNIVERSITY

SPRINGFIELD, MO 65802

900 N BENTON

44-0552049

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

DRURY UNIVERSITY 900 N BENTON SPRINGFIELD, MO 65802	44-0552049	501(C)(3)	17,424		COMMUNITY BETTERMENT
DRURY UNIVERSITY	44-0552049	501(C)(3)	39,140		UNRESTRICTED

900 N BENTON

SPRINGFIELD, MO 65802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 44-0552049 501(C)(3) 62.815 BOYS AND GIRLS CLUB DRURY UNIVERSITY

UNRESTRICTED

DRURY UNIVERSITY 44-0552049 501(C)(3) 62,815
900 N BENTON
SPRINGFIELD, MO 65802 BOYS AND GIR
SCHOLARSHIP

2.500

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

501(C)(3)

DYNAMIC STRIDES INC

2673 E SAWYER ROAD REPUBLIC, MO 65738 81-3551874

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 81-3551874 501(C)(3) 5.000 REPLACE BARN DOORS DYNAMIC STRIDES INC 2673 E SAWYER ROAD

REPUBLIC, MO 65738 FARLY CHILDHOOD 23-7290968 501(C)(3) 40.000 FARLY CHILDHOOD EDUCATION AND LITERACY IEDUCATION FUND

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

PO BOX 8960 SPRINGFIELD, MO 65801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) EDEN VILLAGETHE GATHERING 46-1371575 501(C)(3) 16.250 HOMELESS VILLAGE TREE **IPROGRAMS**

PO BOX 2364 SPRINGFIELD, MO 65806 EDWARD JOHNSON 20-2940931 501(C)(3) 40.200 UNRESTRICTED MINISTRIES

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

232 CHILDRESS ROAD FAYETTEVILLE, TN 37334

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 44-6001481 501(C)(3) 1,500 EL DORADO SPRINGS R-II HUNGER WARRIORS SCHOOL DISTRICT WEEKEND BACKPACK PROGRAM

EL DORADO SPRINGS, MO 64744					PROGRAM
EL DORADO SPRINGS R-II SCHOOL DISTRICT 901 S GRAND	44-6001481	501(C)(3)	6,941		EDUCATIONAL PROGRAMMING

EL DORADO SPRINGS, MO

64744

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) **ELDON COMMUNITY** 43-1881618 501(C)(3) 8,748 UNRESTRICTED

BETTERMENT ORGANIZATION 907 SUNNYVIEW CIRCLE ELDON, MO 65026					
ELDON MINISTERIAL	23-7290968	501(C)(3)	5,000		ELDON TOP

SPRINGFIELD, MO 65806

ORNADO ALLIANCE COMMUNITY FUND IRECOVERY 425 E TRAFFICWAY ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-7290968 501(C)(3) 25.000 FOR ELLA DICKEY ELLA DICKEY MEMORIAL ENDOWMENT FUND IMEMORIAL FUND 425 F TRAFFICWAY

425 E TRAFFICWAY
SPRINGFIELD, MO 65806

EMERGENCY SERVICES FOR 43-1671411 501(C)(3) 1,000
CHILDREN

CHILDREN

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

101 F DALLAS ST

MOUNT VERNON, MO 65712

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-1671411 501(C)(3) 6.141 EMERGENCY SERVICES FOR IPROGRAM TO ASSIST

CHILDREN
101 E DALLAS ST
MOUNT VERNON, MO 65712

SCHOOL-AGE CHILDREN

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

JEFFERSON CITY, MO 65101

MOUNT VERNON, MO 65712

EMPOWER MISSOURI 44-0547548 501(C)(3) 5,250

UNRESTRICTED

308 E HIGH ST STE 100

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1525298 501(C)(3) 6.500 UNRESTRICTED EPISCOPAL COMMUNITY SERVICES

11 FAST 40TH STREET KANSAS CITY, MO 64111 **EPISCOPAL RELIEF &** 73-1635264 501(C)(3) 5.500 UNRESTRICTED DEVELOPMENT

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

PO BOX 7058

MERRIFIELD, VA 22116

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government EVANCEL LINIT/EDCITY 44-0E80787 E01/C)/3) 5 0001 IDDE-MED

1111 N GLENSTONE SPRINGFIELD, MO 65802	44-0303787	301(C)(3)	3,000		SCHOLARSHIPS
EVANGEL UNIVERSITY 1111 NORTH GLENSTONE	44-0589787	501(C)(3)	10,500		GRANT TO BE USED FOR BUILDING &

MAINTENANCE AVENUE SPRINGFIELD, MO 65802

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) EVANGELICAL FREE CHURCH 41-0721672 501(C)(3) 9 6001 LUNRESTRICTED

OF AMERICA	11 0/210/2]	,,,,,,		
901 EAST 78TH STREET					
MINNEAPOLIS, MN 55420					
EVERY CHILD INITIATIVE	23-7290968	501(C)(3)	5,000		PROGRAMM:

SPRINGFIELD, MO 65806

1MING TO FUND IASSIST EARLY 425 EAST TRAFFICWAY CHILDHOOD NEEDS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government FAIR ACRES FAMILY YMCA INC. 43-1558437 501(C)(3) 381 UNRESTRICTED 2600 GRAND AVE CARTHAGE, MO 64836

BASKETBALL YOUTH

LSPONSORSHIP.

500

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

501(C)(3)

FAIR ACRES FAMILY YMCA INC

2600 GRAND AVE

CARTHAGE, MO 64836

43-1558437

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government AROUND

PROGRAMMING

FAIR ACRES FAMILY YMCA INC	43-1558437	501(C)(3)	2,500		SAFETY AR
2600 GRAND AVE					WATER PR
CARTHAGE, MO 64836					

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

2600 GRAND AVE

CARTHAGE, MO 64836

FAIR ACRES FAMILY YMCA INC 43-1558437 501(C)(3) 4,309

PROGRAM SUMMER HEALTHY KIDS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-0815080 501(C)(3) 5.000 FAIR HAVEN CHILDREN'S IGENERAL EXPENSES OF ICHILDREN'S HOME

HOME 3132 N FATRHAVEN LOOP STRAFFORD, MO 65757 47-5356651 501(C)(3) 7.693l UNRESTRICTED FAIRVIEW SCHOOL

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

FOUNDATION INC 513 WINCHESTER DRIVE

WEST PLAINS, MO 65775

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) FAITH COMMUNITY HEALTH 94-3467834 501(C)(3) 75 DENTAL SERVICES FOR /UNDERINSURED

CENTER INC 610 SOUTH SIXTH STREET BRANSON, MO 65616					UNINSURED/UNDERINSURED PEOPLE IN TANEY COUNTY
FAITH COMMUNITY HEALTH CENTER INC	94-3467834	501(C)(3)	48,200		UNRESTRICTED

610 SOUTH SIXTH STREET BRANSON, MO 65616

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) FAITH FAMILY CHRISTIAN 71-0528646 501(C)(3) 30.000 UNRESTRICTED

MATERIALS FOR HOME

CHURCH PO BOX 427 EUREKA SPRINGS, AR 72632			·		
FAITH INC OF OREGON	46-1124875	501(C)(3)	4,000		CONTSRUCTION

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

COUNTY

RR 3 BOX 3549 ALTON, MO 65606

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) FAITH INC OF OREGON 46-1124875 501(C)(3) 5 0001 IWINDOWS AND REPAIR

COUNTY RR 3 BOX 3549 ALTON, MO 65606	10 112 10/3	332(3)(3)	3,000		BILLS
FATHER FLANAGAN'S BOYS	47-0376606	501(C)(3)	10,000		UNRESTRICT

BOYS TOWN, NE 68010

CTED TOWN 300 FLANAGAN BLVD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) FIRST & CALVARY 44-0555219 501(C)(3) 500l YOUTH CHOIR TRIP

PRESBYTERIAN CHURCH 820 F CHERRY ST SPRINGFIELD, MO 65806 FIRST & CALVARY 44-0555219 501(C)(3) 13.623

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

UNRESTRICTED PRESBYTERIAN CHURCH 820 E CHERRY ST SPRINGFIELD, MO 65806

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 44-0656876 501(C)(3) 50,000 BUILDING FUND FIRST BAPTIST CHURCH -

JOPLIN 4128 CONNECTICUT AVE JOPLIN, MO 64804				

119 N SPRINGFIELD AVE BOLIVAR, MO 65613

501(C)3 20.000 FIRST BAPTIST CHURCH 44-0606423 IUNRESTRICTED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-7394789 501(C)(3) 6.000 FIRST PRESBYTERIAN CHURCH ICHRISTMAS MEAL OF MT VERNON IPROGRAM

PO BOX 66 MT VERNON, MO 65712 44-0606868 501(C)(3) 9.407 UNRESTRICTED

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

FIRST PRESBYTERIAN CHURCH 115 W CHESTNUT ST

CARTHAGE, MO 64836

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government FIRST UNITED METHODIST 44-0615076 501(C)(3) 14,013 UNRESTRICTED

FOOD FOR THE POOR INC	59-2174510	501(C)(3)	24,400		UNRESTRICTED
617 S MAIN STREET CARTHAGE, MO 64836					

6401 LYONS RD

COCONUT CREEK, FL 33073

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) FOSTER ADOPT CONNECT 43-1895965 501(C)(3) 1,000 YOUTH EMPOWERMENT

(SPRINGFIELD OFFICE) 509 S CAVALIER SPRINGFIELD, MO 65802					GRANT
FOSTER ADOPT CONNECT (SPRINGFIELD OFFICE)	43-1895965	501(C)(3)	4,334		COMMUNITY BETTERMENT

509 S CAVALIER SPRINGFIELD, MO 65802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-1895965 501(C)(3) 301.000 FOSTER ADOPT CONNECT UNRESTRICTED 18600 E 37TH TERRACE

INDEPENDENCE, MO 64057 FOUNDATION FOR PRADER-31-1763110 501(C)(3) 5.0001 TO HELP WITH WILLI RESEARCH IRESEARCH FOR PWS

340 S LEMON AVE 3620

WALNUT, CA 91789

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 43-1560366 501(C)(3) 1,000 FOUNDATION FOR ICENTRAL HIGH SCHOOL SPRINGETELD BURLIC CHOIR FLORIDA TRIP

SCHOOLS 1131 BOONVILLE SPRINGFIELD, MO 65802					CHOIR
FOUNDATION FOR SPRINGFIELD PUBLIC	43-1560366	501(C)(3)	2,500		WELLE PROJEC

SPRINGFIELD, MO 65802

LER PLAYGROUND **ECT** SCHOOLS 1131 BOONVILLE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 43-1560366 501(C)(3) 6.100 TO SUPPORT THE IB FOUNDATION FOR SPRINGFIELD PUBLIC IPROGRAM SCHOOLS

1131 BOONVILLE SPRINGFIELD, MO 65802					
FOUNDATION FOR SPRINGFIELD PUBLIC	43-1560366	501(C)(3)	7,000		TEACHER PROJECTS

SCHOOLS 1131 BOONVILLE

SPRINGFIELD, MO 65802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 43-1560366 501(C)(3) 11.009 UNRESTRICTED FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS 1131 BOONVILLE

1131 BOONVILLE
SPRINGFIELD, MO 65802

FOUNDATION FOR
SPRINGFIELD PUBLIC
SCHOOLS

FOUNDATION FOR 43-1560366
SOI(C)(3)
STI,861
SOURCE PROGRAMMING

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

1131 BOONVILLE SPRINGFIELD, MO 65802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

FRANCISCAN UNIVERSITY 1235 UNIVERSITY BLVD	34-0714818	501(C)(3)	10,000		UNRESTRICTED
STEUBENVILLE, OH 43952					

FRIENDS OF DUNNEGAN PARK 43-1336483 501(C)(3) 12.500 BOLIVAR YOUTH PARK

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

711 N CLAUD BOLIVAR, MO 65613

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-7290968 501(C)(3) 83.000 UNRESTRICTED FRIENDS OF HIDDEN WATERS

FESTIVAL

EDIENDS OF THE CARDEN	42 1000040	E01(C)(2)	FOO		TADANIECE CI
INC PO BOX 333 MARSHFIELD, MO 65706					

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

SPRINGFIELD, MO 65807

IJAPANESE STROLL FRIENDS OF THE GARDEN 43-1898848 501(C)(3)| 5001 2400 S SCENIC IGARDEN - LIGHT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-1898848 501(C)(3) 4.198 ROSE GARDEN FRIENDS OF THE GARDEN

38.000

MAINTENANCE

UNRESTRICTED

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

501(C)(3)

2400 S SCENIC

2400 S SCENIC

SPRINGFIELD, MO 65807
FRIENDS OF THE GARDEN

SPRINGFIELD, MO 65807

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government FRIENDS OF THE ZOO 23-7096596 501(C)(3) 8.0001 UNRESTRICTED

3043 N FORT ST SPRINGFIELD, MO 65803					
FRIENDS OF TIMMONS TEMPLE INC	47-2111170	501(C)(3)	10,500		COMMUNIT

1337 N WASHINGTON

SPRINGFIELD, MO 65801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) FUTURE OF MUSIC COALITION | 52-2328568 501(C)(3) 5,000 NEW WEBSITE OPENING

INC PO BOX 73274 WASHINGTON, DC 20056					PAGE
GAINESVILLE R-V SCHOOL DISTRICT	44-6005646	501(C)(3)	30,183		EDUCATIONAL PROGRAMMING

422 BULLDOG DR GAINESVILLE, MO 65655

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-6015434 501(C)3 2.500l UNRESTRICTED GASCONADE COUNTY R-I SCHOOL DISTRICT 164 BLUE PRIDE DR HERMANN, MO 65041

