

Return of Organization Exempt From Income Tax

Form 990

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

2023

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

Form header section containing organization name (COMMUNITY PARTNERSHIP OF THE OZARKS, INC), identification numbers, and tax status.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include mission statement, governance metrics, revenue (Total: 10,467,754), expenses (Total: 9,792,223), and net assets (Total: 5,088,018).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer (WILLIAM J. ROBERTS, TREASURER), preparer (JOSEPH PAGE), and firm (THE WHITLOCK COMPANY, LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO FACILITATE AND PROMOTE THE BUILDING OF RESILIENT CHILDREN, HEALTHY FAMILIES, AND STRONG NEIGHBORHOODS AND COMMUNITIES THROUGH COLLABORATION, PROGRAMMING AND RESOURCE DEVELOPMENT IN GREENE COUNTY AND 28 OTHER COUNTIES IN SOUTHWEST MISSOURI.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,446,654. including grants of \$) (Revenue \$ 1,493,336.) CPO'S EARLY CHILDHOOD AND FAMILY DEVELOPMENT DIVISION WORKS TO BUILD STRONG CHILDREN AND FAMILIES THROUGH EDUCATION, ENGAGEMENT, AND EMPOWERMENT. WE OFFER REGULAR PARENT EDUCATION THROUGH THE STRENGTHS-BASED PARENT SUPPORT PROGRAM, PARENT CAFES, WHICH USES THE WORLD CAF MODEL. PARENT CAFES USE A PEER-TO-PEER LEARNING PROCESS COMMITTED TO INTRODUCING PARENTS TO FIVE PROTECTIVE FACTORS THAT KEEP FAMILIES STRONG. PARENT CAFES BUILD RESILIENCE AND FOSTER MEANINGFUL RELATIONSHIPS AMONG THOSE WHO PARTICIPATE IN CAFES. WE HAVE PARTNERED WITH TWO AGENCIES WITHIN OUR COMMUNITY TO HOST CAFES, SERVING OVER 33 UNDUPLICATED FAMILIES, AND HOSTED 2 PARENT CAF FACILITATOR TRAININGS, TRAINING 31 PROFESSIONALS THIS YEAR. OUR PARENT ADVISORY COUNCIL WORKS WITH 4 CORE PARENT PARTNERS FROM OUR

4b (Code:) (Expenses \$ 4,543,552. including grants of \$) (Revenue \$ 4,876,437.) COMMUNITY PARTNERSHIP OF THE OZARKS' (CPO) COMMUNITY AND NEIGHBORHOOD DEVELOPMENT DIVISION (CNDD) BUILDS RESILIENT CHILDREN, HEALTHY FAMILIES, AND STRONG NEIGHBORHOODS THROUGH COLLABORATION, ENGAGEMENT, AND PARTNERSHIPS THAT IDENTIFY AND FACILITATE COMMUNITY-BASED STRATEGIES TO ADDRESS THE NEEDS OF CHILDREN AND FAMILIES. CARING COMMUNITIES PROMOTES STUDENT ACHIEVEMENT THROUGH MENTORING, AFTERSCHOOL CLUB SUPPORT, SKILL BUILDING GROUPS, SOCIAL/EMOTIONAL LEARNING OPPORTUNITIES AND EDUCATION, CRISIS INTERVENTION, AND CASE MANAGEMENT WITH FAMILIES. THE INITIATIVE PROVIDES SUPPORT TO NEIGHBORHOOD ASSOCIATIONS AND NEIGHBORHOOD CLEANUPS, FACILITATES THE SPRINGFIELD TOOL LIBRARY, HELPS TO ADDRESS CHRONIC NUISANCE PROPERTIES, AND FACILITATES NEIGHBORHOOD TRAINING AND EDUCATION.

4c (Code:) (Expenses \$ 1,946,757. including grants of \$) (Revenue \$ 1,915,870.) CPO'S PREVENTION AND YOUTH SUPPORT DIVISION WORKS IN 21 COUNTIES IN SOUTHWEST MISSOURI ASSISTING COMMUNITIES IN BUILDING PREVENTION COALITIONS AND IMPLEMENTING MULTIPLE STATE OF MISSOURI PREVENTION CONTRACTS AND LOCAL, STATE, AND FEDERAL GRANTS.

HIGHLIGHTS INCLUDE COORDINATING A REGIONAL SUBSTANCE USE AND SUICIDE PREVENTION LEADERSHIP CONFERENCE FOR MORE THAN 90 COALITION AND COMMUNITY LEADERS AND COLLECTING 223 VAPE DEVICES FROM VAPE DROP BOXES INSTALLED IN SCHOOL BUILDINGS OF THE SPRINGFIELD AND WILLARD SCHOOL DISTRICTS. WE PROVIDED TECHNICAL ASSISTANCE AND TRAINING TO HELP COALITIONS IN TANEY AND WEBSTER COUNTIES SUCCESSFULLY IMPLEMENT THE FIRST YEAR OF THEIR 5-YEAR FEDERAL SUBSTANCE USE PREVENTION GRANTS. WE

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,178,989. including grants of \$) (Revenue \$ 1,422,617.)

