

EXTENDED TO MAY 17, 2021

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019

Open to Public Inspection

▶ 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.

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC		D Employer identification number 43-1830026
	Doing business as		E Telephone number 417-888-2020
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	330 N. JEFFERSON		
	City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, MO 65806		G Gross receipts \$ 7,113,940.
F Name and address of principal officer: JANET DANKERT 330 N JEFFERSON, SPRINGFIELD, MO 65806		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions)	
J Website: WWW.CPOZARKS.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1998 M State of legal domicile: MO	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SERVES IN 21 COUNTIES BUILDING RESILIENT CHILDREN, HEALTHY FAMILIES AND STRONG COMMUNITIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	33
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) *SEE SCHEDULE R	5	*96 0
	6 Total number of volunteers (estimate if necessary)	6	9596
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,619,975.	5,784,901.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	996,770.	764,822.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,993.	74,851.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	392,185.	435,787.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,027,923.	7,060,361.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	*SCH R 0.	*SCH R 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 103,228.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,876,203.	5,623,495.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,876,203.	5,623,495.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	1,151,720.	1,436,866.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,296,783.	5,649,694.
	22 Net assets or fund balances. Subtract line 21 from line 20	751,399.	1,741,303.
		2,545,384.	3,908,391.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	SHELLEY EVANS, TREASURER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	ERIC LAMPE			<input type="checkbox"/>	P01073622
	Firm's name ▶ THE WHITLOCK COMPANY, LLP	Firm's EIN ▶ 43-1365401			
	Firm's address ▶ 3271 E BATTLEFIELD, SUITE 300	Phone no. (417) 881-0145			
	SPRINGFIELD, MO 65804				

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

932001 01-20-20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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 20 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 ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code:) (Expenses \$ **2,403,707.** including grants of \$) (Revenue \$ **2,171,995.**)
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 OPPORTUNITIES THROUGH THE POSITIVE PARENTING PROGRAM (TRIPLE P), WHICH IS AN EVIDENCE BASED COMPREHENSIVE PROGRAM TO SUPPORT PARENTS IN A VARIETY OF SITUATIONS. TRIPLE P HAS FIVE LEVELS RANGING FROM PUBLIC AWARENESS TO GROUP SEMINARS TO INTENSIVE ONE-ON-ONE GUIDED PARENT COACHING. THE GOALS ARE TO HELP PARENTS BECOME CONFIDENT, POSITIVE AND SUPPORTIVE OF THEIR CHILDREN IN THEIR PARENTING ROLE. WE HAVE MORE THAN 90 INDIVIDUALS TRAINED TO SERVE FAMILIES WITH CHILDREN 0-12 AND TEENS. IN ADDITION TO PROVIDING DIRECT SERVICE TO CLIENTS, WE PARTNER WITH ORGANIZATIONS WITHIN THE COMMUNITY TO EXTEND THE REACH OF SERVICES TO OTHER FAMILIES
- 4b (Code:) (Expenses \$ **823,179.** including grants of \$) (Revenue \$ **727,962.**)
CPO'S COMMUNITY & NEIGHBORHOOD DEVELOPMENT DIVISION BUILDS RESILIENT CHILDREN, HEALTHY FAMILIES AND STRONG NEIGHBORHOODS THROUGH COLLABORATION, ENGAGEMENT, EDUCATION AND MENTORING. THE CARING COMMUNITIES INITIATIVE WORKS WITH SCHOOLS AND NEIGHBORHOOD ASSOCIATIONS TO IDENTIFY AND FACILITATE COMMUNITY-BASED STRATEGIES TO ADDRESS THE NEEDS OF CHILDREN AND FAMILIES. CARING COMMUNITIES' PROGRAMS AND SERVICES ARE DESIGNED TO PROVIDE RESOURCES AND SUPPORT THAT IMPROVE STUDENT ACHIEVEMENT AND INCREASE PARENT INVOLVEMENT AND COMMUNITY ENGAGEMENT. PARENT AND FAMILY BREAKFASTS WERE HELD AT 12 ELEMENTARY AND MIDDLE SCHOOLS, SERVING 4,248 PARENTS AND STUDENTS. TWENTY-FIVE FAMILY INVOLVEMENT EVENTS WERE HELD SERVING 3,920 STUDENTS AND FAMILIES. THESE EVENTS INCLUDED DADDY-DAUGHTER, MOTHER-SON AND FAMILY DANCES, FALL
- 4c (Code:) (Expenses \$ **1,028,946.** including grants of \$) (Revenue \$ **1,063,700.**)
CPO'S PREVENTION AND YOUTH SUPPORT DIVISION WORKED IN 21 COUNTIES IN SOUTHWEST MISSOURI ASSISTING COMMUNITIES IN BUILDING STRONG PREVENTION COALITIONS AND PROVIDING IMPLEMENTATION AND MANAGEMENT OVERSIGHT OF LARGE STATE OF MISSOURI PREVENTION CONTRACTS. HIGHLIGHTS INCLUDE COORDINATING A SCHOOL-BASED DRUG PREVENTION PROGRAM IN CARTHAGE AND GREENWOOD SCHOOLS FOR MORE THAN 2,500 COMBINED STUDENTS, RESULTING IN DECREASES IN ALL CURRENT SUBSTANCE USE AMONG PARTICIPATING 9TH GRADERS. THE LAST THREE MONTHS OF THE SCHOOL YEAR WERE ONLINE FOR BOTH SCHOOL DISTRICTS, AND THE SPIRIT PROGRAM CONTINUED TO SERVE AND EDUCATE STUDENTS THROUGHOUT THAT TIME, DESPITE THE PANDEMIC BARRIERS. WE COORDINATED A MENTORING PROGRAM FOR DOZENS OF DYS YOUTH, HELPING THEM BUILD HEALTHY ADULT RELATIONSHIPS AND ASSISTING THEM IN RE-INTEGRATING
- 4d Other program services (Describe on Schedule O.)
 (Expenses \$ **685,209.** including grants of \$) (Revenue \$ **672,309.**)
- 4e Total program service expenses **4,941,041.**

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Part IV Checklist of Required Schedules

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

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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	X	
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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 in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return * SEE SCHEDULE R	2a	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

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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 1a 33		
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.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 31		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (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 ►
SHERI LUPTON - 417-888-2020
330 N JEFFERSON, SPRINGFIELD, MO 65806