GRANT FOR DESKS

5.000

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

501(C)3

GASCONADE COUNTY R-I

SCHOOL DISTRICT 164 BLUE PRIDE DR HERMANN, MO 65041

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) GASCONADE COUNTY R-I 43-6015434 501(C)3 33.622 TEACHER GRANTS

GLENWOOD SCHOOL FOUNDATION

1.000

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

501(C)(3)

SCHOOL DISTRICT		
164 BLUE PRIDE DR		
HERMANN, MO 65041		
GLENWOOD R-VIII SCHOOL DISTRICT	44-6005821	

10286 STATE RT 17 WEST PLAINS, MO 65775

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) GLENWOOD R-VIII SCHOOL 44-6005821 501(C)(3) 15.000l PLACE BASED **IEDUCATION PROGRAM** DISTRICT

10286 STATE RT 17 WEST PLAINS, MO 65775 GLOBAL FREEDOM CONCEPTS 27-1778932 501(C)(3) 1.400 |FILM EQUIPMENT FOR

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

OAKWOOD, GA 30566

THOSPITAL VISITS INC 5118 JAY CREEK ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 27-1778932 501(C)(3) 9.0001 GENERAL OPERATING GLOBAL FREEDOM CONCEPTS INC

RELIGIOUS PROGRAMMING

81.860

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

501(C)(3)

5118 JAY CREEK ROAD OAKWOOD, GA 30566 GLOBAL FREEDOM CONCEPTS INC

5118 JAY CREEK ROAD OAKWOOD, GA 30566

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) COOD CAMADITAN BOVE 44-6006077 E01/C)/3) 1 0001 IMETCHT DOOM

RANCH PO BOX 617

BRIGHTON, MO 65617

RANCH PO BOX 617 BRIGHTON, MO 65617	44-0000077	301(0)(3)	1,000		EQIPMENT
GOOD SAMARITAN BOYS	44-6006077	501(C)(3)	3,500		NEW DORM FURNITURE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) GOOD SAMARITAN BOYS 44-6006077 501(C)(3) 6.000 UNRESTRICTED

9103 BEACH DR

FRENCH VILLAGE, MO 63036

RANCH PO BOX 617 BRIGHTON, MO 65617					
GOOSE CREEK LAKE FIRE DEPARTMENT	43-1316096	501(C)(3)	5,750		GOOSE CREEK LAKE FIRE DEPARTMENT -

FIREFIGHTER BUNKER

GEAR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government TRICTED

PROGRAMMING

GORDON COLLEGE	04-2104258	501(C)(3)	234,000		UNRESTR
255 GRAPEVINE COLLEGE					
WENHAM, MA 01984					

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

10729 N SERVICE RD W BOURBON, MO 65441

GRACE CITY CHURCH 81-3268436 501(C)(3) 6.000 IEDUCATIONAL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government GRACE CITY CHURCH 81-3268436 501(C)(3) 76.800 ILIFE HOUSE YOUTH 10729 N SERVICE RD W ICENTER

9.839

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

501(C)(3)

BOURBON, MO 65441 GRACE EPISCOPAL CHURCH

820 HOWARD ST CARTHAGE, MO 64836

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 44-0608719 501(C)(3) 15.000l ORGAN FUND

GRACE EPISCOPAL CHURCH 44-0608719 501(C)(3) 15,000 ORGAN FUND 820 HOWARD ST CARTHAGE, MO 64836 SGREAT CIRCLE 43-0681471 501(C)(3) 36,100 UNRESTRICTED

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

1212 W LOMBARD ST SPRINGFIELD, MO 65806

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 42 0004 474 E04(6)(3) CAMPUS DAY

330 NORTH GORE AVENUE ST LOUIS, MO 63119	43-06814/1	501(C)(3)	6,000		CARE
GREENE COUNTY SENIOR	37-1709405	501(C)(3)	40,000		FUNDING FOR THE

PO BOX 9766

SPRINGFIELD, MO 65804

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 44-6005439 501(C)(3) 200 IGYAA -GREENFIELD R-IV SCHOOL DISTRICT SOFTBALL/BASEBALL 410 W COLLEGE FIELD EQUIPMENT

BACKPACK SUPPLIES

391

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

501(C)(3)

GREENFIELD, MO 65661

GREENFIELD R-IV SCHOOL
DISTRICT

410 W COLLEGE GREENFIELD, MO 65661

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 44-6005439 501(C)(3) 9.472 BAND UNIFORMS GREENFIELD R-IV SCHOOL DISTRICT 410 W COLLEGE

IEDUCATIONAL

PROGRAMMING

56.083

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

501(C)(3)

410 W COLLEGE GREENFIELD, MO 65661 GREENFIELD R-IV SCHOOL DISTRICT

410 W COLLEGE GREENFIELD, MO 65661

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-7290968 501(C)(3) 15.000l RURAL ECONOMIC GRO COMMUNITY FUND 425 E TRAFFICWAY IGROWTH PROGRAM

5,500

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

501(C)(3)

SPRINGFIELD, MO 65806
GUADALUPE CENTER INC

509 HOPE CIRCLE IMMOKALEE, FL 34142

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 43-1943170 501(C)(3) 15.500 GYN CANCERS ALLIANCE UNRESTRICTED 3023 SOUTH FORT SUITE D SPRINGFIELD, MO 65807

1.0001

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

501(C)(3)

3023 SOUTH FORT SUITE D SPRINGFIELD, MO 65807 HABITAT FOR HUMANITY OF SPRINGFIELD

2410 S SCENIC AVE SPRINGFIELD, MO 65807

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LIADITAT COD LILIMANITY OF 42 4470260 E01(C)(2) E 0001 INEW HOME FOR THE

HADITAL FOR HUMANITT OF	43-14/0300	301(C)(3)	5,000		LINEAN HOME
SPRINGFIELD					HOMELESS
2410 S SCENIC AVE					
SPRINGFIELD, MO 65807					

10.000

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

501(C)(3)

HABITAT FOR HUMANITY

121 HABITAT ST AMERICAS, GA 31709

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

501(C)(3)

HALLTOWN BAPTIST CHURCH

HALLTOWN, MO 65664

202 ELM DR

43-1245841

HALFWAY R-III SCHOOL	44-6001400	POLITICAL	7,853		EDUCATIONAL
DISTRICT					PURPOSES EXCLUDING
2150 HIGHWAY 32					ATHLETICS
HALFWAY, MO 65663					

KING'S RENEW GARAGE

5.000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government HALLTOWN BAPTIST CHURCH 43-1245841 501(C)(3) 5,600 THALLTOWN VOLUNTEER

HALLTOWN, MO 65664					FIRE DEPARTMENT
HARBOR HOUSE DOMESTIC VIOLENCE CENTER 13192 STATE HWY 13 STE B	81-4918750	501(C)(3)	5,000		UNRESTRICTED

KIMBERLING CITY, MO 65686

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government LIADMONIV LIQUICE 42 4002002 E04/01/01 460 LEOD EDUCATIONAL

PO BOX 3541 SPRINGFIELD, MO 65808	43-1082063	501(C)(3)	469		ACTIVITIES
HARMONY HOUGE	42 1002062	E01(C)(2)	4 100		UNDECTRICTED

HARMONY HOUSE 43-1082063 501(C)(3)| 4.1001 TUNKESTRICTED PO BOX 3541

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

SPRINGFIELD, MO 65808

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

DOMESTIC VIOLENCE

IPREVENTION

PROGRAMMING

HARMONY HOUSE	43-1082063	501(C)(3)	15,000		OPERATIONAL SUPPO
PO BOX 3541 SPRINGFIELD, MO 65808					

47,357

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

501(C)(3)

HARMONY HOUSE

SPRINGFIELD, MO 65808

PO BOX 3541

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 95-4079490 501(C)(3) 5.000 UNRESTRICTED HARVEST HOME 2118 WILSHIRE BLVD SANTA MONICA, CA 90403 HAVEN OF THE OZARKS 43-1721978 501(C)(3) 10.000 UNRESTRICTED

ANIMAL SANCTUARY 9617 FARM RD 2190 WASHBURN, MO 65772

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government HELP GIVE HOPE 43-1727982 501(C)(3) 20.650 UNRESTRICTED

2733 E BATTLEFIELD 332 SPRINGFIELD, MO 65804					
HENRY COUNTY HISTORICAL SOCIETY	23-7010352	501(C)(3)	619		GENEALOGICAL LIBRARY

203 W FRANKLIN ST CLINTON, MO 64735

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-7010352 501(C)(3) 1.699l HENRY COUNTY HISTORICAL IPERIOD-STYLE SOCIETY ITEXTBOOKS AND SLATES FOR 1 ROOM ISCHOOLHOUSE

203 W FRANKLIN ST
CLINTON, MO 64735

HENRY COUNTY HISTORICAL
SOCIETY

UNRESTRICTED

UNRESTRICTED

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

203 W FRANKLIN ST CLINTON, MO 64735

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government HIGH POINT ROWING CLUB 46-0635108 501(C)(3) 5.000 UNRESTRICTED

1107 JOHNSON STREET HIGH POINT, NC 27262		, , , ,	·		
HISTORY MUSEUM ON THE SOUARE	51-0148860	501(C)(3)	2,629		CITY COUNCIL ORAL HISTORY

P O BOX 2963

SPRINGFIELD, MO 65801

(a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

HOLY CROSS LUTHERAN

ICHURCH -

IHVAC/DAYCARE

HISTORY MUSEUM ON THE	51-0148860	501(C)(3)	3,950		MUSEUM FUNDING
SQUARE					
P O BOX 2963					
SPRINGETELD MO 65801					

5.000

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

501(C)(3)

(c) IRC section

43-0900932

HOLY CROSS LUTHERAN

STE GENEVIEVE, MO 63670

200 MARKET STREET

CHURCH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 38-3724534 501(C)(3) 20.000 UNRESTRICTED HOLY SMOKE INC

232 DEL SOL AVENUE
DAVENPORT, FL 33837

HOLY TRINITY CATHOLIC
CHURCH

ASSISTANCE FUND

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

2818 E BENNETT ST SPRINGFIELD, MO 65804

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) HOLY TRINITY CATHOLIC 43-0889012 501(C)(3) 15.450 LUNRESTRICTED

SUITE F

SPRINGFIELD, MO 65804

CHURCH 2818 E BENNETT ST SPRINGFIELD, MO 65804	15 0003012	302(0)(0)	25, 183		
HONOR FLIGHT OF THE OZARKS 1615 SOUTH INGRAM MILL RD	90-0937752	501(C)(3)	2,200		UNRESTRICTED

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) HONOR FLIGHT OF THE 90-0937752 501(C)(3) 3,000 VOLUNTEER

OZARKS 1615 SOUTH INGRAM MILL RD SUITE F SPRINGFIELD, MO 65804					SPONSORSH SUPPORT
HOPE THERAPEUTIC	46-4004410	501(C)(3)	6,000		ТНЕ НОРЕ С

CENTER HURSEMANSHIP CENTER INC 2019 E HARVEST CIRCL PERRYVILLE, MO 63775

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

LINDECEDICEED

OZARKS PO BOX 9226 SPRINGFIELD, MO 65801	43-1552/63	501(C)(3)	5,469		ONRESTRICTED
HOUSTON COMMUNITY	23-7290968	501(C)(3)	21,600		SCHOLARSHIP DISTRIBUTION

SCHOLARSHIP FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806

E 460

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

E01(C)(2)

LICCRICE FOUNDATION OF THE

42 4 EE2 702

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

FACILITIES FOR CATS

HOUSTON COMMUNITY FOUNDATION VOCATIONAL SCHOLARSHIP FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	20,800			SCHOLARSHIPS
HUMANE SOCIETY OF	44-0665046	501(C)(3)	363	· · · · · · · · · · · · · · · · · · ·		NO KILL SHELTER

HUMANE SOCIETY OF 44-0665046 501(C)(3)| 363 SOUTHWEST MISSOURI

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

3161 W NORTON RD SPRINGFIELD, MO 65803 (b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 44-0665046 501(C)(3) 18.382 HUMANE SOCIETY OF THUMANE CARE OF SOUTHWEST MISSOURI IANIMALS 3161 W NORTON RD SPRINGFIELD, MO 65803

91.484

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

501(C)(3)

HUMANE SOCIETY OF

SOUTHWEST MISSOURI 3161 W NORTON RD SPRINGFIELD, MO 65803

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government TED

COUNTERHISTORY

CONFERENCE

I POUR LIFE 1006 N CEDARBROOK AVE SPRINGFIELD, MO 65802	27-3482070	501(C)(3)	6,000		UNRESTRICT
SI KINGI ILLD, NO 03002					

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

1315 WALNUT ST PHILADELPHIA, PA 19107

INCITE SEMINARS 82-2513822 501(C)(3) 5.000 PHILADELPHIA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government INDEPENDENT LIVING CENTER 43-1714219 501(C)(3) 7.338 IUNRESTRICTED

2639 E 34TH STREET JOPLIN, MO 64804		==(=)(=)	,,		
ISABEL'S HOUSE - CRISIS NURSERY OF THE OZARKS 2750 W BENNETT ST	20-4574229	501(C)(3)	3,900		PEDIATRIC INTEGRATED CARE COLLABORATIVE

SPRINGFIELD, MO 65802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) ISABEL'S HOUSE - CRISIS 20-4574229 501(C)(3) 5,000 MEDICATION CERTIFICATION,

TRAININGS

2750 W BENNETT ST SPRINGFIELD, MO 65802					UTILITIES, TRAINI
ISABEL'S HOUSE - CRISIS NURSERY OF THE OZARKS	20-4574229	501(C)(3)	8,000		UNRESTRICTED