4e Total program service expenses 9,115,952.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on 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?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.		
	1a 36		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 30		
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
JANET DANKERT - 417-888-2020
330 N JEFFERSON, SPRINGFIELD, MO 65806

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANET DANKERT PRESIDENT/CEO	50.00			X			115,377.	0.	17,769.	
(2) SHERI LUPTON CHIEF OPERATING OFFICER	50.00			X			87,311.	0.	16,137.	
(3) JIM ARNOTT DIRECTOR	2.00	X					0.	0.	0.	
(4) SAM ATKINSON DIRECTOR	2.00	X					0.	0.	0.	
(5) ROB BAIRD LIFETIME HONORARY MEMBER	2.00	X					0.	0.	0.	
(6) JOSELYN BALDNER PRESIDENT OF THE BOARD	2.00	X		X			0.	0.	0.	
(7) GREG BURRIS DIRECTOR	2.00	X					0.	0.	0.	
(8) DAVID COOK DIRECTOR	2.00	X					0.	0.	0.	
(9) TAMMY BATES DIRECTOR	2.00	X					0.	0.	0.	
(10) BARBARA HOVER DIRECTOR	2.00	X					0.	0.	0.	
(11) MINDY MITCHEM DIRECTOR	2.00	X					0.	0.	0.	
(12) BRIDGET DIERKS DIRECTOR	2.00	X					0.	0.	0.	
(13) DR. JANICE DUNCAN DIRECTOR	2.00	X					0.	0.	0.	
(14) BRAD ERWIN SECRETARY OF THE BOARD	2.00	X		X			0.	0.	0.	
(15) DOUG NEIDIGH DIRECTOR	2.00	X					0.	0.	0.	
(16) JASON GAGE DIRECTOR	2.00	X					0.	0.	0.	
(17) JENNIFER OLSON EXECUTIVE COMMITTEE MEMBER	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JUDY HADSALL DIRECTOR	2.00	X					0.	0.	0.	
(19) WYATT JENKINS DIRECTOR	2.00	X					0.	0.	0.	
(20) DEE KING DIRECTOR	2.00	X					0.	0.	0.	
(21) BRIAN TYNDALL DIRECTOR	2.00	X					0.	0.	0.	
(22) DR. GRENITA LATHAN DIRECTOR	2.00	X					0.	0.	0.	
(23) BARBARA LUCKS DIRECTOR	2.00	X					0.	0.	0.	
(24) RUSTY MACLACHLAN DIRECTOR	2.00	X					0.	0.	0.	
(25) ANNE MASON EXECUTIVE COMMITTEE MEMBER	2.00	X					0.	0.	0.	
(26) BRIAN MCDONOUGH VICE PRESIDENT OF THE BOAR	2.00	X		X			0.	0.	0.	
1b Subtotal							202,688.	0.	33,906.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							202,688.	0.	33,906.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SCHILLING, SELMEYER & ASSOCIATES 509 W OLIVE STREET, SPRINGFIELD, MO 65806	MEDIA CAMPAIGN	204,005.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	6,888,205.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	609,558.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 382.				
	h Total. Add lines 1a-1f			7,497,763.			
Program Service Revenue	2 a FEES RECEIVED FROM OTHER AGENCIES	Business Code					
		561000	2,122,855.	2,122,855.			
	b FUNDS FROM UNITED WAY	561000	87,643.	87,643.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			2,210,498.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		41,294.			41,294.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	56,487.			
			(ii) Personal				
				0.			
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c	56,487.				
	d Net rental income or (loss)			56,487.	56,487.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		168,926.				
			74,620.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			94,306.		94,306.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a INDIRECT COST REIMBURSEMENT	Business Code					
		561000	536,450.	536,450.			
	b MISCELLANEOUS INCOME	561000	30,956.	30,956.			
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			567,406.				
12 Total revenue. See instructions			10,467,754.	2,834,391.	0.	135,600.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	243,664.	27,521.	202,383.	13,760.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,978,688.	2,858,260.	61,978.	58,450.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	263,355.	233,871.	22,154.	7,330.
9 Other employee benefits	361,221.	334,400.	20,793.	6,028.
10 Payroll taxes	244,302.	215,263.	22,776.	6,263.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	29,500.	27,462.	2,038.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,308.		8,308.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	36,391.	12,048.	17,236.	7,107.
12 Advertising and promotion	256,196.	256,179.	17.	
13 Office expenses	1,462,555.	1,422,065.	39,807.	683.
14 Information technology	65,164.	58,261.	5,401.	1,502.
15 Royalties				
16 Occupancy	203,979.	184,833.	14,979.	4,167.
17 Travel	96,433.	94,482.	1,526.	425.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	186,742.	156,062.	30,680.	
20 Interest	18,571.	18,571.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	157,004.	153,234.	3,770.	
23 Insurance	33,746.	28,012.	4,486.	1,248.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CONTRACTED SERVICES	2,193,735.	2,099,556.	94,179.	
b INDIRECT COSTS	535,798.	535,798.		
c OUTREACH	409,955.	400,074.	9,881.	
d MISCELLANEOUS	6,916.		6,536.	380.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,792,223.	9,115,952.	568,928.	107,343.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	272,723.	2	527,914.
	3 Pledges and grants receivable, net	851,696.	3	947,360.
	4 Accounts receivable, net	185.	4	56,943.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,134.	9	18,025.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,449,591.		
	b Less: accumulated depreciation	10b 977,245.	10c	3,472,346.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,093,535.	12	1,147,788.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,843,117.	16	6,170,376.	
Liabilities	17 Accounts payable and accrued expenses	492,006.	17	649,800.
	18 Grants payable		18	
	19 Deferred revenue	345,503.	19	166,649.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	284,137.	23	265,909.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	367,743.	25	0.
	26 Total liabilities. Add lines 17 through 25	1,489,389.	26	1,082,358.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,874,511.	27	4,291,880.
	28 Net assets with donor restrictions	479,217.	28	796,138.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,353,728.	32	5,088,018.
	33 Total liabilities and net assets/fund balances	5,843,117.	33	6,170,376.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,467,754.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,792,223.
3	Revenue less expenses. Subtract line 2 from line 1	3	675,531.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,353,728.
5	Net unrealized gains (losses) on investments	5	58,759.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,088,018.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2023)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5784901.	5669631.	8386450.	7225649.	7497763.	34564394.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5784901.	5669631.	8386450.	7225649.	7497763.	34564394.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						34564394.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	5784901.	5669631.	8386450.	7225649.	7497763.	34564394.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	21,975.	16,330.	14,396.	28,761.	41,294.	122,756.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	381,481.	329,815.	468,910.	522,331.	567,407.	2269944.
11 Total support. Add lines 7 through 10						36957094.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	93.53	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	93.73	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
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 the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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.)