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSHUA BADE DIRECTOR	2.00	X						0.	0.	0.
(2) ANNE SALLEE MASON BOARD PRESIDENT	2.00	X		X				0.	0.	0.
(3) BARBARA LUCKS DIRECTOR	2.00	X						0.	0.	0.
(4) BRAD ERWIN DIRECTOR	2.00	X		X				0.	0.	0.
(5) BRIDGET DIERKS DIRECTOR	2.00	X						0.	0.	0.
(6) GREG BURRIS DIRECTOR	2.00	X						0.	0.	0.
(7) CARL ROSENKRANZ DIRECTOR	2.00	X						0.	0.	0.
(8) CHARLIE O'REILLY DIRECTOR	2.00	X						0.	0.	0.
(9) DR. JANICE DUNCAN DIRECTOR	2.00	X						0.	0.	0.
(10) CLAY GODDARD BOARD SECRETARY	2.00	X		X				0.	0.	0.
(11) COLLEEN HARDY DIRECTOR	2.00	X						0.	0.	0.
(12) DAVID COOK DIRECTOR	2.00	X						0.	0.	0.
(13) DAVID PENNINGTON DIRECTOR	2.00	X						0.	0.	0.
(14) DR BUD GREVE DIRECTOR	2.00	X						0.	0.	0.
(15) ASHLEY KRUG DIRECTOR	2.00	X						0.	0.	0.
(16) DR JOHN JUNGSMANN DIRECTOR	2.00	X						0.	0.	0.
(17) DR SHANNON CUFF DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HAROLD BENGSCHE DIRECTOR	2.00	X						0.	0.	0.
(19) JASON GAGE DIRECTOR	2.00	X						0.	0.	0.
(20) JIM ARNOTT DIRECTOR	2.00	X						0.	0.	0.
(21) JOSELYN BALDNER BOARD VICE PRESIDENT	2.00	X		X				0.	0.	0.
(22) JUDY HADSALL DIRECTOR	2.00	X						0.	0.	0.
(23) BRIAN MCDONOUGH DIRECTOR	2.00	X						0.	0.	0.
(24) LESLIE PECK DIRECTOR	2.00	X						0.	0.	0.
(25) LISA CRAWFORD DIRECTOR	2.00	X						0.	0.	0.
(26) DAVID OLIVER DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	179,035.	34,993.
d Total (add lines 1b and 1c)								0.	179,035.	34,993.

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 **0**

- 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
BALES CONSTRUCTION COMPANY, INC., 2601 LE COMPTE ROAD #A, SPRINGFIELD, MO 65803	CONSTRUCTION	861,143.
IPOURLIFE, INC., 1006 N CEDARBROOK AVE., SPRINGFIELD, MO 65802	FOSTER CARE JOBS PROGRAM SERVICES	702,884.

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 **2**

SEE PART VII, SECTION A CONTINUATION SHEETS

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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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GRANT SEIFRIED DIRECTOR	2.00	X						0.	0.	0.
(28) MATT MORROW DIRECTOR	2.00	X						0.	0.	0.
(29) PAUL WILLIAMS DIRECTOR	2.00	X						0.	0.	0.
(30) ROB BAIRD DIRECTOR	2.00	X						0.	0.	0.
(31) ROSEANN BENTLEY DIRECTOR	2.00	X						0.	0.	0.
(32) SCOTT MEIER DIRECTOR	2.00	X						0.	0.	0.
(33) SHELLEY EVANS BOARD TREASURER	2.00	X		X				0.	0.	0.
(34) JANET DANKERT PRESIDENT/CEO	40.00			X				0.	98,252.	17,638.
(35) SHERI LUPTON CHIEF OPERATING OFFICER	40.00			X				0.	80,783.	17,355.
Total to Part VII, Section A, line 1c									179,035.	34,993.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	5,459,995.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	324,906.			
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,308.			
	h Total. Add lines 1a-1f		5,784,901.			
Program Service Revenue	2 a FEES RECEIVED FROM OTH	Business Code 561000	678,624.	678,624.		
	b FUNDS FROM UNITED WAY	561000	86,198.	86,198.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		764,822.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		21,975.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross rents		6a (i) Real (ii) Personal				
b Less: rental expenses		6b				
c Rental income or (loss)		6c				
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory		7a (i) Securities (ii) Other	88,508.			
b Less: cost or other basis and sales expenses		7b	35,632.			
c Gain or (loss)		7c	52,876.			
d Net gain or (loss)			52,876.	52,876.		
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a	72,253.			
b Less: direct expenses		8b	17,947.			
c Net income or (loss) from fundraising events			54,306.			54,306.
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 REIMBURS	Business Code 561000	363,358.	363,358.		
	b MISCELLANEOUS INCOME.	561000	18,123.	18,123.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		381,481.			
12 Total revenue. See instructions		7,060,361.	1,199,179.	0.	76,281.	

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				
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	126,762.		126,762.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,632.		5,632.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	105,271.	91,471.	13,800.	
12 Advertising and promotion	59,846.	42,432.	17,414.	
13 Office expenses	760,138.	722,591.	35,640.	1,907.
14 Information technology	59,202.	50,818.	8,384.	
15 Royalties				
16 Occupancy	105,501.	67,070.	29,037.	9,394.
17 Travel and Mileage	43,197.	40,599.	1,963.	635.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	89,396.	63,623.	16,774.	8,999.
20 Interest	13,986.		13,986.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	74,778.	31,801.	42,977.	
23 Insurance	20,914.	18,688.	1,682.	544.
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 LEASED EMPLOYEES	2,616,765.	2,282,339.	252,677.	81,749.
b CONTRACTED SERVICES	821,815.	812,981.	8,834.	
c INDIRECT COSTS	363,308.	363,308.	0.	0.
d PUBLIC EDUCATION	351,342.	348,194.	3,148.	
e All other expenses	5,642.	5,126.	516.	
25 Total functional expenses. Add lines 1 through 24e	5,623,495.	4,941,041.	579,226.	103,228.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck 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	798,458.	2	801,107.
	3 Pledges and grants receivable, net	438,757.	3	506,961.
	4 Accounts receivable, net	12,663.	4	5,000.
	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	3,444.	9	7,700.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,027,175.		
	b Less: accumulated depreciation	10b 270,234.	10c	3,756,941.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	613,350.	12	571,985.
	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)	3,296,783.	16	5,649,694.	
Liabilities	17 Accounts payable and accrued expenses	363,390.	17	589,088.
	18 Grants payable		18	
	19 Deferred revenue	40,349.	19	96,867.
	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	347,660.	23	1,055,348.
	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		25	
	26 Total liabilities. Add lines 17 through 25	751,399.	26	1,741,303.
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	1,784,695.	27	3,497,342.
	28 Net assets with donor restrictions	760,689.	28	411,049.
	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	2,545,384.	32	3,908,391.
	33 Total liabilities and net assets/fund balances	3,296,783.	33	5,649,694.