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

2750 W BENNETT ST SPRINGFIELD, MO 65802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government TO A DELI'S LIGHTEE - CDISTS 20-4574220 E01/C)/3) 15 0001 IOPERATIONAL SUPPORT

CHILDREN'S MINISTRY

NURSERY OF THE OZARKS 2750 W BENNETT ST SPRINGFIELD, MO 65802	20-43/4229	301(0)(3)	13,000		OPERATIONA
SI KINGI ILLD, NO 03002					

1.200

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

501(C)(3)

JAMES RIVER CHURCH

6100 N 19TH ST OZARK, MO 65721 43-1564676

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government MINISTRY

JAMES RIVER CHURCH 6100 N 19TH ST OZARK, MO 65721	43-1564676	501(C)(3)	3,600		YOUTH M
JAMES RIVER CHURCH	43-1564676	501(C)(3)	49.200		UNRESTR

6100 N 19TH ST OZARK, MO 65721 43-1564676 501(C)(3) 49.200 LUNRESTRICTED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-1564676 501(C)(3) 81,500 MISSIONS JAMES RIVER CHURCH C100 N 10TH CT

OZARK, MO 65721					
JESUITS OF THE MISSOURI PROVINCE 4511 WEST PINE BLVD	43-0416129	501(C)(3)	5,000		UNRESTRICTED

ST LOUIS, MO 63108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government JESUS WAS HOMELESS INC 26-4727548 501(C)(3) 78.915 HOMELESS AMMING

1440 STATE HWY 248 STE Q442 BRANSON, MO 65616		, , , ,	·		PROGRAMMING SUPPORT
JOHN HAGEE MINISTRIES	74-1764843	501(C)(3)	6,000		SALT COVENANT

PO BOX 1400

SAN ANTONIO, TX 78295

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 27-3183285 501(C)(3) 14.600 MEDICAL SCHOOL JOPLIN REGIONAL MEDICAL

UNRESTRICTED

10.000

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

501(C)(3)

SCHOOL ALLIANCE 100 S WOOD STREET NEOSHO, MO 64850

JRCF PHILANTHROPIC SOCIETY FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806 23-7290968

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 26-4753087 501(C)(3) 10.000 JUST LIKE YOU FILMS IPOWER OF FILM EVENT 6320 BROOKSIDE PLAZA SUITE 293

KANSAS CITY, MO 64113

KALEIDOSCOPE DISCOVERY 47-3108198 501(C)(3) 33.840 UNRESTRICTED CENTER PO BOX 143 ROLLA, MO 65402

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-1926319 501(C)(3) 70.000 KANAKUK INSTITUTE UNRESTRICTED 1353 LAKESHORE DRIVE

BRANSON, MO 65616 KANAKUK KAMPS DBA 43-1815310 501(C)(3) 15.000l

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

BRANSON, MO 65616

TO SUPPORT KANAKUK KANAKUK MINISTRIES IK-KAUAI 1353 LAKESHORE DRIVE

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) KANSAS MASONIC HOME 48-1163199 501(C)(3) 6.117 LUNRESTRICTED

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

ENDOWMENT ASSOCIATION 402 S MARTINSON ST WICHITA, KS 67213	10 1103133	301(0)(3)	0,117		CINCESTIZETED
KELLOGG LAKE NATURE CENTER AND PRESERVE	23-7290968	501(C)(3)	5,470		UNRESTRICTED

CAPACITY BUILDING FUND 425 E TRAFFICWAY

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

SPRINGFIELD, MO 65806

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (book, FMV, appraisal, non-cash assistance if applicable grant cash or assistance or government assistance other) 501(C)(3) 5.900l KIMBERLING AREA SENIOR 43-1548205 UNRESTRICTED CENTER

FIREFIGHTER ICOMMUNICATIONS

63 KIMBERLING HILLS BLVD KIMBERLING CITY, MO 65686 43-1169620 501(C)(3) 6.500 KINSEY FIRE DEPARTMENT KINSEY FIRE 7821 STATE RD DD IDEPARTMENT -

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

BLOOMSDALE, MO 63627

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) KNIGHTS OF COLUMBUS 23-7227608 501(C)(3) 6,000 UNRESTRICTED

CHARITIES ONE COLUMBUS PLAZA NEW HAVEN, CT 065091966					
KSMUOZARKS PUBLIC BROADCASTING	44-6000308	POLITICAL	7,400		UNRESTRICTED

901 S NATIONAL SPRINGFIELD, MO 65897

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) KSMUOZARKS PUBLIC 44-6000308 POLITICAL I 25 nool MAKING A DIFFERENCE

BROADCASTING 901 S NATIONAL SPRINGFIELD, MO 65897					WHERE YOU LIVE PROGRAM
LAKE OF THE OZADKO	26 2067000	E01(C)(2)	25.000		TOD CLIN CDONCOD

PO BOX 568

SUNRISE BEACH, MO 65079

ITOP GUN SPONSORSHIP LAKE OF THE OZARKS 26-2067090 501(C)(3)| 25,0001 SHOOTOUT INC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) LAKE REGIONAL HEALTH 23-7339737 E01/C)/3) 17 851 LUNRESTRICTED

BETTERMENT PROGRAM

& SUMMER YOUTH

PROGRAMS

SYSTEMS 54 HOSPITAL DRIVE OSAGE BEACH, MO 65065	23-7333737	301(0)(3)	17,031		ONNESTRICTED
LAMAR AREA CHRISTIAN	43-1465283	501(C)(3)	28,000		COMMUNITY YOUTH

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

758 STATE HWY C

LAMAR, MO 64759

MINISTRIES ASSOCIATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-0415536 501(C)(3) 5.000 LEAGUE OF WOMEN VOTERS IVOTER OUTREACH OF SOUTHWEST MISSOURI ICOMMITTEE TO BOOST VOTER TURNOUT PO BOX 3036

SPRINGFIELD, MO 65808

LEAST OF THESE 43-1867039 501(C)(3) 2.000 OZARKS FOOD BANK 1720 JAMES RIVER RD OZARK, MO 65721

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LEAST OF THESE 43-1867039 501(C)(3) 2.500 HYGIENE PROGRAM 1720 JAMES RIVER RD

UNRESTRICTED

71.837

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

501(C)(3)

OZARK, MO 65721 LEAST OF THESE

1720 JAMES RIVER RD OZARK, MO 65721 43-1867039

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 44-6003191 501(C)(3) 5.274 LEBANON R-III SCHOOL IEDUCATIONAL DISTRICT IPROGRAMMING

ITRANSPORTATION

SERVICES

5.000

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

501(C)(3)

1310 EAST ROUTE 66 LEBANON, MO 65536							
LGL INC	_						

232 N STATE HWY 39

GREENFIELD, MO 65661

80-0830454

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

SUMMER CAMP

SCHOLARSHIP

PROGRAM

LIFE INC PO BOX 967 FARMINGTON, MO 63640	43-1748647	501(C)(3)	5,800		LIFE INC - INDEPENDENT LIVING AIDS FOR DISABLED

25,000

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

501(C)(3)

86-0602592

LIFE TEEN INC

ST LOUIS, MO 63141

9 THE PINES COURT SUITE C

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1518912 501(C)(3) 25.000 UNRESTRICTED LIFECHOICES HEALTH NETWORK

531 F 7TH ST JOPLIN, MO 64801 LIFELINE PREGNANCY CARE 65-1230810 501(C)(3) 5.000 UNRESTRICTED

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

CUBA, MO 65453

CENTER 201 LUCIA AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-1243560 501(C)(3) 24.000 PROVIDE DENTAL LIFT UP SOMEONE TODAY -OZARK EQUIPMENT

HUMAN SERVICES

5.500

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

501(C)(3)

5571 N 21ST ST OZARK, MO 65721 LIFT UP SOMEONE TODAY

3259 E SUNSHINE ST SPRINGFIELD, MO 65804 81-1243560

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-0652649 501(C)(3) 13.000l IEDUCATIONAL LINDENWOOD UNIVERSITY 209 S KINGSHIGHWAY IPROGRAMMING

UNRESTRICTED

20,000

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

501(C)(3)

ST CHARLES, MO 63301
LITTLE ONES MINISTRIES

OKLAHOMA CITY, OK 73189

PO BOX 892040

43-1914361

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LIVES UNDER CONSTRUCTION 46-0368556 501(C)(3) 7,000 UNRESTRICTED

BOYS RANCH 296 BOYS RANCH ROAD LAMPE, MO 65681					
LOGAN-ROGERSVILLE	20-1103500	501(C)(3)	21,832		EDUCATIO

1717 E REPUBLIC RD STE A SPRINGFIELD, MO 65804

[ONAL EDUCATIONAL FOUNDATION I PROGRAMMING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LOST AND FOUND INC 43-1896981 501(C)(3) 43 972 GRIFF SUPPORT

PO BOX 3008 SPRINGFIELD, MO 65808	43 1030301	301(0)(3)	43,372		GRIEF SOFF
LOVINGRACE ENDOWMENT	23-7290968	501(C)(3)	5,000		EARLY CHILD

LDHOOD MING PO BOX 8960 SPRINGFIELD, MO 65801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-7290968 501(C)(3) 12.000l SCHOLARSHIP MACKEY FAMILY SCHOLARSHIP

FUND 425 F TRAFFICWAY SPRINGFIELD, MO 65806

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

SPRINGFIELD, MO 65806

MAGGIE MEEK GARNER FUND 23-7290968 501(C)(3) 200.000 UNRESTRICTED 425 E TRAFFICWAY ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) IANN SHORT TURNER MANCETELD ADEA COMMUNITY 42-190E109 E01/C)/2) EU UUUI TY CENTER

MANSFIELD, MO 65704 MAPLE PARK CEMETERY	80-0860396	501(C)(13)	10,000		GAZEBO RESTORATION
BETTERMENT ASSOCIATION PO BOX 38		301(€)(3)	·		COMMUNITY CENTER

SPRINGFIELD, MO 65807

ASSOCIATION IAND PRESERVATION 300 WEST GRAND

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) MARSHFIELD UNITED 43-1135312 501(C)(3) 9,100 UNRESTRICTED

FLOORING AND GOALS

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

CHRISTIAN ACADEMY

1669 HIGHWAY KK COUCH, MO 65690

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) MEN AT THE CROSS 26-2364202 501(C)(3) 50,000 UNRESTRICTED LAIZECHORE DRIVE

BRANSON, MO 65616					
MERCY HEALTH FOUNDATION SPRINGFIELD 3265 S NATIONAL AVE SUITE	32-0195818	501(C)(3)	401		ASSISTANCE FOR STROKE VICTIMS

200

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

SPRINGFIELD, MO 65807

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) MERCY HEALTH FOUNDATION 32-0195818 501(C)(3) 1,250 ST. JUDE AFFILIATE CLINIC SPRINGFIELD

200

SPRINGFIELD, MO 65807

3265 S NATIONAL AVE SUITE 200 SPRINGFIELD, MO 65807					
MERCY HEALTH FOUNDATION SPRINGFIELD 3265 S NATIONAL AVE SUITE	32-0195818	501(C)(3)	7,500		UNRESTRICTED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MERCY HEALTH FOUNDATION 32-0195818 501(C)(3) 25,000 BRANSON CLINIC

PROGRAM

SPRINGFIELD 3265 S NATIONAL AVE SUITE 200 SPRINGFIELD, MO 65807					CAPITAL FUND
MERCY HEALTH	43-1936696	501(C)(3)	50,000		RURAL MENTAL HEALTH

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

500 PORTER AVE

AURORA, MO 65605

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MERCY HOME FOR BOYS AND 36-2171726 501(C)(3) 10.000 UNRESTRICTED

GIRLS 1140 WEST JACKSON BLVD CHICAGO, IL 60607					
MERCY MULTIPLIED	72-0973419	501(C)(3)	20,000		UNRESTRICTED

MERCY MULTIPLIED PO BOX 111060

NASHVILLE, TN 37222

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-7290968 501(C)(3) 200.000 UNRESTRICTED MICHAEL AND KATIE MEEK

FUND 425 F TRAFFICWAY ST SPRINGFIELD, MO 65806

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

CHESTERFIELD, MO 63006

MISSION GATE CHRISTIAN 43-1446430 501(C)(3) 5.000 ITO SUPPORT HANNAH'S CENTER IRANCH PO BOX 6644

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) MISSOURI COLLEGES FUND 43-0680952 501(C)(3) 600 l MISSOURI COLLEGES INC FUND FOR 3401 W TRUMAN BLVD STE ISCHOLARSHIPS

202 JEFFERSON CITY, MO 65109					SCHOLARSHIT S
MISSOURI COLLEGES FUND INC 3401 W TRUMAN BLVD STE 202	43-0680952	501(C)(3)	13,000		UNRESTRICTED

JEFFERSON CITY, MO 65109

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-7120753 501(C)(3) 6.000 MISSOURI PRAIRIE TRAIL IMPROVEMENT FOUNDATION TO KICKAPOO EDGE 1311 MORELAND AVE PRAIRIE GARDEN JEFFERSON CITY, MO 65101 43-0907114 501(C)(3) 54.840 IEDUCATIONAL

PROGRAMMING

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

MISSOURI SOUTHERN FOUNDATION

3950 E NEWMAN ROAD JOPLIN, MO 64801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government TED

MISSOURI STATE FAIR 2503 W 16TH ST	75-3029064	501(C)(3)	5,200		UNRESTRICT
SEDALIA, MO 65301					

SPRINGFIELD, MO 65897

MISSOURI STATE UNIVERSITY 44-6000308 POLITICAL 3.560 UNRESTRICTED 901 S NATIONAL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

INORTHWEST PROJECT

FOR LOW INCOME.