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: COMMUNITY PARTNERSHIP OF THE OZARKS, INC; Employer identification number: 43-1830026

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	537,121.	497,406.	563,649.	444,511.	458,062.
b Contributions					
c Net investment earnings, gains, and losses	72,868.	46,021.	-59,814.	124,341.	-16,553.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	7,016.	6,306.	6,429.	5,203.	4,430.
g End of year balance	602,973.	537,121.	497,406.	563,649.	444,511.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		60,000.		60,000.
b Buildings		4,029,662.	657,542.	3,372,120.
c Leasehold improvements				
d Equipment		358,129.	317,903.	40,226.
e Other		1,800.	1,800.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,472,346.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) COMMUNITY FOUNDATION		
(B) ENDOWMENT FUND	602,973.	END-OF-YEAR MARKET VALUE
(C) CFO CAPACITY BUILDING		
(D) FUND	115,793.	END-OF-YEAR MARKET VALUE
(E) CFO EARLY CHILD INITIATIVE		
(F) FUND	1,096.	END-OF-YEAR MARKET VALUE
(G) CERTIFICATE OF DEPOSIT	427,926.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,147,788.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,601,133.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	58,759.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	74,620.
e	Add lines 2a through 2d	2e	133,379.
3	Subtract line 2e from line 1	3	10,467,754.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,467,754.

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

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

1	Total expenses and losses per audited financial statements	1	9,866,843.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	74,620.
e	Add lines 2a through 2d	2e	74,620.
3	Subtract line 2e from line 1	3	9,792,223.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,792,223.

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.

PART V, LINE 4:

AS CPO'S FUNDING COMES PRIMARILY FROM GRANTS, THIS CREATES A DYNAMIC SITUATION, AND THE ENDOWMENT IS NEEDED FOR SUSTAINABILITY SO THAT CPO MAY CONTINUE TO MEET THE CRITICAL NEEDS OF THE COMMUNITY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED AGAINSTED REVENUE 74,620.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED AGAINST REVENUE 74,620.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VARIOUS EVENTS (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	168,926.		168,926.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	168,926.		168,926.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	74,620.		74,620.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			74,620.
	11	Net income summary. Subtract line 10 from line 3, column (d)			94,306.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **COMMUNITY PARTNERSHIP OF THE OZARKS, INC** Employer identification number **43-1830026**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BRIDGET DIERKS	CPO DIRECTOR	602,973.	SEE BELOW		X
(2) BRIDGET DIERKS	CPO DIRECTOR	116,889.	SEE BELOW		X
(3) JOSELYN BALDNER	CPO DIRECTOR	265,909.	SEE BELOW		X
(4) MINDY MITCHEM	CPO DIRECTOR	427,926.	SEE BELOW		X
(5) MINDY MITCHEM	CPO DIRECTOR	517,642.	SEE BELOW		X
(6) JENNIFER OLSON	CPO DIRECTOR	5,187.	SEE BELOW		X
(7) BRIAN TYNDALL	CPO DIRECTOR	1,000.	SEE BELOW		X
(8) DR GENITA LATHAN	CPO DIRECTOR	860,780.	SEE BELOW		X
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BRIDGET DIERKS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 602,973.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

VICE PRESIDENT OF PROGRAMS AT COMMUNITY FOUNDATION OF THE OZARKS. THESE AMOUNTS REFLECT COMMUNITY PARTNERSHIP'S ENDOWMENT AT THE END OF THE YEAR.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BRIDGET DIERKS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 116,889.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

VICE PRESIDENT OF PROGRAMS AT COMMUNITY FOUNDATION OF THE OZARKS. THIS AMOUNT REFLECTS THE LONG-TERM INVESTMENTS AT THE END OF THE YEAR.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOSELYN BALDNER

Part V Supplemental Information

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 265,909.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

EMPLOYED BY CENTRAL BANK OF THE OZARKS AS PRESIDENT AND CEO WHERE CPO HAS A LOAN. THIS IS THE AMOUNT OF THE LOAN

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MINDY MITCHEM

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 427,926.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

EXECUTIVE VICE PRESIDENT/CHIEF CREDIT OFFICER AT GUARANTY BANK WITH WHOM CPO HAS A ICS SWEEP ACCOUNT.

THIS IS THE AMOUNT OF THE ACCOUNT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MINDY MITCHEM

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 517,642.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

EXECUTIVE VICE PRESIDENT/CHIEF CREDIT OFFICER AT GUARANTY BANK WITH WHOM CPO HAS A CHECKING ACCOUNT.

THIS IS THE AMOUNT OF THE ACCOUNT

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Supplemental Information

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

(A) NAME OF PERSON: JENNIFER OLSON

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

EXECUTIVE DIRECTOR AT OACAC. CPO HAS A CONTRACT FOR THE CLASS PROJECT.

THIS IS THE AMOUNT OF THE EXPENSE

(A) NAME OF PERSON: BRIAN TYNDALL

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

PRESIDENT OF MID-WEST FAMILY BROADCASTING WITH WHOM CPO HAS A VENDOR RELATIONSHIP.

THIS IS THE AMOUNT OF THE EXPENSE.

(A) NAME OF PERSON: DR GENITA LATHAN

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

SUPERINTENDENT OF SPRINGFIELD PUBLIC SCHOOLS WITH WHOM CPO HAS A CONTRACT.