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Part XI Reconciliation of Net AssetsCheck 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	7,060,361.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,623,495.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,436,866.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,545,384.
5	Net unrealized gains (losses) on investments	5	-73,859.
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	3,908,391.

Part XII Financial Statements and ReportingCheck 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 in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ 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 Single Audit Act and OMB Circular A-133? _____
- 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 (2019)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches, as described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g. Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 **Schedule A (Form 990 or 990-EZ) 2019**

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2712978.	1596058.	2999066.	4619976.	5784901.	17712979.
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	2712978.	1596058.	2999066.	4619976.	5784901.	17712979.
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.						17712979.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2712978.	1596058.	2999066.	4619976.	5784901.	17712979.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	74,569.	41,532.	14,658.	18,993.	21,975.	171,727.
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.)	212,360.	120,758.	230,592.	315,961.	381,481.	1261152.
11 Total support. Add lines 7 through 10						19145858.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	92.52	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	91.74	%
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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"/>

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information.

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.)

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

2019

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.

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

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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.

b 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

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

Schedule D (Form 990) 2019

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 on 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	458,062.	441,124.	415,585.	390,781.	372,944.
b Contributions					
c Net investment earnings, gains, and losses	-16,553.	21,363.	29,934.	26,859.	21,699.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	4,430.	4,425.	4,395.	2,056.	3,862.
g End of year balance	444,511.	458,062.	441,124.	415,585.	390,781.

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

- a Board designated or quasi-endowment ☒ 100.00 %
 b Permanent endowment ☐ .00 %
 c Term endowment ☐ .00 %

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:

- (i) Unrelated organizations
 (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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		50,000.		50,000.
b Buildings		550,000.	59,810.	490,190.
c Leasehold improvements		3,154,548.	74,240.	3,080,308.
d Equipment		270,827.	134,384.	136,443.
e Other		1,800.	1,800.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,756,941.

Schedule D (Form 990) 2019

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	444,511.	END-OF-YEAR MARKET VALUE
(C) CFO CAPACITY BUILDING		
(D) FUND	105,423.	END-OF-YEAR MARKET VALUE
(E) CFO EARLY CHILD INITIATIVE		
(F) FUND	22,051.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	571,985.	

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, col. (B) line 13.)		

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, col. (B) line 15.)	

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, col. (B) line 25.)	

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 ☐

Schedule D (Form 990) 2019

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	7,004,449.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-73,859.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	17,947.
e	Add lines 2a through 2d	2e	-55,912.
3	Subtract line 2e from line 1	3	7,060,361.
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	7,060,361.

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	5,641,442.
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	17,947.
e	Add lines 2a through 2d	2e	17,947.
3	Subtract line 2e from line 1	3	5,623,495.
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	5,623,495.

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 17,947.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 17,947.

Part XIII Supplemental Information (continued)

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(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☐ **No**

- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 VARIOUS FUNDRAISING (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	72,253.			72,253.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	72,253.			72,253.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	17,947.			17,947.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				17,947.
	11 Net income summary. Subtract line 10 from line 3, column (d)				54,306.

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))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	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: _____ ☐ Yes ☐ Noa 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: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule C (Form 990 of 990 EE)	
Part IV	Supplemental Information (continued)

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(Form 990 or 990-EZ)

► 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.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

Open To Public Inspection

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

[illegible]

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.

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
Total						\$						

Account	Debit	Credit
Accounts Payable		100
Accounts Receivable	100	
Inventory		100
Prepaid Insurance		100
Equipment		100
Accumulated Depreciation		100
Common Stock		100
Retained Earnings		100
Dividends	100	
Salaries Expense	100	
Interest Expense	100	
Income Tax Expense	100	
Cost of Sales	100	
Depreciation Expense	100	
Bad Debt Expense	100	
Insurance Expense	100	
Interest Income		100
Dividend Income		100
Capital Gains		100
Other Income		100
Other Expenses	100	
Total	1,000	1,000

Total	
Part III	Grants or Assistance Benefiting Interested Persons.

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2019

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
LESLIE PECK	CPO DIRECTOR	207,131.	SEE BELOW		X
BRIDGET DIERKS	CPO DIRECTOR	441,511.	SEE BELOW		X
BRIDGET DIERKS	CPO DIRECTOR	127,474.	SEE BELOW		X
JASON GAGE	CPO DIRECTOR	359,841.	SEE BELOW		X
CARL ROSENKRANZ	CPO DIRECTOR	8,137.	SEE BELOW		X
SCOTT MEIER	CPO DIRECTOR	13,247.	SEE BELOW		X
BRAD ERWIN	CPO DIRECTOR	78,500.	SEE BELOW		X
BRIAN MCDONOUGH	CPO DIRECTOR	9,999.	SEE BELOW		X
JOSELYN BALDNER	CPO DIRECTOR	496,900.	SEE BELOW		X

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: **LESLIE PECK**

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR(C) AMOUNT OF TRANSACTION \$ **207,131.**(D) DESCRIPTION OF TRANSACTION: **SEE BELOW** **INSURANCE**

BROKER OF UWO EMPLOYEE BENEFITS THRU PECK'S INSURANCE AND FINANCIAL SERVICES. AMOUNT REFLECTS PREMIUMS PAID TO INSURANCE CARRIERS, NOT COMMISSION PAID TO INTERESTED PARTY.

(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 \$ **441,511.**(D) DESCRIPTION OF TRANSACTION: **SEE BELOW** **GRANTS**

PROGRAM OFFICER OF COMMUNITY FOUNDATION OF THE OZARKS. THESE AMOUNTS REFLECT COMMUNITY PARTNERSHIP'S ENDOWMENT AT THE END OF THE YEAR.