FAMILIES

MISSOURI STATE UNIVERSITY 901 S NATIONAL SPRINGFIELD, MO 65897	44-6000308	POLITICAL	34,026		EDUCATIONAL PROGRAMMING

260,000

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

POLITICAL

MISSOURI STATE UNIVERSITY

SPRINGFIELD, MO 65897

901 S NATIONAL

44-6000308

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MISSOURI'S NATIONAL 82-1659973 501(0)(3) 151 508 IMEMORIAL TO HONOR

SPONSORSHIP

VETERANS MEMORIAL PO BOX 566 PERRYVILLE, MO 63775					VETERANS
MONETT HISTORICAL SOCIETY	22-3947459	501(C)(3)	125		CHRISTMAS CONCERT

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

MONETT HISTORICAL SOCIETY 422 E BROADWAY STREET

MONETT, MO 65708

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government RICTED

CAPITAL CAMPAIGN

MONETT HISTORICAL SOCIETY	22-3947459	501(C)(3)	500		UNRESTR
422 E BROADWAY STREET					
MONETT, MO 65708					

MONETT HISTORICAL SOCIETY 22-3947459 501(C)(3) 5.000

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

422 F BROADWAY STREET MONETT, MO 65708

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 44-6001429 501(C)(3) 976 SUPPORT FOR MONETT R-I SCHOOL DISTRICT ITEACHERS 900 F SCOTT ST

MONETT, MO 65708

MONETT R-I SCHOOL

DISTRICT

MONETT R-I SCHOOL 44-6001429 501(C)(3) 5,225
DISTRICT
900 E SCOTT ST
MONETT, MO 65708

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 44-0667307 501(C)(3) 7.000 SPECIFIED PUBLIC MORRISVILLE CEMETERY

ASSOCIATION NEEDS AND HISTORIC 1043 HWY 215 PRESERVATION OF THE MORRISVILLE, MO 65710 MOUNTAIN GROVE R-III 44-6004985 7.119

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

MOUNTAIN GROVE, MO 65711

I CEMETERY 501(C)(3) IEDUCATIONAL SCHOOL DISTRICT PROGRAMMING PO BOX 806

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-7290968 501(C)(3) 14.750 INONPROFIT LOCAL CHARITABLE THEATRE SUPPORT THEATRE -425 FAST TRAFFICWAY UNRESTRICTED SPRINGFIELD, MO 65806

MSBA FUTUREBUILDERS 43-1654642 501(C)(3) 10.000 UNRESTRICTED FOUNDATION

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

2100 1-70 DRIVE SW COLUMBIA, MO 65203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

LABORATORY SCHOOL

					II	
MSU - WEST PLAINS CAMPUS 128 GARFIELD WEST PLAINS, MO 65775	43-1641443	POLITICAL	6,038			TO ASSIST DESERVING YOUNG STUDENTS

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

300 S JEFFERSON STE 100 SPRINGFIELD, MO 65806

TUDENTS MSU FOUNDATION 43-1234200 501(C)(3) 10.000 FOR GREENWOOD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

MSU FOUNDATION	43-1234200	501(C)(3)	10,000		MAGERS CLINIC
300 S JEFFERSON STE 100					STUDENT MENTAL
SPRINGFIELD, MO 65806					HEALTH SERVICES
					FUND

PROGRAMMING

MSU FOUNDATION 43-1234200 501(C)(3) 22.300 IEDUCATIONAL

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

300 S JEFFERSON STE 100

SPRINGFIELD, MO 65806

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 43-1234200 501(C)(3) 25.000 MSU FOUNDATION MEYER LIBRARY LIVING

300 S JEFFERSON STE 100
SPRINGFIELD, MO 65806

MT VERNON CHURCH OF
CHRIST
732 S LANDRUM

ROOM RENOVATION

ROOM RENOVATION

CLOTHING FOR NEEDY
FAMILIES

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

MT VERNON, MO 65712

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) 42 4020265 E04(0)(0) 2 750 WHEELCHAIR RAMP

LEOIPMENT

MT VERNON B V COUGO	44 6000507	DOL TITICAL	4 550		CYCAMORE CO
732 S LANDRUM MT VERNON, MO 65712					
CHRIST	43-1938265	501(C)(3)	3,/50		BUILDING

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

730 S LANDRUM

MT VERNON, MO 65712

ISYCAMORE COMMUNITY MT VERNON R-V SCHOOL 44-6003597 POLITICALI 1,552 DISTRICT CENTER PLAYGROUND

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

MT VERNON R-V SCHOOL DISTRICT 730 S LANDRUM MT VERNON, MO 65712	44-6003597	POLITICAL	27,899		SCHOLARSHIPS AND TEACHER AWARDS
NAMI OF SOUTHWEST	43-1244674	501(C)(3)	7,500		SERVICE AND

1443 NORTH ROBBERSON AVE STE 408 SPRINGFIELD, MO 65802

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1244674 501(C)(3) 10.000 NAMI OF SOUTHWEST SENIOR COUNSELING

200 - NEW TRAILER

MISSOURI
1443 NORTH ROBBERSON AVE
STE 408
SPRINGFIELD, MO 65802

NIXA CHRISTIAN CHURCH 43-1257740 501(C)(3) 1,250

BOY SCOUTS TROOP

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

400 NORTHVIEW RD

NIXA, MO 65714

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

200 - PINEWOOD

DERBY TECHNOLOGY

NIXA CHRISTIAN CHURCH 400 NORTHVIEW RD	43-1257740	501(C)(3)	1,590		SCHOLARSHIPS
NIXA, MO 65714					

NIXA CHRISTIAN CHURCH 43-1257740 501(C)(3) 1.800 ICUB SCOUTS TROOP

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

400 NORTHVIEW RD NIXA, MO 65714

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

NIXA CHRISTIAN CHURCH 400 NORTHVIEW RD NIXA, MO 65714	43-1257740	501(C)(3)	1,920		BOY SCOUTS TROOP 200 SCHOLARSHIP FUND

NIXA, MO 65714

IOLARSHIP NIXA R-II SCHOOL DISTRICT 44-6003678 POLITICAL 31.639 IEDUCATIONAL PROGRAMMING 301 S MAIN ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) NORTH ARKANSAS BAPTIST 71-0499674 501(C)(3) 5,000 UNRESTRICTED

ASSOCIATION 319 N CHESTNUT ST HARRISON, AR 72601					
OACAC- DADE COUNTY	43-0836672	501(C)(3)	5,000		OZARKS FO

GREENFIELD, MO 65661

FOOD HARVEST MOBILE 2 N MAIN STREET IPANTRY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-7290968 501(C)(3) 6.393 OSAGE TRAILS SCULPTURE **ICOMMUNITY** FUND **IBETTERMENT**

425 E TRAFFICWAY SPRINGFIELD, MO 65806

OTC FOUNDATION 43-1753974 501(C)(3) 2,000 SUPPORT FOR WOUNDED WAR SPRINGFIELD, MO 65802 VETERANS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

17 HEALTH INCENTIVE

LAWARDS

OTC FOUNDATION 1001 E CHESTNUT EXPY	43-1753974	501(C)(3)	5,000		NURSING SCHOLARSHIPS
SPRINGFIELD, MO 65802					SCHOLARSHIPS

8.500

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

501(C)(3)

OTC FOUNDATION

1001 F CHESTNUT EXPY

SPRINGFIELD, MO 65802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

EDUCATIONAL PROGRAMMING

OTC FOUNDATION 1001 E CHESTNUT EXPY SPRINGFIELD, MO 65802	43-1753974	501(C)(3)	45,500		VEHICLE FOR MIDDLE SCHOOL

116.188

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

501(C)(3)

OTC FOUNDATION

1001 E CHESTNUT EXPY SPRINGFIELD, MO 65802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 43-1418691 501(C)(3) 5.000 OUR LADY OF THE COVE ISOUTHERN STONE

IPROGRAM SUPPORT

CATHOLIC CHURCH ICOUNTY FOOD PANTRY 20 KIMBERI ING BLVD KIMBERLING CITY, MO 65686 IPOVERTY REDUCTION

OZARK ACTION INC. 43-0838508 501(C)(3) 20.000

710 E MAIN

WEST PLAINS, MO 65775

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

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other)

SPRINGFIELD, MO 65806

OZARK FOOTHILLS REGIONAL COMMUNITY FOUNDATION 3019 FAIR ST POPLAR BLUFF, MO 63901	23-7290968	501(C)(3)	10,000		HOUSING STUDY
OZABY CREENIMAYS	22 7200069	E01/C)(2)	E 000		CONCEDUATION TRAILS

OZAKK GREENWAYS 23-7290968 501(C)(3)| 5,000 ICONSERVATION TRAILS ENDOWMENT FUND #2 PROGRAM 425 E TRAFFICWAY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 43-1525122 501(C)(3) 9.400 UNRESTRICTED OZARK GREENWAYS PO BOX 50733 SPRINGFIELD, MO 65805 OZARK REGIONAL LAND 43-1304715 501(C)(3) 11.000 UNRESTRICTED TRUST

PO BOX 1512 COLUMBIA, MO 65205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 44-6003892 501(C)(3) 10.000 OZARK R-VI SCHOOL THEALTH SCREENING DISTRICT ITOOLS FOR PRE-PO BOX 166 SCHOOL AGED CHILDREN

IEDUCATIONAL

PROGRAMMING

14.662

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

501(C)(3)

PO BOX 166 OZARK, MO 65721 OZARK R-VI SCHOOL 44-6003892 DISTRICT

PO BOX 166 OZARK, MO 65721

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government PROGRAMMING

UNRESTRICTED

OZARKS COIN CLUB	45-3155292	501(C)(3)	23,400		YOUTH PR
PO BOX 1266					
BUFFALO, MO 65685					

1.000

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

501(C)(3)

OZARKS COUNSELING CENTER

614 SOUTH AVE SPRINGFIELD, MO 65806

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

OZARKS COUNSELING CENTER 614 SOUTH AVE SPRINGFIELD, MO 65806	44-0595115	501(C)(3)	15,000		OPERATIONAL SUPPOR
OZARKS FAMILY YMCA	43-1617662	501(C)(3)	49,860		UNRESTRICTED

1 YMCA DRIVE

MOUNTAIN GROVE, MO 65711

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

IOPERATIONAL SUPPORT

OZARKS FOOD HARVEST PO BOX 5746	43-1426384	501(C)(3)	62,500		PROVIDING FOOD FOR NEEDY FAMILIES
SPRINGFIELD, MO 65801					

17.000l

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

501(C)(3)

OZARKS LITERACY COUNCIL

397 E CENTRAL ST SPRINGFIELD, MO 65802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-1834356 501(C)(3) 39.855 UNRESTRICTED OZARKS MEDICAL CENTER

UNRESTRICTED

FOUNDATION PO BOX 1100 WEST PLAINS, MO 65775

9.312

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

501(C)(3)

OZARKS PUBLIC TELEVISION

901 S NATIONAL SPRINGFIELD, MO 65897

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

ICAMP WAKONDA

OZARKS REGIONAL YMCA	44-0545283	501(C)(3)	1,155		SUMMER CAMP
417 S JEFFERSON					WONDERS OF WILDLIFE
SPRINGFIELD, MO 65806					FIELD TRIP

2.000

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

501(C)(3)

OZARKS REGIONAL YMCA

417 S JEFFERSON SPRINGFIELD, MO 65806

(a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501(C)(3) 4.000 OZARKS REGIONAL YMCA 44-0545283 FINANCIAL ASSISTANCE

417 S JEFFERSON IFOR SPRINGFIELD, MO 65806

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

(c) IRC section

(b) EIN

417 S JEFFERSON SPRINGFIELD, MO 65806

CHILDREN/FAMILIES TO IACCESS YMCA I PROGRAMS 501(C)(3) OZARKS REGIONAL YMCA 44-0545283 27.590 UNRESTRICTED

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 43-1549458 501(C)(3) 1.550 IEDUCATIONAL OZARKS TECHNICAL PROGRAMMING COMMUNITY COLLEGE

SPRINGFIELD, MO 65802					
OZARKS WATER WATCH UPPER WHITE RIVER BASIN FOUNDATION PO BOX 636	43-1942991	501(C)(3)	27,809		UNRESTRICTED

KIMBERLING CITY, MO 65686

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government RICTED

CLEVELAND, OK 74020					
PO BOX 63					
PAWNEE COUNTY WORKSHOP	73-1216618	501(C)(3)	22,500		UNRESTRI

PEOPLE HELPING PEOPLE

IGENERAL SUPPORT 43-1853251 501(C)(3)| 7.550I PO BOX 505 REPUBLIC, MO 65738

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government PHILANTHROPY INITIATIVE 23-7290968 501(0)(3) 19 950 TO SUPPORT BOOK

	 1 30-(0)(0)	1 27,500		1.000
FUND				PROJECT
425 E TRAFFICWAY				l
SPRINGFIELD, MO 65806				ĺ

SPRINGFIELD, MO 65806

23-7290968 50.000 PLACEWORKS PROJECT FUND 501(C)(3) IRURAL SCHOOL ARTS 425 E TRAFFICWAY PROGRAMMING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) POLK COUNTY GENEALOGICAL 43-1813850 501(C)(3) 14.583 UNRESTRICTED SOCIETY