THIS IS THE AMOUNT OF THE EXPENSE.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

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

THE MISSION OF COMMUNITY PARTNERSHIP IS TO FACILITATE AND PROMOTE THE BUILDING OF RESILIENT CHILDREN, HEALTHY FAMILIES AND STRONG NEIGHBORHOODS IN A 29 COUNTY AREA IN SOUTHWEST MISSOURI THROUGH COLLABORATION, PROGRAMMING AND RESOURCE DEVELOPMENT. COMMUNITY PARTNERSHIP IS ABOUT DESIGNING NEW WAYS TO USE RESOURCES TO HELP CHILDREN, FAMILIES AND NEIGHBORHOODS IN A HOLISTIC MANNER, PROVIDING PROGRAMMING THAT DELIVERS MEASURABLE AND COST EFFECTIVE OUTCOMES. WHEN COMMUNITIES COME TOGETHER, SCHOOLS SUCCEED, NEIGHBORHOODS ARE SAFER, RESIDENTS ARE HEALTHIER, ADULTS AND CHILDREN FEEL CONNECTED, AND YOUNG PEOPLE CAN REALIZE THEIR FULL POTENTIAL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY TO HELP FACILITATE CAF STYLE EVENTS TO ENGAGE PARENTS WITH YOUNG CHILDREN BY RECEIVING FEEDBACK ON VARIOUS TOPICS RELATED TO RAISING YOUNG CHILDREN AND THE RESOURCES AND SUPPORT AVAILABLE TO THEIR FAMILIES.

THE EARLY CARE AND EDUCATION COMMUNITY PLANNING PROJECT FUNDED THROUGH KIDS WIN MISSOURI ASSISTED OUR COMMUNITY IN IDENTIFYING PRIORITIES RELATED TO OUR CURRENT CHILD CARE CRISIS. OUR TEAM CONTINUES TO FOCUS ON THOSE PRIORITIES: EXPANDING ACCESS TO AFFORDABLE, HIGH-QUALITY INFANT/TODDLER CARE, ENGAGING THE BUSINESS COMMUNITY IN THE SOLUTION BUILDING PROCESS, COLLABORATING WITH OUR PHILANTHROPIC COMMUNITY, AND CONNECTING FAMILIES TO CURRENTLY AVAILABLE PRESCHOOL SLOTS.

OUR CHILD CARE COLLABORATIVE NETWORK IS FOCUSED ON ENSURING THAT ALL

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC	Employer identification number 43-1830026
--	--

CHILDREN ARE SAFE, HEALTHY, AND SUCCESSFUL LEARNERS, WHILE SUPPORTING CHILD CARE PROVIDERS TO IMPROVE THE QUALITY OF PROGRAMS AND SERVICES OFFERED TO CHILDREN AND THEIR FAMILIES. WE PROVIDED 143.5 HOURS OF TRAINING AND OVER 300 HOURS OF ON-SITE CONSULTING AND COACHING TO CHILD CARE PROVIDERS IN 17 COUNTIES.

THE HEALTHY FAMILIES PROGRAM SERVED 97 FAMILIES IN 8 COUNTIES, HAD A 73% VISIT COMPLETION RATE, AND HOSTED 12 PARENT CAFES. OUR PROGRAM UTILIZES THE HEALTHY FAMILIES AMERICA EVIDENCE-BASED HOME VISITING MODEL SERVING FAMILIES PRENATALLY THROUGH AGE 3 TO HELP REDUCE CHILD ABUSE AND NEGLECT. MOST OF OUR FAMILIES ARE REFERRED TO OUR PROGRAM THROUGH MISSOURI'S CHILDREN'S DIVISION.

THE FAMILY FOCUSED NETWORK (FFN) CONTINUES TO FOCUS ON SUPPORTING HOME VISITING PROGRAMS IN 33 COUNTIES. FFN OPERATES THE COORDINATED REFERRAL AND INTAKE SYSTEM TO MANAGE HOME VISITING REFERRALS, 19 PROGRAMS PARTICIPATED, AND OUR SYSTEM PROCESSED 703 REFERRALS. WE HAVE 20 HOME VISITING PROGRAMS PARTICIPATING. FFN ALSO HOSTED ITS FIRST EVER HOME VISITING CONFERENCE IN GREENE COUNTY THAT HAD 97 PROFESSIONALS IN ATTENDANCE.

OUR FIRST BIRTHDAY SAFE SLEEP PROGRAM HELPS FAMILIES IN 28 SOUTHWEST COUNTIES BY PROVIDING SAFE SLEEP EDUCATION AND PACK N' PLAYS. ELIGIBLE FAMILIES ARE PROVIDED WITH A PACK N PLAY, CRIB SHEETS, PACIFIERS, SLEEP SACKS, AND INFORMATION ON HOW TO KEEP THEIR BABY SAFE WHILE SLEEPING.

PRE AND POST-TESTS ARE UTILIZED TO ENSURE PARENTS UNDERSTAND WHAT IS APPROPRIATE FOR KEEPING BABIES SAFE WHILE SLEEPING. FIRST BIRTHDAY PROVIDED SAFE SLEEP EDUCATION AND PACK N' PLAYS TO 241 INDIVIDUALS.

TO CONTINUE SUPPORTING FAMILIES WITH CHILD CARE NEEDS, WE ESTABLISHED A SCHOLARSHIP FUND TO HELP ASSIST FAMILIES WITH DROP IN CARE EXPENSES THROUGH A PARTNERSHIP WITH KIDS INN CHILD CARE CENTER, THE ONLY DROP-IN

Name of the organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC	Employer identification number 43-1830026
--	--

CENTER IN OUR AREA. WE ALSO UTILIZE THESE FUNDS TO HELP FAMILIES PAY PAST DUE PAYMENTS FOR CHILD CARE.

FOR MORE THAN 20 YEARS, WE HAVE PARTNERED WITH OUR LOCAL PROSECUTING ATTORNEY'S OFFICE, CHILDREN'S DIVISION, AND THE CHILD ADVOCACY CENTER TO PROVIDE REGULAR MANDATED REPORTER TRAINING TO OUR COMMUNITY. THIS YEAR, WE SERVED 58 PROFESSIONALS.