(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: BRIDGET DIERKS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 127,474.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

GRANTS

PROGRAM OFFICER OF 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: JASON GAGE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 359,841.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

CITY MANAGER WITH CITY OF SPRINGFIELD WITH WHOM CPO HAS CONTRACTS AND SUB
AWARDS. THESE ARE EXPENSES FOR THE YEAR.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CARL ROSENKRANZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 8,137.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

EMPLOYED BY

OACAC AS EXECUTIVE DIRECTOR WITH WHOM CPO HAS A CONTRACT FOR THE CLASS
PROJECT. THESE ARE THE EXPENSES FOR THE YEAR.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SCOTT MEIER

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 \$ 13,247.**(D) DESCRIPTION OF TRANSACTION: SEE BELOW EMPLOYED****BY MID-WEST FAMILY BROADCASTING AS PRESIDENT WITH WHOM CPO HAS A VENDOR
RELATIONSHIP. THIS IS THE AMOUNT PAID TO MID-WEST FAMILY BROADCASTING FOR
THE YEAR.****(E) SHARING OF ORGANIZATION REVENUES? = NO****(A) NAME OF PERSON: BRAD ERWIN****(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 78,500.**(D) DESCRIPTION OF TRANSACTION: SEE BELOW EMPLOYED****BY PARAGON ARCHITECTURE AS PRESIDENT WITH WHOM CPO HAS A VENDOR
RELATIONSHIP. THIS IS THE AMOUNT PAID TO PARAGON ARCHITECTURE FOR THE
YEAR.****(E) SHARING OF ORGANIZATION REVENUES? = NO****(A) NAME OF PERSON: BRIAN MCDONOUGH****(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 9,999.**(D) DESCRIPTION OF TRANSACTION: SEE BELOW EMPLOYED****BY KY3, INC. AS PRESIDENT/GENERAL MANAGER WITH WHOM CPO HAS A VENDOR
RELATIONSHIP. THIS IS THE AMOUNT PAID TO KY3, INC. FOR THE YEAR.****(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: JOSELYN BALDNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 496,900.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

EMPLOYED

BY CENTRAL BANK OF THE OZARKS AS EXECUTIVE VICE PRESIDENT CHIEF RETAIL

OFFICER WHERE CPO HAS A SBA PPP LOAN. THIS IS THE AMOUNT OF THE LOAN

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

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 21 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:

IN THE AREA.

ANOTHER STRENGTHS-BASED PARENT SUPPORT PROGRAM CPO PROVIDES IS PARENT
CAFS, WHICH USES THE WORLD CAF MODEL. PARENT CAFS USES A PEER-TO-PEER
LEARNING PROCESS COMMITTED TO INTRODUCING PARENTS TO FIVE PROTECTIVE
FACTORS THAT KEEP FAMILIES STRONG. PARENT CAFS BUILD RESILIENCY AND
FOSTERS MEANINGFUL RELATIONSHIPS AMONG THOSE WHO PARTICIPATE IN CAFS.
PARENT CAFS SUPPORTS FAMILIES IN A HOST OF SITUATIONS FROM FOSTER
PARENTS, TO NEW PARENTS, TO AT-RISK PARENTS, TO SURVIVORS OF DOMESTIC
VIOLENCE. CAFS ARE PROVIDED IN ENGLISH, SPANISH, AND CONGOLESE
LANGUAGES. WE HOLD REGULAR CAFS IN ELEMENTARY SCHOOLS, CHILDCARE
SETTINGS, PUBLIC LIBRARIES, AND IN CHURCHES IN GREENE COUNTY. WE HAVE
TRAINED AN ADDITIONAL 85 FACILITATORS IN PARTNERSHIP WITH AREA

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

ORGANIZATIONS, WHICH ALLOWS US TO EXTEND PARENT CAFES LONG AFTER THE
LIFE OF CURRENT FUNDING.

IN A LONG-STANDING COMMITMENT TO SUPPORTING THOSE WHO CARE FOR
CHILDREN, CPO HAS 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, SERVING 620 IN
THIS REPORTING PERIOD.

OUR CAPABLE KIDS AND FAMILIES PROGRAM SUPPORTS FAMILIES WITH CHILDREN
WITH A DEVELOPMENTAL DELAY OR DISABILITY. THE PROGRAM SERVED 60
FAMILIES THROUGH HOME VISITING, PLAY GROUPS AND AN EQUIPMENT LOAN
PROGRAM. ENROLLED FAMILIES ARE PROVIDED WITH MONTHLY HOME VISITS THAT
INCLUDE GOAL SETTING BASED ON CAROLINA CURRICULUM CHILD ASSESSMENTS.
WHEN WE ARE ABLE TO MEET IN PERSON, WE OFFER MONTHLY PLAY GROUPS IN THE
COMMUNITY. THE EQUIPMENT LOAN PROGRAM ALLOWS FAMILIES TO TRY OUT VERY
EXPENSIVE EQUIPMENT TO SEE IF IT MEETS THEIR CHILD'S NEEDS BEFORE
SPENDING INSURANCE DOLLARS OR THEIR OWN MONEY TO INVEST IN. IT ALSO
ALLOWS FAMILIES TO CONTINUE THE EXERCISES PRESCRIBED BY THEIR
THERAPISTS USING EQUIPMENT DESIGNED FOR THAT PURPOSE.

OUR REACH HAS EXTENDED TO SERVING HOME VISITORS WHO SERVE FAMILIES WITH
YOUNG CHILDREN, PRENATAL TO AGE 6. WE ARE CURRENTLY DEVELOPING A
NETWORK TO OPTIMIZE REFERRALS AND SERVICES TO FAMILIES REQUESTING A
HOME VISITOR IN OUR COMMUNITY. THE HOME VISITING NETWORK IS USING THE
KANSAS CITY METRO'S PROMISE 1000 FRAMEWORK TO MAXIMIZE THE ASSISTANCE
FAMILIES RECEIVE, AND TO INCENTIVIZE HOME VISITING AGENCIES TO PROVIDE
EXEMPLARY SERVICES. THE GOAL IS TO BE ABLE TO INCREASE THE MATERNAL
AND CHILD HEALTH OUTCOMES OF PARTICIPATING FAMILIES, WHEREBY REDUCING
COSTS TO THE HEALTH CARE SYSTEM.

OUR FIRST BIRTHDAY SAFE SLEEP PROGRAM HELPED FAMILIES IN 25 SOUTHWEST

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

COUNTIES BY PROVIDING SAFE SLEEP EDUCATION AND PACK N' PLAYS. FAMILIES ELIGIBLE FOR TANF WITHOUT CRIBS OR OTHER SAFE SLEEP ENVIRONMENTS ARE GIVEN A PACK N' PLAY, CRIB SHEETS, PACIFIERS, SLEEP SACKS AND INFORMATION ON HOW TO KEEP THEIR BABY SAFE WHILE SLEEPING. PRE- VERSUS POST-TESTS SERVE TO ENSURE PARENTS UNDERSTAND WHAT IS APPROPRIATE TO KEEPING BABIES SAFE. WE DISTRIBUTED 746 CRIBS THROUGH JUNE, 2020. OUR EDUCARE PROGRAM SERVES PROGRAMS THAT WORK WITH CHILDREN AND FAMILIES WHO RECEIVE CHILDCARE SUBSIDY. THE GOAL IS TO HELP PREPARE CHILDREN FOR SCHOOL AND INCREASE HEALTH AND SAFETY. THE EDUCARE PROGRAM SERVED 60 DVN'S AND 75 CHILDCARE PROFESSIONALS THROUGH MONTHLY VISITS, COACHING, CLASSROOM EQUIPMENT LOANS, AND NETWORKING OPPORTUNITIES. CLASS ASSESSMENTS AND SUPPORT WERE PROVIDED TO 45 PROVIDERS IN GREENE, CHRISTIAN, TANEY, POLK, STONE, LAWRENCE AND WEBSTER COUNTIES. ADDITIONALLY, MORE THAN 1,200 PROVIDERS RECEIVED REQUIRED TRAINING ON HEALTH AND SAFETY, RECORD-KEEPING AND DISASTER PREPAREDNESS.