PO BOX 632 BOLIVAR, MO 65613 POLK COUNTY HEALTH 43-1268665 POLITICAL 10.000 **IOPIOID INITIATIVE**

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

CENTER 1317 W BROADWAY

BOLIVAR, MO 65613

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

DISASTER

PREPAREDNESS GRANT

PREGNANCY LIFE LINE INC	34-1991474	501(C)(3)	5,000		UNRESTRICTED
19621 STATE HIGHWAY 413					
BRANSON WEST, MO 65737					

10.000

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

501(C)(3)

PREP CAPE GIRARDEAU FUND

425 F TRAFFICWAY SPRINGFIELD, MO 65806

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

IPREPAREDNESS GRANT

23-7290968 501(C)(3) 10.000 DISASTER PREP HERMANN FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806

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

425 F TRAFFICWAY

SPRINGFIELD, MO 65806

IPREPAREDNESS GRANT PREP JOPLIN FUND 23-7290968 501(C)(3) 9.0001 DISASTER

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government DDED LAVE OF THE OZADVO 22-7200068 E01/C)/3) 6 0001 IDICACTED

IPREPAREDNESS GRANT

FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290900	501(0)(3)	6,000		PREPAREDNESS GRANT
PREP OZARK FOOTHILLS FUND	23-7290968	501(C)(3)	10,000		DISASTER

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

425 E TRAFFICWAY

SPRINGFIELD, MO 65806

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-1183783 501(C)(3) 45.383 PRIMROSE PLACE IALZHEIMER'S PATIENTS 3850 S NATIONAL STE 500

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

JOPLIN, MO 64801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government DROCLATM LITE NAME 01 2057027 E01(C)(2) 1 E 000 l LINDECEDICEED

CLINICS IN HAITI &

NICARAGUA

MINISTRIES INC 9251 SOUTH HIGHWAY 137 MIAMI, OK 74354	82-385/83/	501(C)(3)	15,000		UNKESTRICTED
PROJECT HOPE	43-1864044	501(C)(3)	7,500		SUPPORT DOCTORS &

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

1419 S ENTERPRISE

SPRINGFIELD, MO 65804

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government PROJECT HOPE 43-1864044 501(C)(3) 40.000 THE APPLESEED

PROJECT HOPE 43-1864044 501(C)(3) 40,000 THE APPLESEED NETWORK

SPRINGFIELD, MO 65804

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

FAYETTEVILLE, AR 72701

 SPRINGFIELD, MO 65804
 Control of the cont

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 32-0398372 501(C)(3) 10.500l UNRESTRICTED RECOVERY RESOURCES INC 303 E 11TH STREET CASSVILLE, MO 65625

REDEEMER LUTHERAN 23-7060227 501(C)(3) 9.400 UNRESTRICTED CHURCH

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

920 S ALTA LN OLATHE, KS 66061

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 44-6004149 501(C)(3) 5.000 REPUBLIC MIDDLE SCHOOL AFTER-SCHOOL CLUB 518 N HAMPTON IPILOT PROGRAMS REPUBLIC, MO 65738

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

REPUBLIC, MO 65738

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 46 4406E06 E01(C)(2) 20.000

LINDECEDICEED

PROGRAMMING

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

DUO CHADTED CICMA NIII

WEST PLAINS, MO 65775

DISTRICT

3461 CR 1710

EDUCATIONAL FOUNDATION 308 EAST HIGH STREET SUITE 301 JEFFERSON CITY, MO 65101	46-4496506	501(C)(3)	20,000		UNKESTRICTED
RICHARDS R-V SCHOOL	44-6002233	501(C)3	7,019		EDUCATIONAL

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) RIPLEY COUNTY R-III SCHOOL 43-6013752 501(C)3 10.000 RURAL HEALTH

I DD CCD A M

HC 6 BOX 200 GATEWOOD, MO 63942					PROGRAM
RONALD MCDONALD HOUSE CHARITIES OF THE FOUR STATES	43-1758397	501(C)(3)	7,042		UNRESTRICTED

PO BOX 2688 JOPLIN, MO 64804

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

DISTRICT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

RONALD MCDONALD HOUSE	43-1371143	501(C)(3)	23,904		HEALTH AND WELL-
949 E PRIMROSE ST					BEING OF CHILDREN IN
SPRINGELELD MO 65807					THE OZARKS

THE UZAKKS ROTARY FOUNDATION 36-3245072 501(C)(3) 10.000 UNRESTRICTED

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

1560 SHERMAN AVENUE EVANSTON, IL 60201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-7290968 501(C)(3) 1.000 SUPPORT MOBILE ROTARY JORDAN VALLEY PROJECT FUND DENTAL UNIT

425 F TRAFFICWAY SPRINGFIELD, MO 65806 ROTARY JORDAN VALLEY 23-7290968 501(C)(3) 5.000

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

SPRINGFIELD, MO 65806

UNRESTRICTED PROJECT FUND 425 E TRAFFICWAY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 45-4725006 501(C)(3) 10.000 ROUTE 66 RESCUE INC IMPROVE AND 601 N HAWTHORN DR IENCHANCE SERVICES

NIXA, MO 65714 RURAL SCHOOLS 23-7290968 501(C)3 14.462 I EDUCATIONAL PROGRAMMING COLLABORATIVE FUND

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

425 EAST TRAFFICWAY SPRINGFIELD, MO 65806

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) RURAL SCHOOLS 47-1906248 501(C)(3) 3 0001 IGENERAL OPERATIONS

COLLABORATIVE PO BOX 154 CAMBRIDGE, WI 53523	,, 2002.0		2,000		
RURAL SCHOOLS	47-1906248	501(C)(3)	13,926		MOUNTAIN BIKE SKILLS

CAMBRIDGE, WI 53523

COLLABORATIVE LEOUIPMENT PO BOX 154

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) TIONAL

SPRINGFIELD, MO AREA

RURAL SCHOOLS	23-7290968	501(C)(3)	19,003		EDUCATIONAL
PARTNERSHIP CAPACITY					PROGRAMMING
BUILDING FUND					
425 E TRAFFICWAY					
SPRINGFIELD, MO 65806					

501(C)(3) 5.000 SAFE AND SOBER INC 46-3408060 2018-2019

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

3331 E RIDGEVIEW STREET

SPRINGFIELD, MO 65804

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-1677891 501(C)(3) 20.489 IOZARK NATURAL & SALEM AREA COMMUNITY BETTERMENT ASSOC INC ICULTURAL RESOURCE CENTER

PO BOX 732 SALEM, MO 65560

SALEM PUBLIC LIBRARY 04-3690774 501(C)(3) 10.000 UNRESTRICTED 403 N JACKSON ST SALEM, MO 65560

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 13-5562351 501(C)(3) 7.313 PURCHASE FOOD AND SALVATION ARMY -COFFEYVILLE KANSAS ITOYS FOR NEEDY CHILDREN PO BOX 514

COFFEYVILLE, KS 67337 SALVATION ARMY - DENT 43-0653584 501(C)(3) 11.000

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

SALEM, MO 65560

UNRESTRICTED COUNTY PO BOX 229

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or government assistance other) 58-0660607 501(C)(3) 54.524 SALVATION ARMY OF RELIEF OPERATIONS IN SPRINGFIELD MO SPRINGFIELD, MO AREA PO BOX 9685 SPRINGFIELD, MO 65801 SARCOXIE CEMETERY 44-0603750 501(C)(13) 8.294 HISTORIC PRESERVATION AND

SARCOXIE

ASSOCIATION PO BOX 541 SARCOXIE, MO 64862

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

PUBLIC BEAUTIFICATION OF THE SARCOXIE CEMETERY (OLD SECTION) AND THE ST. AGNES CEMETERY IN

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) SCHOOL SISTERS OF NOTRE 45-1296033 501(C)(3) 20,000 UNRESTRICTED

DAME 320 EAST RIPA AVE ST LOUIS, MO 63125					
SEMO REGIONAL PLANNING & DEVELOPMENT COMMISSION	43-0958405	501(C)(3)	40,000		SEMO RP & DEV COMISSION

DEVELOPMENT COMMISSION PO BOX 366

PERRYVILLE, MO 63775

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1018538 501(C)(3) 50 IFOR MEALS ON WHEELS SENIOR AGE AREA AGENCY ON

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

AGING IPROGRAM 1735 S FORT AVE SPRINGFIELD, MO 65807

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

1735 S FORT AVE SPRINGFIELD, MO 65807 (b) EIN

SENIOR AGE AREA AGENCY ON 43-1018538 501(C)(3) 10.000

SENIOR GROUP AGING COUNSELING PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1018538 501(C)(3) 21.500 RURAL ELDER CARE SENIOR AGE AREA AGENCY ON

AGING I PROGRAMMING 1735 S FORT AVE SPRINGFIELD, MO 65807 SENIOR AGE AREA AGENCY ON 43-1018538 30.000

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

SPRINGFIELD, MO 65807

501(C)(3) SENIOR CITIZEN HOME AGING LACCESSIBILITY 1735 S FORT AVE PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 48-1120253 501(C)(3) 25.000 IPALS ENDOWMENT SIGMA CHI EDUCATIONAL FOUNDATION OF MISSOURI IFUND 6904 VALLEY RD

KANSAS CITY, MO 64113 43-1742873 501(C)(3) 70.000 FAMILY PROJECT SILVER DOLLAR CITY

FOUNDATION 7347 W HWY 76

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

BRANSON, MO 65616

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1742873 501(C)(3) 90.000 IMAGINE FAMILIES SILVER DOLLAR CITY FOUNDATION THRIVING 7347 W HWY 76

UNRESTRICTED

5.000

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

501(C)(3)

7347 W HWY 76 BRANSON, MO 65616 SISTERS OF SAINTS CYRIL & METHODIUS

580 RAILROAD STREET DANVILLE, PA 17821

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

SUPPORT

SKAGGS FOUNDATION	30-0107007	501(C)(3)	1,100		UNRESTRICTED
101 SKAGGS ROAD SUITE 404 BRANSON, MO 65615					
DIVANSON, MO 03013					
SKAGGS FOUNDATION	30-0107007	501(C)(3)	34,000		DUCK BOAT VICTIMS

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

BRANSON, MO 65615

101 SKAGGS ROAD SUITE 404

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 23-7290968 501(C)(3) 15.000 SCHOLARSHIPS SMITH-GLYNN-CALLAWAY

SPRINGFIELD, MO 65806 SOAR (SERVICE ORIENTED	45-3535446	501(C)(3)	5,000		UNRESTRICTED
HONOR OF DR PETERSON 425 E TRAFFICWAY					

AVIATION READINESS) 4460 AIRPORT DRIVE BOLIVAR, MO 65613

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 44-0610626 501(C)(3) 10.000 UNRESTRICTED SOUTH CENTRAL FCA 206 NORTH MAPLE BLUE EYE, MO 65611

SOUTHEAST HEALTH 27-3868479 501(C)(3) 10.000 TRURAL HEALTH FOUNDATION IPROGRAM

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

1701 LACEY ST

CAPE GIRARDEAU, MO 63701

(b) EIN (e) Amount of non-(f) Method of valuation (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 43-1945031 501(C)(3) 21,500 UNRESTRICTED SOUTHERN STONE COUNTY

(a) Description of

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

2245 S HOLLAND SPRINGFIELD, MO 65807

SOUTHMINSTER PRESBYTERIAN CHURCH	44-0667828	501(C)(3)	25,821		UNRESTRICTED
AUXILIARY 10965 E STATE HWY 76 BRANSON WEST, MO 65737					

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 44-0567385 501(C)(3) 275 ANNUAL SCHOLARSHIP SOUTHWEST BAPTIST

UNIVERSITY IFUND 1601 S SPRINGFIELD BOLIVAR, MO 65613

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

1601 S SPRINGFIELD BOLIVAR, MO 65613

SOUTHWEST BAPTIST 44-0567385 501(C)(3) 500 IFOR THE RONALD KEMP UNIVERSITY SCHOLARSHIP FUND

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 44-0567385 501(C)(3) 5.000 PRE-MED SOUTHWEST BAPTIST UNIVERSITY ISCHOLARSHIPS 1601 S SPRINGFIELD BOLIVAR, MO 65613

SOUTHWEST BAPTIST 44-0567385 501(C)(3) 20.000

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

BOLIVAR, MO 65613

INURSE TRAINING UNIVERSITY PROGRAM 1601 S SPRINGFIELD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 44-0567385 501(C)(3) 10.500 IGRANT TO BE USED SOUTHWEST BAPTIST UNIVERSITY IFOR BUILDING & 1600 UNIVERSITY AVENUE MAINTENANCE BOLIVAR, MO 65613

UNRESTRICTED

7.000 l

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

501(C)(3)

SPECIAL OLYMPICS MISSOURI

2702 RICHARD JOSEPH BLVD

SUITE 114 JOPLIN, MO 64804

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) SPOKANE R-VII SCHOOL 44-6004423 501(C)(3) 9.391 SPOKANE SOFTBALL DISTRICT PROGRAM

167 KENTLINE AVENUE HIGHLANDVILLE, MO 65669					
SPRINGFIELD ANIMAL	26-4015205	501(C)(3)	6,520		UNRESTRICTED

1600 NORTH WASHINGTON SPRINGFIELD, MO 65803

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government RICTED

SPRINGFIELD ART MUSEUM 1111 E BROOKSIDE SPRINGFIELD, MO 65807	44-6000268	501(C)(3)	150		UNRESTRI

1111 E BROOKSIDE SPRINGFIELD, MO 65807

SPRINGFIELD ART MUSEUM 44-6000268 501(C)(3) 500 ART IN BLOOM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 44-6000268 501(C)(3) 41.781 PLACEWORKS SPRINGFIELD ART MUSEUM 1111 E BROOKSIDE IPROGRAM SPRINGFIELD, MO 65807