COMMUNITY WIDE PLAY DAY IS A ONE-DAY EVENT FOR FAMILIES WITH CHILDREN TO ENJOY A DAY AT THE PARK WITH PARTNERING AGENCIES THAT SHARE RESOURCES AND ACTIVITIES WITH FAMILIES. WE HAD OVER 250 PEOPLE ATTEND THIS EVENT WITH 18 PARTNER AGENCIES PARTICIPATING.

BIG RIG NIGHT IS AN EVENT ON WHICH WE PARTNER WITH PARENT AS TEACHERS AND THE BATTLEFIELD MALL. PARENTS BRING THEIR CHILDREN TO EXPERIENCE THE "BIG RIGS" THEY SEE THROUGHOUT OUR COMMUNITY BUT NEVER GET TO EXPLORE, SUCH AS A SEMI-TRUCK, FIRE TRUCK, OR A CITY BUS. THIS YEAR WE HAD OVER 5,000 FAMILIES IN ATTENDANCE AND OVER 20 BIG RIGS TO EXPLORE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CARING COMMUNITIES PROVIDES MENTORING THROUGH PROGRAMS INCLUDING BULLDOG BASKETBALL ACADEMY, MENTOR SGF, AFTER SCHOOL CLUBS, ONE-ON ONE MENTORING, BROTHER 2 BROTHER (SAAB), AND SISTERS 2 SISTERS. BULLDOG BASKETBALL ACADEMY IS A MENTORING PROGRAM THAT PREPARES STUDENTS FOR SUCCESS IN SCHOOL, AND LIFE AS AN ADULT, WHILE PROVIDING QUALITY BASKETBALL TRAINING. IN FY24 BULLDOG BASKETBALL ACADEMY SERVED 247 STUDENTS AT 9 DIFFERENT LOCATIONS. THROUGH THESE PARTNERSHIPS, WE OFFERED 96 DIFFERENT ENGAGEMENT OPPORTUNITIES FOR STUDENTS. MENTOR SGF SERVED 965 STUDENTS BY HELPING THEM BUILD SELF-AWARENESS, CONFIDENCE, AND RESILIENCE. AFTER-SCHOOL CLUBS SERVED 554 STUDENTS BY PROVIDING THEM WITH EXTRACURRICULAR ACTIVITIES TO GIVE THE STUDENTS A SAFE,

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PRODUCTIVE SPACE TO GROW AND CONNECT AFTER SCHOOL. 138 STUDENTS TOOK PART IN SMALL GROUP AND ONE-ON-ONE MENTORING TO PROMOTE HEALTHY HABITS AND THE BUILDING OF A UNIQUE AND IMPACTFUL SET OF SKILLS. BROTHER 2 BROTHER AND SISTERS 2 SISTERS, WHICH ARE MENTORING INITIATIVES FACILITATED THROUGH STUDENT AFRICAN AMERICAN BROTHERHOOD (SAAB), IMPACTED 136 STUDENTS BY EQUIPPING THEM WITH THE SKILLS AND MINDSET NECESSARY TO FIND SUCCESS THROUGHOUT EACH NEXT STEP IN LIFE. IN TOTAL, 965 STUDENTS WERE SERVED THROUGH MENTORING PROGRAMS.

THROUGH OUR SCHOOL-BASED SOCIAL WORK PROGRAM, WE ASSISTED STUDENTS AND FAMILIES WITH CRISIS INTERVENTION AND CONNECTION TO RESOURCES. WE RECEIVED 1,133 REFERRALS AND SERVED 8,521 INDIVIDUALS. OUR TEAM MADE 10,794 CONTACTS WITH STUDENTS AND FAMILIES. FUNDING FROM COMMUNITY FOUNDATION OF THE OZARKS' LET'S GET TO WORK PROGRAM SUPPORTED WORKERS AND JOB SEEKERS WHO FACE TRANSPORTATION BARRIERS THAT AFFECTED THEIR ABILITY TO GET HIRED OR MAINTAIN THEIR CURRENT JOBS. IT WAS USED TO MEET NEEDS SUCH AS CAR REPAIRS, LICENSING FEES/TAXES, CAR INSURANCE, GAS CARDS, CAR PAYMENTS, BUS PASSES AND EVEN CAR DOWN PAYMENTS. IN FY24, WE HELPED 20 CLIENTS/FAMILIES (46 INDIVIDUALS).

IN PARTNERSHIP WITH UNITED WAY, WE FACILITATED A GRANT THAT PROVIDED DIRECT FINANCIAL ASSISTANCE FOR INDIVIDUALS TO ASSIST WITH PAST DUE RENT, UTILITIES, CHILD CARE, AND CAR REPORTS. IN A LITTLE OVER TWO MONTHS, WE ASSISTED 128 FAMILIES (480 INDIVIDUALS).

OUR NEIGHBORHOOD CLEAN-UP PROGRAM EXPERIENCED ANOTHER SUCCESSFUL YEAR. 170 TONS OF TRASH WAS TAKEN TO THE LANDFILL AND 17 TONS OF SCRAP METAL WAS RECYCLED, 93 WASTE AND 33 YARD WASTE DUMPSTERS WERE FILLED, AND 1,301 HOUSEHOLDS WERE SERVED. ADDITIONALLY, WITH GRANT FUNDING FROM THE OZARKS HEADWATERS RECYCLING AND MATERIALS MANAGEMENT DISTRICT, WE OFFERED FREE RECYCLING OF 723 TVS AND 418 COMPUTERS. OUR NEIGHBORHOOD

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CLEAN UPS WERE SUPPORTED BY 208 VOLUNTEERS WHO GAVE 994 HOURS OF THEIR TIME. THE SPRINGFIELD TOOL LIBRARY GAINED 43 NEW MEMBERS AND PROCESSED 284 TRANSACTIONS PROVIDING TOOL RENTALS TO HELP PEOPLE MAINTAIN THEIR HOMES AND WORK ON PROJECTS.