EVERY CHILD PROMISE PROVIDED SCHOLARSHIPS TO 55 CHILDREN WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD QUALITY PRESCHOOL. ONE HUNDRED PERCENT OF CHILDREN WHO RECEIVED THE SCHOLARSHIP ASSISTANCE WERE "READY FOR KINDERGARTEN" ACCORDING TO A SOCIAL EMOTIONAL ASSESSMENT. THROUGH A COMPREHENSIVE APPROACH TO SYSTEMIC CHANGE, WITH SEAMLESS TRANSITION TO KINDERGARTEN AND BEYOND, WE DEVELOPED A PROGRAM WITH FUNDING FROM DARR FAMILY FOUNDATION TO INCREASE THE QUALITY OF EARLY CARE AND EDUCATION IN SPRINGFIELD. THE PROGRAM, STEPS TO EXCELLENCE, IS A FIVE-YEAR PROPOSAL DESIGNED TO ENGAGE PUBLIC, PRIVATE, FAITH-BASED AND COLLEGES TO INCREASE THE PROFESSIONAL DEVELOPMENT AND SHARED LEARNING NETWORKS. PROFESSIONAL DEVELOPMENT OFFERINGS FOCUS ON DECA SOCIAL AND EMOTIONAL ASSESSMENTS, CLASS TEACHER CHILD INTERACTION ASSESSMENTS AND CONSCIOUS

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

DISCIPLINE TRAINING. TWELVE HUNDRED EARLY EDUCATORS RECEIVED EXTENSIVE TRAINING AND COACHING IN THE SECOND YEAR OF STEPS TO EXCELLENCE.

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

FESTS, BACK-TO-SCHOOL EVENTS, CARNIVALS, AND HOLIDAY DINNERS. WE PROVIDED SUPPORT FOR 58 AFTER-SCHOOL CLUBS IN 10 ELEMENTARY SCHOOLS, 3 MIDDLE SCHOOLS IN SPRINGFIELD AND 1 ELEMENTARY AND 1 INTERMEDIATE SCHOOL IN WILLARD. APPROXIMATELY 750 STUDENTS PARTICIPATED IN THESE AFTER-SCHOOL CLUBS. AFTER-SCHOOL CLUBS IMPROVE SKILLS, ENCOURAGE DAILY ATTENDANCE, AND IMPROVE ACADEMIC SUCCESS. BULLDOG BASKETBALL ACADEMY EXPANDED TO FOUR SCHOOLS THIS YEAR. THE BULLDOG BASKETBALL ACADEMY CONNECTS TO POTENTIAL PLAYERS AT A YOUNGER AGE TO BETTER PREPARE THEM FOR HIGH SCHOOL BASKETBALL. THE GOAL OF THE PROGRAM IS TO CREATE OPPORTUNITIES FOR BOYS IN THE CENTRAL HIGH SCHOOL FEEDER PATTERN TO PARTICIPATE IN A FREE BASKETBALL TRAINING PROGRAM WHERE THEY NOT ONLY LEARN SKILLS SPECIFIC FOR BASKETBALL DEVELOPMENT, BUT THEY ALSO LEARN IMPORTANT LIFE SKILLS LIKE HAVING A GOOD ATTITUDE, WORKING HARD, DOING WELL IN SCHOOL, AND GETTING ALONG WITH OTHERS. WE IMPACTED FAMILIES THROUGH CRISIS INTERVENTION AND SUPPORT SERVICES AND CONNECTION TO RESOURCES THAT HELP LIFT FAMILIES OUT OF POVERTY. THERE WERE 519 FAMILY CONTACTS AND 341 COMMUNITY REFERRALS PROVIDED, SERVING A TOTAL OF 217 FAMILIES. THERE WERE ALSO 51 FAMILIES SERVED THROUGH EMERGENCY ASSISTANCE BY PROVIDING FOOD, HYGIENE ITEMS, BUS PASSES AND EMERGENCY FUNDS. WE PARTNERED WITH SLUMBERLAND FURNITURE TO HELP COORDINATE REFERRALS TO THEIR 40 WINKS FOUNDATION AND HOME FOR THE HOLIDAYS PROGRAM, WHICH PROVIDES BED FRAMES, MATTRESSES AND BOX SPRINGS TO CHILDREN WHO ARE WITHOUT ONE OF THEIR OWN. THROUGH THIS PARTNERSHIP, WE PROVIDED BEDS TO 39 CHILDREN.

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

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MAKING SENSE OF MONEY FINANCIAL LITERACY PROGRAM SERVED 190 PEOPLE THROUGH BASIC BUDGETING AND FINANCIAL STABILITY SERVICES. LESS THAN 30% OF THOSE ENTERING THE PROGRAM REPORT SAVING OR BUDGETING MONEY. OVER 83% OF PARTICIPANTS ARE LOW TO -MODERATE- INCOME WITH ANNUAL INCOME OF LESS THAN \$48,000 PER YEAR. THIRTY-TWO PEOPLE MET THEIR \$100 SAVINGS GOAL MATCH AND MORE THAN 75% OF PARTICIPANTS THAT COMPLETED ALL FOUR WEEKS OF THE BASIC BUDGETING COURSE REPORT BUDGETING AND SAVING MONEY SIX MONTHS LATER. WE EXPANDED OUR WORKPLACE PARTNERSHIPS, BY INCORPORATING FINANCIAL LITERACY INTO THE WORKPLACE. WE SERVED 54 EMPLOYEES AT WORKSITES, AND 76% COMPLETED THE FOUR-WEEK BASIC BUDGETING. THROUGHOUT THE COVID-19 PANDEMIC, WE CONNECTED WITH 235 MAKING SENSE OF MONEY GRADUATES TO ASK ABOUT EMERGING NEEDS AND HOW WE COULD HELP THEM CONTINUE TO MEET THEIR FINANCIAL GOALS.