IARTS EDUCATION

62

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

501(C)(3)

SPRINGFIELD BALLET

411 N SHERMAN PKWY SPRINGFIELD, MO 65802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 43-1089752 501(C)(3) 250 l SPRINGFIELD BALLET DEMI-SOLOIST LEVEL 411 N SHERMAN PKWY SPRINGFIELD, MO 65802

UNRESTRICTED

23.000

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

501(C)(3)

SPRINGFIELD, MO 65802 SPRINGFIELD CATHOLIC SCHOOLS 2340 S EASTGATE AVE

SPRINGFIELD, MO 65809

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government N SERVICES

COMMUNITY DINNER

SUPPORT

SPRINGFIELD DREAM CENTER 829 WEST ATLANTIC ST	05-0574634	501(C)(3)	1,000		HUMAN
SPRINGFIELD, MO 65803					

10.000

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

501(C)(3)

SPRINGFIELD, MO 65803

SPRINGFIELD DREAM CENTER
829 WEST ATLANTIC ST

SPRINGFIELD, MO 65803

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

UNRESTRICTED

SPRINGFIELD LITTLE THEATRE 311 E WALNUT	43-0893064	501(C)(3)	300		WONDERS OF WILDLIFE
SPRINGFIELD, MO 65806					11225 1131

4.300

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

501(C)(3)

SPRINGFIELD LITTLE THEATRE

SPRINGFIELD, MO 65806

311 F WAI NUT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-0893064 501(C)(3) 6.000 SPRINGFIELD LITTLE THEATRE CAPITAL CAMPAIGN 311 E WALNUT

SPRINGFIELD, MO 65806 SPRINGFIELD POLICE 44-6000268 POLITICAL 10.000 DEPARTMENT SUBDIVISIO

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

UNRESTRICTED 321 EAST CHESTNUT SPRINGFIELD, MO 65802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 44-6000268 POLITICAL 14.051 WLI CONFERENCE SPRINGFIELD POLICE DEPARTMENT SUBDIVISIO 321 FAST CHESTNUT

IEDUCATIONAL

PROGRAMMING

102.540

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

POLITICAL

321 EAST CHESTNUT SPRINGFIELD, MO 65802 SPRINGFIELD R-12 PUBLIC SCHOOLS

1359 E ST LOUIS SPRINGFIELD, MO 65802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) SPRINGFIELD REGIONAL ARTS 43-1225541 501(C)(3) 100 MEMBERSHIP

411 N SHERMAN PKWY SPRINGFIELD, MO 65802					
SPRINGFIELD REGIONAL ARTS COUNCIL	43-1225541	501(C)(3)	200		ARTSFEST - ARTIST CASH AWARD

411 N SHERMAN PKWY SPRINGFIELD, MO 65802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) SPRINGFIELD REGIONAL ARTS 43-1225541 501(C)(3) 250 **ARTSFEST 2019**

COUNCIL 411 N SHERMAN PKWY SPRINGFIELD, MO 65802					
SPRINGFIELD REGIONAL ARTS	43-1225541	501(C)(3)	1,600		UNRESTRIC

SPRINGFIELD, MO 65802

RICTED COUNCIL 411 N SHERMAN PKWY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1225541 501(C)(3) 20.000 ARTS AND CULTURE SPRINGFIELD REGIONAL ARTS COUNCIL

411 N SHERMAN PKWY
SPRINGFIELD, MO 65802

SPRINGFIELD REGIONAL 43-1222808 501(C)(3) 11,300

UNRESTRICTED OPERA

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

411 N SHERMAN AVE SPRINGFIELD, MO 65802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) SPRINGFIELD SYMPHONY 43-0797224 501(C)(3) 27.994 UNRESTRICTED ORCHESTRA

411 N SHERMAN PKWY SPRINGFIELD, MO 65802 26-4456587 501(C)(3) 5.000 SPRINGFIELD WORKSHOP

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

SPRINGFIELD, MO 65802

UNRESTRICTED FOUNDATION 2835 W BENNETT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) SPRINGFIELD-GREENE 05-0534215 501(C)(3) 500 PURCHASE CHILDREN'S RIALS

COUNTY LIBRARY DISTRICT 4653 S CAMPBELL SPRINGFIELD, MO 65810					READING MATERI
SPRINGFIELD-GREENE COUNTY LIBRARY DISTRICT	05-0534215	501(C)(3)	821		UNRESTRICTED

4653 S CAMPBELL SPRINGFIELD, MO 65810

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 05-0534215 501(C)(3) 7.349 SPRINGFIELD-GREENE IFICTION BOOKS COUNTY LIBRARY DISTRICT

4653 S CAMPBELL
SPRINGFIELD, MO 65810

ST ANN CATHOLIC SCHOOL 48-0650538 501(C)(3) 20,000

UNRESTRICTED

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

7231 MISSION ROAD PRAIRIE VILLAGE, KS 66208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government E04(6)(3) 40 000

MAINTENANCE FUND

N4637 COUNTY ROAD Y JEFFERSON, WI 53549	39-0816855	501(C)(3)	10,000		UNKESTRICTED
ST ELIZABETH ANN SETON CHURCH	26-4638421	501(C)(3)	6,000		ENERAL OPERATING; BUILDING FUND:

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

CHUKCH 2200 W REPUBLIC RD

SPRINGFIELD, MO 65807

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ST JAMES EPISCOPAL CHURCH 44-0666149 501(C)(3) 28.700 UNRESTRICTED

UNRESTRICTED

6.000

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

501(C)(3)

ST JAMES SCHOOL

120 WATER STREET DANIELSON, CT 06239 06-0646816

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government TRICTED

ST JOHN'S LUTHERAN CHURCH 23237 HWY H	43-0900098	501(C)(3)	14,688			UNRESTRICTED
MONETT, MO 65708						
ST JOHN'S LUTHERAN CHURCH	43-1097972	501(C)(3)	6,000	_		UNRESTRICTED

5732 FARM ROAD 1057 PURDY, MO 65734

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 62-0646012 501(C)(3) 100 CANCER RESEARCH ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PL

MEMPHIS, TN 38105 ST JUDE CHILDREN'S 62-0646012 501(C)(3) 27.488 UNRESTRICTED RESEARCH HOSPITAL

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

262 DANNY THOMAS PL MEMPHIS, TN 38105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

ST PATRICK'S CATHOLIC CHURCH 638 WEST D AVENUE KINGMAN, KS 67068	48-0543796	501(C)(3)	9,252		CHURCH AND SCHOOL'S GENERAL ACTIVITIES
ST PAUL'S UNITED	43-1149608	501(C)(3)	38,111		UNRESTRICTED

METHODIST CHURCH OF JOPLIN

2423 WEST 26TH STREET JOPLIN, MO 64804

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

DEPAUL - FOOD PANTRY

LASSISTANCE

ST SUSANNE'S CATHOLIC	43-1693914	501(C)(3)	9,000		ST. SUSANNE FOOD
CHURCH					PANTRY
700 W SLOAN					
MT VERNON, MO 65712					

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

40 ST AGNES DR

BLOOMSDALE, MO 63627

(b) EIN

ST VINCENT DE PAUL SOCIETY 27-0195966 501(C)(3) 6.500 STE.AGENES SOCIETY - ST AGNES PARISH OF ST. VINCENT

(f) Method of valuation (b) EIN (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) STARKEY HEARING 36-3297852 501(C)(3) 5,000 UNRESTRICTED

STATE HISTORICAL SOCIETY	43-6035196	501(C)(3)	11.000		UNRESTRICTED
FOUNDATION 6801 WASHINGTON AVENUE SOUTH MINNEAPOLIS, MN 55439					

OF MISSOURI 1020 LOWRY STREET

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

COLUMBIA, MO 65201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) STE GENEVIEVE CO 51-0200666 501(C)(3) 9.276 TUNRESTRICTED

SHELTERED WORKSHOP 10929 INDUSTRIAL DRIVE STE GENEVIEVE, MO 63670		,,,,	·		
STE GENEVIEVE COMMUNITY SERVICES FORUM	43-1656059	501(C)(3)	600		STE. GEN COUNTY FARMERS MARKET

STE GENEVIEVE, MO 63670

PO BOX 248

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) 43 4656650 E04(0)(3) 4 000 OFFICE (FT) (F

STE GENEVIEVE COMMUNITY SERVICES FORUM PO BOX 248 STE GENEVIEVE, MO 63670	43-1656059	501(C)(3)	1,000		COUNTY CSF - DOMESTIC VIOLENCE ASSISTANCE
STE GENEVIEVE COMMUNITY	43-1656059	501(C)(3)	1.000		2018 HOLIDAY

SERVICES FORUM CHRISTMAS FESTIVAL PO BOX 248

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

STE GENEVIEVE, MO 63670

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

ISGCCC WEBSITE

SERVICES FORUM PO BOX 248 STE GENEVIEVE, MO 63670		, , , ,			DEVELOPMENT
STE GENEVIEVE COUNTY	23-7290968	501(C)(3)	16,000		SCHOLARSHIPS

6.000

SCHOLARSHIP FUND 425 E TRAFFICWAY

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

501(C)(3)

STE GENEVIEVE COMMUNITY

SPRINGFIELD, MO 65806

43-1656059

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) STE GENEVIEVE MUSEUM 43-1329600 501(0)(3) 12 0001 HANDICAP ACCESS

MERCHANT AND DUBOURGH PLACE STE GENEVIEVE, MO 63671	43 1323000	301(0)(3)	12,000		PROJECT
STE GENEVIEVE MUSEUM	43-1329600	501(C)(3)	14,554		STE. GEN MUSEUM -

ADA LIFE AND PLACE SECURITY

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

STE GENEVIEVE, MO 63671

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

STE GENEVIEVE PARISH ST VINCENT DE PAUL SOCIETY	43-0653472	501(C)(3)	15,000		STE. GENEVIEVE SOCIETY OF ST.
49 DUBOURG PLACE STE GENEVIEVE, MO 63670					VINCENT DEPAUL - FOOD PANTRY

STEELVILLE AMBULANCE 94-3438357 501(C)(3) 770 l FOR PURCHASE OF |HEART (EKG) MONITOR DISTRICT ASSISTANCE

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

PO BOX 541 1 EMS LANE STEELVILLE, MO 65565

CORPORATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) STEELVILLE AMBULANCE 94-3438357 501(C)(3) 9.500 UNRESTRICTED DISTRICT ASSISTANCE

UNRESTRICTED

10.000

DISTRICT ASSISTANCE
CORPORATION
PO BOX 541 1 EMS LANE
STEELVILLE, MO 65565

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

501(C)3

27-2995330

STEELVILLE ARTS COUNCIL

STEELVILLE, MO 65565

PO BOX 1458

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 43-6004323 501(C)3 50.000 UNRESTRICTED STEELVILLE R-III SCHOOL DISTRICT

UNRESTRICTED

5.000

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

501(C)(3)

817 W MAIN	
STEELVILLE, MO 65565	
STERLING YMCA	04-2104913

254 ESSEX STREET BEVERLY, MA 01915

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government STOCKTON R-I SCHOOL 44-6001498 501(C)(3) 6,600 IEDUCATIONAL DICTRICT PROGRAMMING

SCENE/COMMAND

CENTER TRAILER

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

SUBDIVISIO

STONE COUNTY SHEKIFF PO BOX 245

GALENA, MO 65656

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 47-2323951 501(C)(3) 10.000 UNRESTRICTED SUMMIT COMMUNITY INICTITUTE

3923 N WOLF CREEK DR EDEN, UT 84310					
SUSTAINABLE COMMUNITIESSM FARMS	26-3090593	501(C)(3)	15,000		SENIOR FOO SECURITY P

HARVIELL, MO 63945

OOD PROGRAM NETWORK PO BOX 83 PONDER STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-7290968 501(C)(3) 54.568 UNRESTRICTED TANEY COUNTY COMMUNITY

GRANTMAKING FUND 425 FAST TRAFFICWAY SPRINGFIELD, MO 65806

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

FORSYTH, MO 65653

TANEY COUNTY SHERIFF 44-6000607 POLITICAL I 8.394 LEIRST RESPONDER PO BOX 1005 SUBDIVISIO IWATER SAFTEY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 51-0161765 501(C)(3) 450l ADDING NONFICTION TANEYHILLS COMMUNITY LIBRARY ITITLES FOR CHILDREN 200 S 4TH STREET AND YOUNG ADULTS

BRANSON, MO 65616 TANEYHILLS COMMUNITY 51-0161765 501(C)(3) 600 l

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

BRANSON, MO 65616

SUMMER READING LIBRARY PROGRAM 200 S 4TH STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government TANEYHILLS COMMUNITY 51-0161765 501(C)(3) 4.000 UNRESTRICTED

200 S 4TH STREET BRANSON, MO 65616				
LIBRARY	(-)(-)	,,,,,		
	 (-)(-)	.,	l .	

700 COYOTE CANYON ROAD

JACKSON, WY 83001

TETON SCIENCE SCHOOLS 83-0219163 501(C)(3) 5.4091 IOZARKS TEACHER

CORPS FALL & SPRING

MEETINGS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

DISEASE OR FAILURE

THE ACCOUNT ON FOR THE	00 0300406	E04 (6) (2)	15.627		FOR THE BURNE OF
THE AB FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	247,298		FUNDING FOR HISTOIC HERMANN

THE ASSOCIATION FOR THE 80-0280486 501(C)(3)| 15.627I IFOR THE BLIND OR BLIND IPERSONS WHO HAVE

1680 EAST LOMBARD PROGRESSIVE EYE

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

SPRINGFIELD, MO 65802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

WHO ARE VICTIMS OF

CHILD ABUSE

THE CARING PEOPLE 164 CORPORATE PLACE RPANSON MO 65616	43-1748286	501(C)(3)	100,850		HELP FOR SINGLE MOM IN DIFFICULT

BRANSON, MO 65616 ISTIUATIONS THE CHILD ADVOCACY CENTER 43-1729078 501(C)(3) 48.779 AID FOR CHILDREN

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

1033 E WALNUT ST

SPRINGFIELD, MO 65806

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 34-0714654 501(C)(3) 7.000 THE COLLEGE OF WOOSTER IEDUCATIONAL 1189 BEALL AVE I PROGRAMMING

WOOSTER, OH 44691 THE DICKEY ADMINISTRATIVE 23-7290968 501(C)(3) 41.345 UNRESTRICTED ENDOWMENT FUND

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

425 E TRAFFICWAY SPRINGFIELD, MO 65806

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) THE DREAM FACTORY INC 61-1192721 501(C)(3) 47.072 TUNRESTRICTED

PO BOX 719 OSAGE BEACH, MO 65065		() / /	·		
THE DUANE AND EDITH LAWELLIN LEGACY FUND OF SOUTHWEST MISSOURI 425 F TRAFFICWAY	23-7292968	501(C)(3)	13,000		SUPPORT FROM THE PHILANTHROPIC SOCIETY

SPRINGFIELD, MO 65806

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

THE FOUNDATION THE COUNCIL OF CHURCHES OF	43-1819544	501(C)(3)	12,850		UNRESTRICTED
THE OZARKS					
3000 E CHESTNUT EXPWY BOX					
SPRINGFIELD, MO 65802					

IEDUCATIONAL EFFORT

501(C)(3) 11.500 THE GLO CENTER 43-1753837 COMMUNITY LGBT

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

518 E COMMERCIAL ST

SPRINGFIELD, MO 65803

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

501(C)(3)

THE KITCHEN INC.