NOURISH THE OZARKS EMPOWERS FARMERS AND ENRICHES COMMUNITIES BY DISTRIBUTING FREE, LOCALLY GROWN FOOD TO COMMUNITIES IN NEED ACROSS 17 COUNTIES IN SOUTHERN MISSOURI. THE COUNTIES THAT WE SERVE ARE SOME OF THE MOST FOOD INSECURE COUNTIES ACROSS THE STATE. WE SERVED 21,882 PEOPLE THROUGH 464 DIFFERENT DISTRIBUTIONS ACROSS 59 UNIQUE LOCATIONS. WE PURCHASED FOOD FROM 74 FARMS PROVIDING OVER 50,000 POUNDS OF FRESH LOCAL PRODUCE, 2,699 POUNDS OF MEAT, 895 DOZEN EGGS, AND 155 JARS OF PRESERVES TO INDIVIDUALS IN NEED.

THE GREATER SPRINGFIELD AREA CRIME STOPPERS PROGRAM ENCOURAGES MEMBERS OF THE COMMUNITY TO ASSIST LOCAL LAW ENFORCEMENT AGENCIES IN THE FIGHT AGAINST CRIME BY OVERCOMING THE TWO KEY ELEMENTS THAT INHIBIT COMMUNITY INVOLVEMENT: FEAR AND APATHY. THE PROGRAM IS DESIGNED TO DEVELOP INFORMATION USED TO SOLVE FELONY CRIMES. CASH REWARDS OF UP TO \$1,000 ARE AVAILABLE FOR TIPS THAT DIRECTLY LEAD TO A FELONY ARREST OR SEIZURE OF A FELONY AMOUNT OF DRUGS. THIS YEAR, THERE WERE 1,215 TIPS RECEIVED, 1,116 TIP FOLLOW-UPS WERE MADE, AND \$2,000 WAS PAID OUT TO TIPSTERS WHO PROVIDED VALUABLE INFORMATION LEADING TO FELONY ARRESTS/CHARGES FILED.

THE COMMUNITY MENTORING AND SUPPORTIVE SERVICES PROGRAM IS A PARTNERSHIP WITH THE DIVISION OF YOUTH SERVICES THAT PROVIDES INDIVIDUAL AND GROUP MENTORING WHILE SUPPORTING FAMILY ENGAGEMENT.

THERE WERE 12 YOUTH WHO RECEIVED ONE-ON-ONE MENTORING SERVICES, 60 REFERRALS WERE MADE TO 17 DIFFERENT COMMUNITY RESOURCES, AND 69

AFTERSCHOOL ACTIVITIES WERE FACILITATED AT EXCEL RESOURCE CENTER. THIS PROGRAM ALSO CONDUCTED 9 FAMILY NIGHTS AND 2 HOLIDAY LUNCHEONS WITH A

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TOTAL OF 286 PEOPLE IN ATTENDANCE.

OUR MAKING SENSE OF MONEY (MSOM) FINANCIAL LITERACY PROGRAM SERVED 234 INDIVIDUALS THROUGH THE BASIC BUDGETING, AND 43 PARTICIPANTS RECEIVED A \$100 SAVINGS GOAL MATCH. THROUGH THE MSOM PROGRAM, PARTICIPANTS ENGAGED IN CLASSES, FINANCIAL LITERACY PLANNING, AND PANEL DISCUSSIONS WITH FINANCE EXPERTS IN THE COMMUNITY.

FREE VOLUNTEER INCOME TAX ASSISTANCE (VITA) CLINICS WERE OFFERED AS PART OF THE ACROSS THE LIFE SPAN (ATLS) AND WE CARE COALITIONS. 85 IRS-CERTIFIED VOLUNTEERS PREPARED 5,992 FEDERAL TAX RETURNS LAST YEAR, RETURNING OVER \$5.5 MILLION IN TOTAL REFUNDS. THERE WERE 10 VITA CLINIC LOCATIONS IN SPRINGFIELD AND JOPLIN. WE PARTNERED WITH THE SPRINGFIELD DREAM CENTER TO HOST TAX-A-PALOOZA, WHICH SERVED 125 PEOPLE AND BROUGHT IN OVER \$125,000 IN REFUNDS IN ONE DAY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

COLLABORATED WITH COALITIONS TO IMPLEMENT 25 MEDICATION TAKE BACK EVENTS WHERE 3,664 POUNDS OF MEDICATIONS WERE COLLECTED FOR PROPER DISPOSAL. WE DISTRIBUTED 4,484 MEDICATIONS DISPOSAL BAGS AND 933 LOCK BOXES TO COMMUNITY MEMBERS. WE VISITED ALL 1,247 TOBACCO RETAILERS ACROSS 21 COUNTIES TO PROVIDE RESOURCES TO PREVENT TOBACCO SALES TO PERSONS UNDER AGE 21 AND COORDINATED 131 COMPLIANCE CHECKS RESULTING IN 94.6% PASS RATE IN THE REGION.