WE PROVIDED SUPPORTIVE SERVICES TO FIVE AFFORDABLE HOUSING DEVELOPMENTS: FULBRIGHT SPRINGS, OAKWOOD PLACE, PLYMOUTH LANDING, WOODFIELD PARK AND WESTPORT PARK. THESE DEVELOPMENTS ARE DESIGNED TO PROVIDE SAFE, AFFORDABLE, AND QUALITY HOUSING THAT INCLUDE SERVICES TO STRENGTHEN THE COMMUNITY. THE PARTNERSHIP HAS ALLOWED US TO OFFER SUPPORTIVE SERVICES THAT EQUIP FAMILIES WITH TOOLS TO ATTAIN STABILITY, CONNECT TO THE COMMUNITY, AND IMPROVE HEALTHY FAMILY FUNCTIONING. EVENTS ARE COORDINATED TO ENCOURAGE THE COMMUNITY TO COME TOGETHER AND CARE FOR EACH OTHER, GET TO KNOW EACH OTHER, AND GROW TOGETHER. THERE WERE MORE THAN 251 FAMILIES THROUGH ENGAGEMENT ACTIVITIES AND EVENTS.

WE COORDINATED 16 NEIGHBORHOOD CLEAN-UPS THAT COLLECTED BULKY ITEMS, YARD WASTE, OLD FURNITURE, CONSTRUCTION DEBRIS AND OLD APPLIANCES. OVER 222 TONS OF WASTE AND 114 DUMPSTERS OF TRASH, AND 20 DUMPSTERS OF YARD WASTE WERE REMOVED FROM NEIGHBORHOODS. WITH FUNDING FROM THE OZARKS HEADWATER RECYCLING DISTRICT, OVER 134 TELEVISIONS WERE RECYCLED AND

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DIVERTED FROM THE LANDFILL.

THE COMMUNITY COLLABORATIVE INITIATIVE INCLUDES SIX COLLABORATIVE GROUPS FOCUSED ON CHILD ABUSE AND NEGLECT, FOOD, ENVIRONMENT, HOUSING, TRANSPORTATION AND EARLY CARE AND EDUCATION. EACH GROUP CONSISTS OF COMMUNITY AGENCIES, LEADERS AND GRASSROOT CITIZENS THAT COME TOGETHER TO CREATE DIALOGUE, ACTION, AND COORDINATION TO ADDRESS ISSUES IN A BROAD COMMUNITY CONTEXT. THE COLLABORATIVE INITIATIVE IS OVERSEEN BY THE COUNCIL OF COLLABORATIVES, WHICH IS COMPRISED OF LEADERSHIP FROM EACH COLLABORATIVE. THE COLLABORATIVES HAD 143 SEPARATE ORGANIZATIONS ENGAGED AND 1,256 VOLUNTEERS GAVE 1,405 HOURS OF THEIR TIME THIS YEAR.

THE GREATER SPRINGFIELD AREA CRIME STOPPERS PROGRAM ENCOURAGES MEMBERS OF THE COMMUNITY TO ASSIST LOCAL LAW ENFORCEMENT AGENCIES IN THE FIGHT AGAINST CRIME OVERCOMING THE TWO KEY ELEMENTS THAT INHIBIT COMMUNITY INVOLVEMENT: FEAR AND APATHY. THE PROGRAM RELIES ON COOPERATION BETWEEN THE POLICE, MEDIA, AND CITIZENS TO PROVIDE ANONYMOUS INFORMATION ABOUT CRIME AND CRIMINALS IN THE GREENE COUNTY AREA WITH A MAJOR FOCUS ON CRIME WITHIN THE SPRINGFIELD CITY LIMITS. LAST YEAR, THE PROGRAM RECEIVED 1,664 TIPS AND THESE TIPS LED TO \$74,850 OF DRUGS, WEAPONS AND CASH BEING RECOVERED.

WE OFFER THE SPRINGFIELD TOOL LIBRARY, A PROGRAM THAT WORKS LIKE A TRADITIONAL LIBRARY, BUT PROVIDES ACCESS TO TOOLS RATHER THAN BOOKS. WITH MORE THAN 220 ITEMS IN THE INVENTORY, THE SPRINGFIELD TOOL LIBRARY HELPED MORE THAN 50 MEMBERS COMPLETE A VARIETY OF DO-IT-YOURSELF PROJECTS, INCLUDING STARTING NEW GARDENS, INSTALLING DOORS AND WINDOW TRIM, AND PRESSURE WASHING SIDING AND DECKS.

FREE VOLUNTEER INCOME TAX ASSISTANCE (VITA) CLINICS WERE OFFERED AS PART OF THE ACROSS THE LIFE SPAN (ATLS) COALITION. IN TOTAL, ATLS PREPARED 7,305 FEDERAL TAX RETURNS LAST YEAR, RETURNING \$3,640,623 IN

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TOTAL REFUNDS AND \$751,785 IN EARNED INCOME CREDIT. THERE WERE NINE TRADITIONAL VITA TAX CLINICS AND FIVE FACILITATED SELF-ASSISTED SITES THROUGH MYFREETAXES.COM. THE THIRD ANNUAL TAX-A-PALOOZA EVENT WAS HELD IN PARTNERSHIP WITH THE SPRINGFIELD DREAM CENTER. THIS EVENT PROVIDED 10-HOURS OF FREE TAX PREPARATION IN ONE LOCATION FOR ONE DAY. THE PURPOSE OF THIS EVENT WAS TO OFFER A SPECIAL TAX FILING EVENT TO PROMOTE TAX CLINICS, OFFER INTEGRATED FINANCIAL SERVICES, SERVE MORE EARNED INCOME CREDIT RECIPIENTS, ENGAGE VOLUNTEERS, AND GARNER MEDIA COVERAGE FOR FREE TAX PREPARATION EFFORTS. THERE WERE MORE THAN 150 TAX RETURNS FILED THAT DAY.