1630 N JEFFERSON AVE

SPRINGFIELD, MO 65803

43-1384531

THE HAY FOUNDATION	45-1806971	501(C)(3)	8,400		SERVICES FOR
(HORSES ASSISTING YOUTH)					CHILDREN WHO HAVE
2329 RIVER BLUFF DRIVE					ENDURED TRAUMA
NIXA, MO 65714					

HOMELESS.

PROGRAMMING

344.158

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 43-1655656 501(C)(3) 21.183 THE LIBRARY FOUNDATION ILIBRARY SUPPORT 4653 S CAMPBELL AVE SPRINGFIELD, MO 65810 UNRESTRICTED

THE RABBIT HOLE 47-2324303 501(C)(3) 250,000 1520 CLAY ST

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

NORTH KANSAS CITY, MO

64116

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government THE SAINTS ACADEMY 45-3264587 501(C)(3) 5.000 UNRESTRICTED

UNRESTRICTED

8.820

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

501(C)(3)

111 NEW BALCH STREET
BEVERLY, MA 01915
THE VENUES CHURCH

SPRINGFIELD, MO 65814

PO BOX 14097

46-1740911

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 47-5051831 501(C)(3) 27.565 THE WELL CHURCH UNRESTRICTED 420 W COLLEGE ST STE 116 SPRINGFIELD, MO 65806 UNRESTRICTED

THOMAS JEFFERSON 43-1626282 501(C)(3) 10.000 INDEPENDENT DAY SCHOOL

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

3401 E NEWMAN ROAD JOPLIN, MO 64801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-7290968 501(C)(3) 10.000 UNRESTRICTED TIGER TASTERS ENDOWMENT

UNRESTRICTED

FUND
425 E TRAFFICWAY
SPRINGFIELD, MO 65806

25.000l

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

501(C)(3)

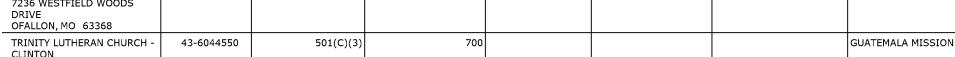
SPRINGFIELD, MO 6580

TLC STUDENT FUND
425 E TRAFFICWAY

SPRINGFIELD, MO 65806

23-7290968

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) TORCHBEARER FOUNDATION 47-0847030 501(C)(3) 12.000 UNRESTRICTED 7236 WESTFIELD WOODS DRIVE



95 E HWY 7 CLINTON, MO 64735

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) TRINITY LUTHERAN CHURCH -43-6044550 501(C)(3) 750 l CCA SCHOLARSHIP CLINTON 95 F HWY 7

CLINTON, MO 64735 TRINITY LUTHERAN CHURCH -43-6044550 501(C)(3) 12.000 UNRESTRICTED CLINTON

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

95 F HWY 7 CLINTON, MO 64735

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) TRINITY-BY-THE-COVE 59-0774204 501(C)(3) 200 HABITAT FOR EPISCOPAL CHURCH HUMANITY

553 GALLEON DRIVE NAPLES. FL 34102

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

553 GALLEON DRIVE NAPLES, FL 34102

TRINITY-BY-THE-COVE 59-0774204 501(C)(3) 250 l FOR FRIENDS OF MUSIC EPISCOPAL CHURCH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) TRINITY-BY-THE-COVE 59-0774204 501(C)(3) 2.500l ARCHANGEL FUND FOR EPISCOPAL CHURCH ICOLLIER COUNTY 553 GALLEON DRIVE CHARITIES NAPLES. FL 34102

CHURCH EXPANSION

IPROJECT

8.0001

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

501(C)(3)

TRINITY-BY-THE-COVE

EPISCOPAL CHURCH

553 GALLEON DRIVE NAPLES, FL 34102 59-0774204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) TRINITY-BY-THE-COVE 59-0774204 501(C)(3) 9.850 UNRESTRICTED

EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES. FL 34102 TRUMAN LAKE COMMUNITY 23-7290968 501(C)(3) 13.252 UNRESTRICTED FOUNDATION

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

PO BOX 463 CLINTON, MO 64735

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

801 EAST SCENIC RIVERS

SALEM, MO 65560

BLVD

TYLER PHIPPS MEMORIAL SCHOLARSHIP FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290968	501(C)(3)	8,500		SCHOLARSHIP
UNITED METHODIST CHURCH OF SALEM MISSOURI	43-0731516	501(C)(3)	7,000		CHILDREN'S BACKPACK PROGRAM

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

LUNRESTRICTED

(d) Amount of cash

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

501(C)(3)

(c) IRC section

OF SALEM MISSOURI 801 EAST SCENIC RIVERS BLVD SALEM, MO 65560	10 0701010	202(0)(0)	_5,,535		
UNITED MINISTRIES IN HIGHER EDUCATION PERMANENT ENDOWMENT	51-0155226	501(C)(3)	5,000		HIGHER EDUCATIONAL ATTAINMENT FOR LOW INCOME STUDENTS

20.0001

PERMANENT ENDOWMENT FUND 425 E TRAFFICWAY

(a) Name and address of

UNITED METHODIST CHURCH

SPRINGFIELD, MO 65806

(b) EIN

43-0731516

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNITED MINISTRIES IN 51-0155226 501(C)(3) 18.516 UNRESTRICTED

LUTTLITY SUPPORT

HIGHER EDUCATION 1515 S NATIONAL AVE SPRINGFIELD, MO 65804	, , , ,			

112

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

501(C)(3)

UNITED WAY OF THE OZARKS 44-0552047

320 N JEFFERSON SPRINGFIELD, MO 65806

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government VOLUNTEER

STREET LEED, THE COURT					T TO CIT (I I
SPRINGFIELD, MO 65806					PROGRAM
320 N JEFFERSON			•		ENGAGEM
UNITED WAY OF THE OZARKS	44-0552047	501(C)(3)	10,000		SENIOR V

320 N JEFFERSON SPRINGFIELD, MO 65806

MENT 44-0552047 14.094 LUNRESTRICTED UNITED WAY OF THE OZARKS 501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNIVERSITY OF ARKANSAS 71-6056774 501(C)(3) 5.000 UNRESTRICTED

200 HOLZ HALL

FAYETTEVILLE, AR 72701

FOUNDATION 200 HOLZ HALL FAYETTEVILLE, AR 72701		,,,,			
UNIVERSITY OF ARKANSAS FOUNDATION	71-6056774	501(C)(3)	5,000		ARKANSAS ALUMNI ASSOCIATION SWMO

SCHOLARSHIP FUND

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) UNIVERSITY OF CENTRAL 43-1181566 501(C)(3) 5.000 IATHLECTIC

CENTER

COLUMBIA, MO 65211

MISSOURI FOUNDATION PO BOX 800 WARRENSBURG, MO 64093					PARTNERSHIP
UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE 407 REYNOLDS ALUMNI	26-6440629	501(C)(3)	5,000		SPRINGFIELD CLINICAL CAMPUS - SCHOLARSHIPS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNIVERSITY OF MISSOURI 26-6440629 501(C)(3) 30 ERIN SPRADLING 407 REYNOLDS ALUMNI | MEMORIAL SCHOLARSHIP FUND CENTER COLUMBIA, MO 65211

UNIVERSITY OF MISSOURI 26-6440629 501(C)(3) 200

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

COLUMBIA, MO 65211

IFRIENDS OF MUSIC 407 REYNOLDS ALUMNI SCHOLARSHIP CENTER

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNIVERSITY OF MISSOURI 26-6440629 501(C)(3) 1.000 TIGER SCHOLARSHIP 407 REYNOLDS ALUMNI IFUND CENTER

CENTER
COLUMBIA, MO 65211

UNIVERSITY OF MISSOURI 26-6440629 501(C)(3) 1,000

KADLEC PRACTICE
407 REYNOLDS ALUMNI
FIELDS RENOVATION

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

CENTER

COLUMBIA, MO 65211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNIVERSITY OF MISSOURI 26-6440629 501(C)(3) 2.600 UNRESTRICTED 407 REYNOLDS ALUMNI CENTER

ISCHOOL OF MUSIC

20.000

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

501(C)(3)

COLUMBIA, MO 65211

UNIVERSITY OF MISSOURI
407 REYNOLDS ALUMNI

COLUMBIA, MO 65211

CENTER

26-6440629

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNIVERSITY OF MISSOURI 26-6440629 501(C)(3) 25.000 CHANCELLOR'S FUND LLENCE

109 REYNOLDS ALUMNI CENTER COLUMBIA, MO 65211			·		FOR EXCELLENCE
VALLE SCHOOLS FOUNDATION	43-1211002	501(C)(3)	2,000		SUPPORT VALLE

CATHOLIC SCHOOLS INC

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

49 DUBOURG PLACE

STE GENEVIEVE, MO 63670

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 43-0653472 501(C)(3) 20.000 VALLE SCHOOLS IVALLE CATHOLIC 20 NORTH FOURTH STREET SCHOOL - ENERGY **IEFFICIENT WINDOWS** STE GENEVIEVE, MO 63670

EDUCATIONAL PROGRAMMING

6.270

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

501(C)(3)

STE GENEVIEVE, MO 63

VERONA R-VII SCHOOL

DISTRICT

101 E ELLA ST

VERONA, MO 65769

44-6004656

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

VETERANS COMMUNITY	47-4960735	501(C)(3)	50,000		UNRESTRICTED
PROJECT					
8900 TROOST AVE					
KANSAS CITY, MO 64131					

819 N BOONVILLE AVE SPRINGFIELD, MO 65802

VICTIM CENTER INC 43-1149629 501(C)(3) 22.100 OPERATIONAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

UNRESTRICTED

VICTORY MISSION PO BOX 2884 SPRINGFIELD, MO 65801	43-1345089	501(C)(3)	38,203		OPERATIONAL SUPPOR AND SERVICES

50.100

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

501(C)(3)

VITAE FOUNDATION

JEFFERSON CITY, MO 65102

PO BOX 791

43-1138252

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

ALZHEIMER'S

MEDICAL SCHOOL 1 BROOKINGS DRIVE ST LOUIS, MO 63130	43 0053011	301(0)(3)	0,331		RESEARCH ONLY
WATERSHED COMMITTEE OF THE OZARKS ENDOWMENT FUND	23-7290968	501(C)(3)	5,000		WATER QUALITY IMPROVEMENT

6 551

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

501(0)(3)

WASHINGTON UNIVERSITY -

425 E TRAFFICWAY SPRINGFIELD, MO 65806 43-0653611

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government RICTED

MUSIC AND FILM

PROGRAMMING

WAY'S RANCH HORSE RESCUE	47-1592431	501(C)(3)	5,000		UNRESTRI
215 E MORGAN ST					
QUAPAW, OK 74363					
4					

16,200

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

501(C)(3)

04-2984716

WCCA TV

415 MAIN STREET

WORCESTER, MA 01608

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) WESLEY UNITED METHODIST 43-6067877 501(C)(3) 22,819 UNRESTRICTED

CHURCH 922 W REPUBLIC RD SPRINGFIELD, MO 65807					
WEST CENTRAL COMMUNITY	43-0838410	501(C)(3)	20,000		POVERTY R

APPLETON CITY, MO 64724

REDUCTION ACTION AGENCY IWORK 106 W 4TH STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 82-3401930 501(C)(3) 50,499 ICOMMUNITY 1 WEST PLAINS ECONOMIC