THROUGH OUR SUICIDE PREVENTION INITIATIVES FUNDED BY THE MISSOURI FOUNDATION FOR HEALTH AND THE FEDERAL SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION, OUR MEDIA CAMPAIGNS RESULTED IN 4,647,858 IMPRESSIONS, AND WE DISTRIBUTED 1,408 HOME SAFETY KITS TO COMMUNITY MEMBERS THAT INCLUDE A MEDICATION/HANDGUN LOCK BOX, FIREARM CABLE LOCK,

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MEDICATION DESTRUCTION PACKETS, A 988 PROMOTIONAL MAGNET, AND LITERATURE ON SUICIDE AND OPIOID MISUSE AND OVERDOSE PREVENTION. WE CONTINUED A PARTNERSHIP WITH THE OZARKS AREA CRISIS INTERVENTION TEAM TO PROVIDE CIT TRAINING TO 90 FIRST RESPONDERS, AND WE PROVIDED 31 MENTAL HEALTH FIRST AID TRAININGS TO 393 ADULTS AND 2 QPR SUICIDE PREVENTION TRAININGS TO 36 ADULTS. WE SUPPORTED ALMOST 2,000 10TH GRADE STUDENTS IN RECEIVING TEEN MENTAL HEALTH FIRST AID TRAINING AND 4,357 6TH-12TH GRADERS IN RECEIVING THE SIGNS OF SUICIDE TRAINING TO INCREASE THEIR MENTAL HEALTH LITERACY, DECREASE STIGMA, AND IDENTIFY AND ASSIST A PERSON EXPERIENCING A MENTAL HEALTH CHALLENGE OR CRISIS, INCLUDING THOUGHTS OF SUICIDE. WE ASSISTED THE MISSOURI SUICIDE PREVENTION NETWORK AND MISSOURI DEPARTMENT OF MENTAL HEALTH IN DEVELOPING A SUICIDE PREVENTION COALITION REGISTRATION PROCESS FOR MISSOURI COALITIONS, CO-FACILITATED THE MISSOURI SUICIDE PREVENTION COALITION ACADEMY, AND ASSISTED IN DRAFTING THE 2024-2028 MISSOURI SUICIDE PREVENTION PLAN THAT WAS THEN APPROVED BY THE GOVERNOR OF MISSOURI. WE CONTINUED AS A FOUNDING MEMBER OF THE MISSOURI COLLABORATIVE ON FIREARM RESEARCH EXECUTIVE COMMITTEE, COMPRISED OF 3 COMMUNITY-BASED ORGANIZATIONS AND TWO RESEARCH INSTITUTIONS, TO DEVELOP A STATEWIDE COLLABORATIVE TO SHIFT FIREARM INJURY AND DEATH RESEARCH TO BE COMMUNITY LED BY THOSE IMPACTED BY FIREARM INJURY AND DEATH.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE O'REILLY CENTER FOR HOPE (OCH) WELCOMED OVER 9,800 UNIQUE VISITORS AND MADE OVER 45,500 REFERRALS, CONNECTING GUESTS TO CRITICAL COMMUNITY SERVICES. THE ESTABLISHMENT OF THE OCH HELPS TO FULFILL CPO'S ORGANIZATIONAL MISSION TO ENSURE RESIDENTS HAVE ACCESS TO THE SUPPORT AND SERVICES NEEDED TO OBTAIN SAFE, DECENT, AFFORDABLE, AND ACCESSIBLE

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HOUSING AND TO ACHIEVE FINANCIAL STABILITY. THE OCH PROVIDES RESIDENTS OF OUR TRI-COUNTY REGION WITH DIRECT ACCESS TO MULTIPLE AGENCIES; A ONE-STOP DIRECT SERVICE CENTER CO-LOCATING CPO'S ANCHOR PROGRAMS ONE DOOR AND THE SPRINGFIELD COMMUNITY LAND TRUST (SCLT) ALONG WITH AARP, BURRELL BEHAVIORAL HEALTH, CATHOLIC CHARITIES OF SOUTHERN MISSOURI, MISSOURI DIVISION OF SOCIAL SERVICES, HABITAT FOR HUMANITY, AND MISSOURI STATE UNIVERSITY'S NURSING PROGRAM.

THE SCLT IS A LOCAL LEADER IN CREATING SAFE, DECENT, AFFORDABLE HOMEOWNERSHIP OPPORTUNITIES IN SPRINGFIELD. THROUGH NEW DEVELOPMENT AND RENOVATION OF SPRINGFIELD'S AGING HOUSING STOCK, THE SCLT CAN OFFER HOMES TO QUALIFYING HOUSEHOLDS THAT MEET FANNIE MAE INCOME AND CREDIT THRESHOLDS. HOUSEHOLDS CAN PURCHASE A HOME WITH \$1,000 DOWN AND MORTGAGES TYPICALLY LOWER THAN FAIR MARKET RENT RATES. FURTHER, EACH NEW HOME INCORPORATES UNIVERSAL DESIGN PRINCIPLES. THE SCLT HAS SOLD 22 HOMES TO LOW- AND MODERATE-INCOME HOUSEHOLDS. AFFORDABLE RENTALS ARE ALSO AVAILABLE THROUGH THIS PROGRAM. THE SCLT HAS 27 RENTAL UNITS THAT ARE OFFERED TO LOW AND MODERATE-INCOME HOUSEHOLDS. USING THE SAME PRINCIPLES OF AFFORDABLE HOUSING, THE SCLT PURCHASES AGING HOUSING STOCK, RENOVATES TO ENSURE ENERGY EFFICIENCY, SAFETY, AND ACCESSIBILITY, AND PROVIDES THE UNITS TO INCOME QUALIFYING HOUSEHOLDS.

AS A 'COMMUNITY CONVENER,' WE CONTRACT WITH THE CITY OF SPRINGFIELD TO OVERSEE THE LOCAL CONTINUUM OF CARE (DBA AS THE OZARKS ALLIANCE TO END HOMELESSNESS - OAEH). THE OAEH GOVERNS POLICIES AND PROGRAMMING FUNDED THROUGH THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) INCLUDING CONTINUUM OF CARE (COC) FEDERAL INITIATIVE. FUNDING THROUGH HUD COC TOTALS OVER \$1 MILLION DOLLARS AND SUPPORTS DIRECT SERVICE AGENCIES INCLUDING CATHOLIC CHARITIES OF SOUTHERN MISSOURI, DEPARTMENT

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OF MENTAL HEALTH, KCV, HARMONY HOUSE, THE KITCHEN INC., AND THE
INSTITUTE FOR COMMUNITY ALLIANCES.