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

INTO THEIR COMMUNITY. WE PROVIDED THEM FAMILY ENGAGEMENT KITS TO HELP BUILD THE FAMILY UNIT, RESULTING IN THOSE FAMILIES REPORTING EATING MEALS TOGETHER MORE OFTEN AND INCREASED CONNECTEDNESS. THROUGH THE STATE OPIOID RESPONSE GRANT PROJECT, WE PROVIDED GENERATION RX TRAININGS TO MORE THAN 1,931 YOUTH THAT INCREASED AWARENESS OF THE RISKS ASSOCIATED WITH PRESCRIPTION DRUG MISUSE AND EDUCATED ON HOW TO ASSIST FRIENDS WHO MAY BE STRUGGLING WITH OPIOID MISUSE. WE CREATED FOUR PSAS ABOUT SECURING MEDICATION SAFELY AND PROPER DISPOSAL THAT WERE AIRED ON LOCAL TELEVISION, DIGITAL MEDIA, AND MOVIE THEATERS, RESULTING IN 2,699,590 IMPRESSIONS. WE ASSISTED COMMUNITIES IN IMPLEMENTING 18 MEDICATION TAKE BACK EVENTS THAT COLLECTED 3,564 POUNDS OF EXPIRED AND/OR UNUSED MEDICATIONS, WHILE DISSEMINATING AN ADDITIONAL 4,981 DRUG DISPOSAL BAGS FOR SAFE AND PROPER DISPOSAL OF MEDICATIONS. ONE NEWTON COUNTY COALITION WAS AWARDED THE PREVENTION MILESTONE AWARD AT THE STATEWIDE PREVENTION CONFERENCE FOR THEIR WORK IN PASSING A LOCAL ALCOHOL RETAILER ORDINANCE TO RESTRICT YOUTH ACCESS TO ALCOHOL.

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WE PROVIDED 33 YOUTH AND ADULT MENTAL HEALTH FIRST AID (Y/MHFA) TRAININGS TO 645 PEOPLE, EDUCATING THEM ON MENTAL HEALTH LITERACY TO DECREASE STIGMAS ASSOCIATED WITH THOSE ISSUES, AS WELL AS HOW TO IDENTIFY AND ASSIST A PERSON EXPERIENCING A MENTAL HEALTH CHALLENGE OR CRISIS. WE WERE SELECTED AS A SITE FOR THE EXPANDED PILOT OF TEEN MENTAL HEALTH FIRST AID (TMHFA), TRAINING 1,590 HIGH SCHOOL STUDENTS ON HOW TO IDENTIFY AND SUPPORT A PEER WHO MAY BE EXPERIENCING A MENTAL HEALTH OR SUBSTANCE USE CHALLENGE OR CRISIS, INCLUDING THOUGHTS OF SUICIDE, AND HOW TO CONNECT THEM TO A TRUSTED ADULT. TO PROMOTE OPTIMAL MENTAL WELLNESS DURING THE COVID-19 PANDEMIC, WE CREATED MENTAL HEALTH MOMENTS, A SERIES OF 1-MINUTE VIDEO MESSAGES WITH SIMPLE SELF-HELP STRATEGIES AND OTHER IMPORTANT INFORMATION (WWW.CPOZARKS.ORG/MENTALHEALTH).

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE GUIDING MISSION OF CPO'S AFFORDABLE HOUSING AND HOMELESS PREVENTION DIVISION IS TO HELP ENSURE EQUAL ACCESS TO SAFE, DECENT, ACCESSIBLE AND AFFORDABLE HOUSING ACROSS SPRINGFIELD/GREENE, CHRISTIAN AND WEBSTER COUNTIES IN MISSOURI. THIS NEED FOR A COLLECTIVE FOCUS ON FAIR AND EQUAL ACCESS TO QUALITY HOUSING WAS A GOAL INCLUDED IN THE CITY OF SPRINGFIELD'S VISION 2020 STRATEGIC PLAN AND THE CITY'S FIELD GUIDE 2030. THIS FUELED THE ESTABLISHMENT OF THE SPRINGFIELD AFFORDABLE HOUSING CENTER IN 2013 IN PARTNERSHIP WITH THE CITY OF SPRINGFIELD. THE HOUSING CENTER 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 ALONG WITH AARP, BURRELL BEHAVIORAL HEALTH, CATHOLIC CHARITIES OF SOUTHERN MISSOURI, DIVISION OF SOCIAL SERVICES,

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HABITAT FOR HUMANITY, AND MISSOURI STATE UNIVERSITY'S NURSING PROGRAM.

THE SPRINGFIELD AFFORDABLE HOUSING CENTER RECEIVES OVER 39,000 WALK-IN AND PHONE CALL CONTACTS.

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 ALSO OFFERS LEASE-PURCHASE OPPORTUNITIES. FOR MANY, HOMEOWNERSHIP IS NOT YET OBTAINABLE BUT IS A GOAL. THE SCLT WORKS WITH HOUSEHOLDS TO BUILD OR REBUILD CREDIT TO BECOME INCOME QUALIFIED WHILE RENTING A LAND TRUST HOME. THROUGH LEASE-PURCHASE, HOUSEHOLDS CAN BENEFIT FROM LOW MONTHLY RENT RATES WHILE ENGAGING IN EDUCATION AND FINANCIAL COUNSELING TO PURCHASE THE HOME THEY ARE LIVING IN.

AFFORDABLE RENTALS ARE ALSO AVAILABLE THROUGH THIS PROGRAM. AT THIS TIME, THE SCLT HAS 20 RENTAL UNITS THAT ARE OFFERED TO LOW 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) AND EMERGENCY SOLUTION GRANT (ESG) FEDERAL INITIATIVES. FUNDING THROUGH COC AND ESG TOTALS OVER \$1

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MILLION DOLLARS AND SUPPORTS DIRECT SERVICE AGENCIES INCLUDING CATHOLIC CHARITIES OF SOUTHERN MISSOURI, DEPARTMENT OF MENTAL HEALTH, GREAT CIRCLE/EMPOWERING YOUTH, HARMONY HOUSE, COUNCIL OF CHURCH'S SAFE TO SLEEP PROGRAM, THE KITCHEN INC. AND THE INSTITUTE FOR COMMUNITY ALLIANCES.

FURTHER, 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.

TO THIS END, 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 2019-2020, ONE DOOR STAFF COMPLETED MORE THAN 2,400 INTAKE ASSESSMENTS, AVERAGING 186 ASSESSMENTS PER MONTH.