DEVEL OPENER

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

SUITE 1

WEST PLAINS, MO 65775

1004 W BROADWAY WEST PLAINS, MO 65775					DEVELOPEMENT
WEST PLAINS R-VII SCHOOL DISTRICT 305 VALLEY VIEW DRIVE	44-6004756	501(C)(3)	19,002		EDUCATIONAL PROGRAMMING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 44-0602350 501(C)(3) 1.200 IPDO & PRESCHOOL AT WESTMINSTER PRESBYTERIAN CHURCH WESTMINSTER

WESTMINSTER

SPRINGFIELD, MO 65804

WESTMINSTER PRESBYTERIAN 44-0602350 501(C)(3) 17,000

UNRESTRICTED

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

1551 E PORTLAND SPRINGFIELD, MO 65804

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) WILLARD R-II SCHOOL 44-6004826 501(C)(3) 188 WILLARD MIDDLE

DISTRICT 500 E KIME ST WILLARD, MO 65781	11 000 1020	302(0)(0)	200		SCHOOL FIELD TRIP
WILLARD R-II SCHOOL	44-6004826	501(C)(3)	1,500		2018 TRI-STATE

SPONSORSHIP

DISTRICT IBASKETBALL 500 E KIME ST TOURNAMENT

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

WILLARD, MO 65781

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) WILLARD R-II SCHOOL 44-6004826 501(C)(3) 2.500l ICLASSROOM

DISTRICT TECHNOLOGY PROGRAM 500 F KIME ST WILLARD, MO 65781

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

WILLARD, MO 65781

FOR HIGH SCHOOL WILLARD R-II SCHOOL 44-6004826 501(C)(3) 3.0001 CLASSROOM GRANTS DISTRICT 500 F KIME ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government WILLARD R-II SCHOOL 44-6004826 501(C)(3) 3.632 ACCESSIBILITY EFFORT

DISTRICT FOR DISABLED AND 500 F KIME ST IDELAYED STUDENTS WILLARD, MO 65781

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

ST LOUIS, MO 63005

WINGS OF HOPE 43-0909606 501(C)(3) 10.000 UNRESTRICTED 18370 WINGS OF HOPE BLVD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 43-1562094 501(C)(3) 2.100 DIRECT SUPPORT WOMEN'S CRISIS CENTER OF TANEY COUNTY FOOD/HYGIENE

PO BOX 282 SUPPLIES/PLAYGROUND BRANSON, MO 65615 WOMEN'S CRISIS CENTER OF 43-1562094 501(C)(3) 5.000

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

BRANSON, MO 65615

UNRESTRICTED TANEY COUNTY PO BOX 282

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government WORLDSERVE INTERNATIONAL 43-1535009 501(C)(3) 15.000l UNRESTRICTED

PO BOX 3437 SPRINGFIELD, MO 65808

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

COLUMBIA FALLS, ME 04623

WREATHS ACROSS AMERICA 20-8362270 501(C)(3) 7.500 l UNRESTRICTED 4 POINT STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 95-1831097 501(C)(3) 12.000l UNRESTRICTED WYCLIFFE BIBLE

UNRESTRICTED

TRANSLATORS PO BOX 628200 ORLANDO, FL 328628200

YOUNG LIFE - ROGERSVILLE 84-0385934 501(C)(3) 5.000 PO BOX 63

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

ROGERSVILLE, MO 65742

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) VOLITH EMPOWEDMENT 22-7200068 E01/C)/3) an nagl LINDESTRICTED

FIREFIGHTER PAGERS

TEMPORARY FUND 425 E TRAFFICWAY SPRINGFIELD, MO 65806	23-7290908	301(0)(3)	10,098		UNKESTRICTED
ZELL VOLUNTEER FIRE	43-1306990	501(C)(3)	8,237		ZELL VFD -

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

DEPARTMENT

10993 STATE RT A STE GENEVIEVE, MO 63670

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19317	74004	150			
Sch	nedule J	Co	ompensati	ion Information	10	1B No.	1545-0	0047			
(For	m 990)	For certain Office		rustees, Key Employees, and Hig	hest						
		Complete if the org	Compensa Janization answ	ited Employees ered "Yes" on Form 990, Part IV,	, line 23.	2018					
D	▶ Attach to Form 990.										
•	al Revenue Service	P do to <u>www.ms.go</u>	101	mistractions and the latest miori		Insp	to Pul ectio	n			
	me of the organiza	ation ON OF THE OZARKS INC			Employer identificat	tion nu	ımber				
					23-7290968						
Pa	rt I Questi	ons Regarding Compensa	tion								
1 a				the following to or for a person lister			Yes	No			
		,	III to provide air	,							
		s or charter travel companions	H	Housing allowance or residence for payments for business use of person	•						
	_	nification and gross-up payment	s \Box	Health or social club dues or initiation							
	Discretion	ary spending account		Personal services (e.g., maid, chauf	feur, chef)						
b	If any of the ho	ves in line 12 are shocked, did t	he organization fo	ollow a written policy regarding paym	ent or reimburcement						
b		all of the expenses described abo			ient of reimbursement	1 b					
2				or allowing expenses incurred by all r, regarding the items checked in line	1 1 2 2	2					
	•	-									
3				d to establish the compensation of the check any boxes for methods	ne						
				CEO/Executive Director, but explain i	n Part III.						
	☐ Compens	ation committee	\checkmark	Written employment contract							
	☐ Independ	ent compensation consultant	\checkmark	Compensation survey or study							
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee						
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a						
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No			
b	•		•	ified retirement plan?		4b		No			
С				nsation arrangement? Ilicable amounts for each item in Part		4c		No			
	ir res to any c	or mies au e, not the persons and	a provide the app	meable amounts for each item in Fare	. 111.						
	Only 501(c)(3), 501 (c)(4), and 501 (c)(29)	organizations	must complete lines 5-9.							
5		ed on Form 990, Part VII, Sectio ontingent on the revenues of:		the organization pay or accrue any							
а	The organization	1?				5a		No			
b		anization?				5b		No			
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any							
а	-	1?				6a		No			
b						6b		No			
7	•	6a or 6b, describe in Part III.	بديات جه ممثل ۸ م	the organization provide any nonfixed	4						
7				rt III		7		No			
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 							
9	If "Yes" on line	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		No			
For F	Panerwork Redu	ıction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 5	0053T Schedule J		1 990)	2018			

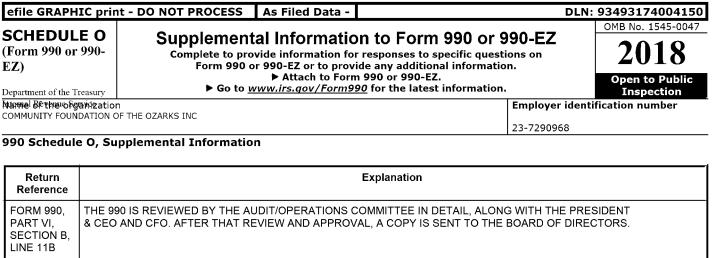
zenedale z (romin zzo) z								rage z
					i Employees. Use dup			
nstructions, on row (ii).	. Do no	not list any individuals that	at are not listed on Form 9	990, Part VII.	organization on row (i) an	-	tions, described in the O) and (E) amounts for tha	at individual.
(A) Name and Title	113 1-	(B) Breakdown	n of W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	_ !	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 BRIAN FOGLE PRESIDENT	(i)	140,924	0	0	7,393	19,561	167,878	0
Theorem.	(ii)	0	0	0	0	0	0	0
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Schedule J (Form 990) 2018	Page 3
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additiona	information.

Schedule J (Form 990)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493174004150 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** COMMUNITY FOUNDATION OF THE OZARKS INC 23-7290968 **Types of Property** (c) (d) (a) (b) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . Intellectual property . . Χ 4,396,846 FMV Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . Х 2,419,571 FMV Qualified conservation contribution-Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . Χ 349,600 FMV 17 Real estate—Other . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . 49,993 FMV Χ 25 Other ▶ (BONDS AND FIXED INCOME) Other ▶ (_____ 28 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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. 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. Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2018)	Page 2						
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Pa I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.							
Return Reference	Explanation						
PART I, LINE 32B:	DONATED SECURITIES ARE SENT TO THE COMMUNITY FOUNDATION'S PROFESSIONAL INVESTMENT ADVISORS, WHO SELL THE SECURITIES AND PLACE THE PROCEEDS IN THE FOUNDATIONS INVESTMENT PORTFOLIO.						
	Schedule M (Form 990) (2018)						



Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 12C

FORM 990, CONFLICT OF INTEREST FORMS MUST BE COMPLETED BY BOARD MEMBERS AND STAFF SECTION B,

Return Explanation

990 Schedule O, Supplemental Information

FORM 990,
PART VI,
SECTION B,
LINE 15

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990, AVAILABLE UPON REQUEST. PART VI. SECTION C.

LINE 19

Return Explanation Reference

FORM 990. ANNUITY ACTUARIAL ADJUSTMENT 48,162. RECLASSIFICATION TO AGENCY FUNDS 286,952. PART XI.

LINE 9:

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information Explanation Return Reference

FORM 990, PROCESS HAS NOT CHANGED FROM PRIOR YEAR PART XII,

LINE 2C:

SCHEDULE R
(Form 990)

Related

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018

Employer identification number

23-7290968

DLN: 93493174004150

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

COMMUNITY FOUNDATION OF THE OZARKS INC

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (d) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Total income Primary activity End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)COMMUNITY FOUNDATION OF THE OZARKS STOCK TRUST THE FOUNDATION RECEIVES МО 501(C)(3) LINE 12B, II COMMUNITY FOUNDATION 425 E TRAFFICWAY AND DISTRIBUTES FUNDS OF THE OZARKS INC FOR CHARITABLE PURPOSES SPRINGFIELD, MO 65806 71-6225763 (2)LEZAH STENGER FOUNDATION ORGANIZED AS A MO 501(C)(3) LINE 12B, II COMMUNITY FOUNDATION Yes 5051 S NATIONAL AVE SUPPORTING ORGANIZATION OF THE OZARKS INC FOR THE COMMUNITY SPRINGFIELD, MO 65810 FOUNDATION 43-1872019 (3) OZARKS CHARITABLE REAL ESTATE FOUNDATION LLC МО 501(C)(3) LINE 12B. II COMMUNITY FOUNDATION FOUNDATION RECEIVES, Yes PO BOX 8960 MANAGES AND DISTRIBUTES OF THE OZARKS INC REAL ESTATE DONATIONS SPRINGFIELD, MO 65807 FOR CFO 41-2086647 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2018

Schedule R (Form 990) 2018	Page
Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, one or more related organizations treated as a partnership during the tax year.	line 34 because it had

	z a casca as a paraneromp c		, , Juii										
(a) Name, address, and EIN of related organization			(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 incom	(g) Share of e end-of-year assets	(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or Faging on	(k) Percentage ownership
					311)			Yes	No		Yes	No	
Part IV Identification of Related Orga because it had one or more related.						zation ans	wered "Yes	" on Fo	orm 99	90, Part IV,	line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	dor (state	(c) egal micile or foreign untry)		entity (C co	(e) e of entity rp, S corp, r trust)	(f) Share of total income	1	(g) of end-c year essets	of-Percer owner	ntage	(13	(i) ction 512(b) c) controlled entity?
(1)CHARITABLE REMAINDER TRUST	INVESTMENT	N	4O		Т		4,676		19,97	5 100.00	0 %	 	No
PO BOX 8960 SPRINGFIELD, MO 65801 33-6105597													
(2)CHARITABLE REMAINDER TRUST PO BOX 8960 SPRINGFIELD, MO 65801	INVESTMENT	١	40		Т		16,107		59,71	7 100.00	0 %		No
43-6741681 (3)CHARITABLE REMAINDER TRUST PO BOX 8960	INVESTMENT	ľ	МО		Т		16,133		61,54	3 100.00	0 %		No
SPRINGFIELD, MO 65801 43-6741682													
(4)CHARITABLE REMAINDER UNITRUST PO BOX 8960	INVESTMENT	N	40		Т		15,292		81,22	100.00	0 %		No
SPRINGFIELD, MO 65801 27-6544927													
(5)CHARITABLE REMAINDER UNITRUST	INVESTMENT	<u> </u>	ON		Т		15,097			100.00	0 %		No
PO BOX 8960 SPRINGFIELD, MO 65801 27-6566066													
		I		1				1		1		- 1	1

Schedule R (Form 990) 2018					Page 3
Part V Transactions With Related Organizations Complete if the organization an	swered "Yes" on Form 990, Par	t IV, line 34, 35b	o, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				,	res No
1 During the tax year, did the organization engage in any of the following transactions with one or	more related organizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a	No
f b Gift, grant, or capital contribution to related organization(s)				1 b	No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c Y	res
f d Loans or loan guarantees to or for related organization(s)				1 d	No
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
$oldsymbol{g}$ Sale of assets to related organization(s)				1 g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	. 			1m	No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1 p	No
q Reimbursement paid by related organization(s) for expenses				1 q	No
r Other transfer of cash or property to related organization(s)				1r	No
${f s}$ Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must co	mplete this line, including covered r	elationships and tra	ansaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount inv	olved
1)LEZAH STENGER FOUNDATION	C	5,500	FMV		
		<u> </u>	1		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity		sections 512-	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets		(h) Disproprtionate allocations? (i) Code V amount 20 of Sche K-1 (Form 1)		(i) (j) General or managing partner? k-1 n 1065)		(k) Percentage ownership	
			514)	Yes	No		<u> </u>	Yes	No		Yes	No	ı	
										Schedul	e R (Form	1 990	0) 2018	

chedule R (For	m 990) 2018	Page	e 5						
Part VII	Supplemental Info	formation							
	Provide additional infor	mation for responses to questions on Schedule R (see instructions).							
Return Reference		Explanation							