THE OAEH CONDUCTS A SPECIALIZED STUDY OF YOUTH AGED 13-24 WHO ARE
HOMELESS AS DEFINED BY THE DEPARTMENT OF EDUCATION (MORE BROADLY
DEFINED THAN THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT). THIS
STUDY INCORPORATES POINT IN TIME DATA FOR YOUTH, A SURVEY, AND
INFORMATION FROM THE AREA PUBLIC SCHOOL SYSTEMS.

CPO FORMALLY LAUNCHED THE HUD MANDATED COORDINATED ENTRY SYSTEM IN
FEBRUARY 2017 THROUGH OUR ONE DOOR PROGRAM. THE ONE DOOR PROGRAM NOW
HOLDS THE HOMELESS BY-NAME-LIST, WHICH IS A PRIORITIZED LISTING OF ALL
HOUSEHOLDS THAT ARE EXPERIENCING HOMELESSNESS. TWICE EACH MONTH, ONE
DOOR FACILITATES CASE CONFERENCING WITH ALL FEDERALLY FUNDED PROGRAMS
TO IDENTIFY AND REFER HOUSEHOLDS FOR ALL AVAILABLE UNITS. ONE DOOR AND
ITS 6 'FRONT DOOR' ENTITIES CONDUCT ALL ASSESSMENTS FOR THOSE WHO ARE
HOMELESS OR AT RISK. IN 2023-2024, ONE DOOR STAFF COMPLETED MORE THAN
1,100 INTAKE ASSESSMENTS, ENCOMPASSING 2,179 PEOPLE. THROUGH THIS
COORDINATED ENTRY SYSTEM, WE CONNECTED 626 HOUSEHOLDS TO SUPPORTIVE
HOUSING SERVICES.

CPO AND THE OAEH COORDINATE THE CRISIS COLD WEATHER SHELTER PROGRAM
EACH WINTER TO EXPAND THE NUMBER OF OVERNIGHT EMERGENCY SHELTER BEDS
FOR ADULTS IN OUR COMMUNITY. SHELTERS ARE INDEPENDENTLY OPERATED, BUT
ALL FOLLOW PARAMETERS SET FORTH BY THE CITY OF SPRINGFIELD'S
DECLARATION OF ECONOMIC AND HOUSING CALAMITY TO ENSURE HEALTH AND
SAFETY OF VOLUNTEERS/GUESTS AS WELL AS BEST PRACTICES ESTABLISHED
THROUGH CPO'S OAEH TO ENSURE CONSISTENCY OF SERVICE ACROSS ALL SITES.
DURING THE 2023-2024 SEASON, CRISIS COLD WEATHER SHELTERS WERE OPEN 52
NIGHTS, PROVIDING 10,187 BED NIGHTS (INCLUDES DUPLICATED NUMBERS
SERVED). THERE WERE AN AVERAGE OF 183 PEOPLE SHELTERED PER NIGHT WITH A

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PEAK IN SERVICES IN JANUARY WHERE AN AVERAGE OF 227 PEOPLE WERE SHELTERED EACH NIGHT. OVER 400 COMMUNITY VOLUNTEERS HELPED ENSURE THAT PEOPLE WERE SHELTERED DURING THE COLDEST NIGHTS NOVEMBER THROUGH MARCH. OUR PARTNER, GRACE UNITED METHODIST CHURCH, HOSTED THE MEAL AND PICK UP SITE FOR CRISIS COLD WEATHER. MEALS WERE OFFERED ON 150 DAYS WITH 25,000 MEALS SERVED.

EXPENSES \$ 1,178,989. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,422,617.

FORM 990, PART VI, SECTION A, LINE 2:

CPO DIRECTORS AND OFFICERS HAVE BUSINESS RELATIONSHIPS WITH OTHER CPO DIRECTORS AND OFFICERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE PRESIDENT OF THE BOARD SHALL, WITH CONSULTATION OF THE EXECUTIVE COMMITTEE, APPOINT A NOMINATING COMMITTEE IN THE MONTH OF MAY EACH YEAR. THE NOMINATING COMMITTEE WILL SOLICIT NOMINATIONS FROM THE BOARD AND THE COMMUNITY AT LARGE. THE NOMINATING COMMITTEE SHALL SUBMIT A WRITTEN SLATE OF NOMINATIONS THAT INCLUDES GENERAL DIRECTORS AND OFFICERS TO THE EXECUTIVE COMMITTEE AND BOARD IN JUNE FOR ELECTION AT THE JUNE BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 11B:

EXECUTIVE COMMITTEE WILL REVIEW THE FORM 990 IN DETAIL PRIOR TO SUBMISSION OF THE FORM TO THE IRS. RECOMMENDATION WILL BE MADE BY THE EXECUTIVE COMMITTEE TO THE FULL BOARD OF DIRECTORS. FULL BOARD OF DIRECTORS WILL RECEIVE A COPY OF THE FORM 990 PRIOR TO SUBMISSION OF THE RETURN TO THE IRS.

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FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST DISCLOSURES ARE REVIEWED BY THE EXECUTIVE COMMITTEE.
 DURING ALL BOARD MEETINGS, CPO BOARD PRESIDENT AND CEO MONITOR AND ENFORCE
 COMPLIANCE BASED UPON THE ANNUAL DISCLOSURES FOR ANY ISSUES BROUGHT BEFORE
 THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO AND TOP MANAGEMENT'S COMPENSATION IS DETERMINED BASED ON JOB
 PERFORMANCE AND BUDGET PARAMETERS. THE EXECUTIVE COMMITTEE MAKES
 RECOMMENDATION OF COMPENSATION FOR THE CEO AS PART OF THE ANNUAL BUDGET
 PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

PART XII LINE 2C

NO CHANGES WERE MADE FROM PRIOR AUDITS