A FOCUSED EFFORT TO PROVIDE PUBLIC EDUCATION TAKES PLACE DURING KEY MONTHS DEDICATED TO AFFORDABLE HOUSING AND HOMELESS AWARENESS. IN NOVEMBER, THE OAEH HELD AN ENTIRE MONTH OF PUBLIC EDUCATION ACTIVITIES IN HONOR OF HOMELESS AWARENESS MONTH. CPO AND OUR OAEH BEGINS THIS IMPORTANT MONTH WITH THE RELEASE OF ANNUAL REPORTS ON HOMELESSNESS. THE MONTH IS HIGHLIGHTED WITH TWO SIGNATURE EVENTS THAT BRING COMMUNITY AND COMMUNITY STAKEHOLDERS TOGETHER TO END HOMELESSNESS THE HOPE CONNECTION/VETERAN'S STAND DOWN AND THE MO DEPARTMENT OF ELEMENTARY AND

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SECONDARY EDUCATION'S HOMELESS LIAISON WORKSHOP.

HOPE CONNECTION/ VETERAN'S STAND DOWN: HOPE CONNECTION AND VETERANS
STAND DOWN

THE OAEH COORDINATED THE 11TH ANNUAL HOPE CONNECTION AND VETERANS STAND
DOWN EVENT, WHICH SERVED 708 INDIVIDUALS WHO WERE EXPERIENCING
HOMELESSNESS, WERE DOUBLED UP, OR WERE UNSAFELY/UNSTABLY HOUSED. OUT OF
708 INDIVIDUALS, 52 WERE CHILDREN AND 82 SELF-IDENTIFIED AS VETERANS.
THE EVENT WAS FUNDED THROUGH GRANTS FROM THE DEPARTMENT OF LABOR AND
MERCY CARITAS AND FEATURED APPROXIMATELY 60 VENDORS ON-SITE.

THE OLDEST GUEST WAS 89 YEARS OLD AND THE YOUNGEST WAS 3 DAYS
520 VOLUNTEERS SERVED AS EVENT GUIDES, THE MAJORITY OF WHICH WERE
COLLEGE STUDENTS IN NURSING OR SOCIAL WORK FIELDS

229 HAIRCUTS WERE GIVEN
139 INDIVIDUALS WERE CONNECTED WITH VISION SERVICES
110 INDIVIDUALS RECEIVED FOOD/WOUND CARE
33 HIV AND HEP C TESTS WERE COMPLETED; 117 FLU SHOTS WERE GIVEN; AND
57 HEP A VACCINES WERE PROVIDED.

INITIAL ESTIMATES OF IN-KIND FOR THE EVENT ARE \$400,000.

HOMELESS AWARENESS MONTH: OAEH COORDINATED A COMMUNITY CALENDAR OF
OPPORTUNITIES FOR EVERY DAY OF NOVEMBER TO ENCOURAGE INDIVIDUALS TO
ADVOCATE, DONATE, OR VOLUNTEER WITH HOMELESS SERVICE PROVIDERS. CPO
COORDINATED 3 EVENTS FOR THE EVERY ACTION COUNTS CAMPAIGN, ALL OF WHICH
WERE HOSTED AT THE SPRINGFIELD ART MUSEUM.

A PRESS CONFERENCE TO LAUNCH THE MONTH AND RELEASE THE ANNUAL
UNSHELTERED HOMELESS AND HIGH RISK AND HOMELESS YOUTH REPORTS. BOTH
REPORTS ARE POSTED AT CPOZARKS.ORG/ENDHOMELESSNESS.

A COMMUNITY CONVERSATION ON DISPELLING MYTHS ABOUT HOMELESSNESS, WHICH
FEATURED PANELISTS FROM BURRELL BEHAVIORAL HEALTH, CONNECTING GROUNDS,

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MSU CARE, AND SPRINGFIELD PUBLIC SCHOOLS. APPROXIMATELY 50 PEOPLE
ATTENDED.

CPO'S ANNUAL THIRD ANNUAL AWARD FOR HOMELESS ADVOCACY, WHICH
RECOGNIZES SOME OF THE BEHIND THE SCENES EFFORTS THAT TAKE PLACE IN OUR
COMMUNITY TO ADDRESS GAPS IN SERVICES. THIS YEAR'S RECIPIENTS, SELECTED
BY THE OAEH EXECUTIVE BOARD, FUNDED AGENCY COMMITTEE, AND HOPE
CONNECTION PLANNING COMMITTEE WERE JACK AND CAROLYN HEMBREE, GRACE
UNITED METHODIST, AND MERCY. THE EVENT FEATURED A PERFORMANCE BY
VICTORY MISSION'S LIFTED CHOIR AND HAD APPROXIMATELY 50 PEOPLE IN
ATTENDANCE.

MO DESE TRAINING FOR PUBLIC SCHOOL HOMELESS LIAISONS: THE HOMELESS
YOUTH TASK FORCE HOSTED THEIR ANNUAL TRAINING, WHICH HAD TWO
COMPONENTS-ONE FOR AREA HOMELESS LIAISONS WITHIN THE PUBLIC-SCHOOL
SYSTEM AND ONE FOR THE GENERAL COMMUNITY (CASE WORKERS, STUDENTS,
DIRECT SERVICE STAFF ETC.). THE TRAINING FOR HOMELESS LIAISONS WAS
FACILITATED BY DONNA CASH, STATE HOMELESS COORDINATOR WITH DESE, AND 55
HOMELESS LIAISONS FROM SURROUNDING COMMUNITIES ATTENDED. THE TRAINING
FOR DIRECT SERVICE STAFF FOCUSED ON TRAUMA INFORMED CARE AND SUICIDE
PREVENTION. 75 PEOPLE ATTENDED FROM A VARIETY OF AGENCIES AND COMMUNITY
SECTORS.

EXPENSES \$ 685,209. INCLUDING GRANTS OF \$ 0. REVENUE \$ 672,309.

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:

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THE PRESIDENT OF THE BOARD SHALL, WITH CONSULTATION OF THE EXECUTIVE COMMITTEE, APPOINT A NOMINATING COMMITTEE IN THE MONTH OF OCTOBER 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 NOVEMBER FOR ELECTION AT THE NOVEMBER 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.

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:

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AVAILABLE UPON REQUEST.

PART XII LINE 2C

NO CHANGES WERE MADE FROM PRIOR AUDITS

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

	Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY OF THE OZARKS	P	2,616,765.	
(2) UNITED WAY OF THE OZARKS	C	86,198.	
(3) UNITED WAY OF THE OZARKS	P	126,762.	
(4)			
(5)			
(6)			

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

932165 09-10-19

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	COMMUNITY PARTNERSHIP OF THE OZARKS, INC	43-1830026
	Number, street, and room or suite no. If a P.O. box, see instructions. 330 N. JEFFERSON	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SPRINGFIELD, MO 65806	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SHERI LUPTON

- The books are in the care of ► **330 N JEFFERSON - SPRINGFIELD, MO 65806**
Telephone No. ► **417-888-2020** Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)