

EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2020

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

B Check if applicable: C Name of organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC D Employer identification number 43-1830026 E Telephone number 417-888-2020 G Gross receipts \$ 7,252,114. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.CPOZARKS.ORG K Form of organization: L Year of formation: 1998 M State of legal domicile: MO

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Mission statement, 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer SHELLEY EVANS, TREASURER Date

Paid Preparer Use Only: Print/Type preparer's name JOSEPH PAGE Preparer's signature Date Check if self-employed PTIN P00887441 Firm's name THE WHITLOCK COMPANY, LLP Firm's EIN 43-1365401 Firm's address 3271 E BATTLEFIELD, SUITE 300 SPRINGFIELD, MO 65804 Phone no. (417) 881-0145

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO FACILITATE AND PROMOTE THE BUILDING OF RESILIENT CHILDREN, HEALTHY FAMILIES, AND STRONG NEIGHBORHOODS AND COMMUNITIES THROUGH COLLABORATION, PROGRAMMING AND RESOURCE DEVELOPMENT IN GREENE COUNTY AND 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 1,265,409. including grants of \$) (Revenue \$ 1,200,687.) 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 289 CLIENTS THIS YEAR, WE PARTNERED WITH ORGANIZATIONS WITHIN THE COMMUNITY TO EXTEND THE REACH OF SERVICES TO

4b (Code:) (Expenses \$ 1,621,808. including grants of \$) (Revenue \$ 1,314,510.) 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 PROMOTE STUDENT ACHIEVEMENT THROUGH MENTORING, AFTER SCHOOL CLUB SUPPORT, SKILL BUILDING GROUPS, SOCIAL AND EMOTIONAL LEARNING OPPORTUNITIES AND EDUCATION, CRISIS INTERVENTION AND CASE MANAGEMENT OF FAMILIES AND SUPPORT TO NEIGHBORHOOD GROUPS AND ORGANIZATIONS THROUGH NEIGHBORHOOD CLEAN-UPS, SPRINGFIELD TOOL LIBRARY, HELP TO ADDRESS CHRONIC NUISANCE PROPERTIES, AND NEIGHBORHOOD TRAINING AND EDUCATION.

4c (Code:) (Expenses \$ 1,280,938. including grants of \$) (Revenue \$ 1,315,538.) CPO'S PREVENTION AND YOUTH SUPPORT DIVISION WORKED IN 21 COUNTIES IN SOUTHWEST MISSOURI ASSISTING COMMUNITIES IN BUILDING PREVENTION COALITIONS AND IMPLEMENTING MULTIPLE LARGE STATE OF MISSOURI PREVENTION CONTRACTS.

HIGHLIGHTS INCLUDE COORDINATING THE SPIRIT SCHOOL-BASED DRUG PREVENTION PROGRAM IN CARTHAGE SCHOOL DISTRICT FOR MORE THAN 3,500 STUDENTS GRADES K-12, RESULTING IN A LOWER RATE OF CARTHAGE STUDENTS MISUSING SUBSTANCE MISUSE THAN THE RATE FOR MISSOURI STUDENTS. DESPITE ONGOING CHALLENGES WITH THE COVID-19 PANDEMIC, SPIRIT STAFF MET ALL PROGRAMMATIC GOALS AND REACHED MORE STUDENTS THAN THE PREVIOUS YEAR.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,178,371. including grants of \$) (Revenue \$ 2,339,773.)

4e Total program service expenses 6,346,526.

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 Schedule B, Schedule of Contributors?		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?		X
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)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and other IRS requirements.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (36); 1b Enter the number of voting members included on line 1a, above, who are independent (32); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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. [X] Own website [X] Another's website [X] 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 Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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) JANET DANKERT PRESIDENT/CEO	40.00			X			0.	98,000.	17,442.	
(2) SHERI LUPTON CHIEF OPERATING OFFICER	40.00			X			0.	80,380.	17,328.	
(3) ANNE SALLEE MASON BOARD PRESIDENT	2.00	X		X			0.	0.	0.	
(4) BARBARA LUCKS DIRECTOR	2.00	X					0.	0.	0.	
(5) BRAD ERWIN DIRECTOR	2.00	X					0.	0.	0.	
(6) BRIDGET DIERKS DIRECTOR	2.00	X					0.	0.	0.	
(7) GREG BURRIS DIRECTOR	2.00	X					0.	0.	0.	
(8) CARL ROSENKRANZ DIRECTOR	2.00	X					0.	0.	0.	
(9) CHARLIE O'REILLY DIRECTOR	2.00	X					0.	0.	0.	
(10) DR. JANICE DUNCAN DIRECTOR	2.00	X					0.	0.	0.	
(11) DAVID PENNINGTON DIRECTOR	2.00	X					0.	0.	0.	
(12) DR BUD GREVE DIRECTOR	2.00	X					0.	0.	0.	
(13) ASHLEY KRUG DIRECTOR	2.00	X					0.	0.	0.	
(14) DR SHANNON CUFF DIRECTOR	2.00	X					0.	0.	0.	
(15) JASON GAGE DIRECTOR	2.00	X					0.	0.	0.	
(16) JIM ARNOTT DIRECTOR	2.00	X					0.	0.	0.	
(17) JOSELYN BALDNER BOARD VICE PRESIDENT	2.00	X	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) JUDY HADSALL DIRECTOR	2.00	X					0.	0.	0.	
(19) BRIAN MCDONOUGH BOARD SECRETARY	2.00	X		X			0.	0.	0.	
(20) LESLIE PECK DIRECTOR	2.00	X					0.	0.	0.	
(21) LISA CRAWFORD DIRECTOR	2.00	X					0.	0.	0.	
(22) GRANT SEIFRIED DIRECTOR	2.00	X					0.	0.	0.	
(23) MATT MORROW DIRECTOR	2.00	X					0.	0.	0.	
(24) PAUL WILLIAMS DIRECTOR	2.00	X					0.	0.	0.	
(25) ROB BAIRD DIRECTOR	2.00	X					0.	0.	0.	
(26) ROSEANN BENTLEY DIRECTOR	2.00	X					0.	0.	0.	
1b Subtotal							0.	178,380.	34,770.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	178,380.	34,770.	

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**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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		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		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	349,805.
KPM TECHNOLOGY LLC 1436 S GLENSTONE AVE, SPRINGFIELD, MO 65804	TECHNOLOGY SUPPORT	100,108.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	5,290,498.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	379,133.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 12,240.				
	h	Total. Add lines 1a-1f		5,669,631.				
Program Service Revenue	2 a	FEES RECEIVED FROM OTH	Business Code 561000	988,309.	988,309.			
	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		1,074,507.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		16,330.		16,330.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	6a	32,555.			
			(ii) Personal	6b	0.			
			Less: rental expenses	6c	32,555.			
	d	Net rental income or (loss)		32,555.	32,555.			
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	7a	35,940.			
			(ii) Other	7b	0.			
			Less: cost or other basis and sales expenses	7c	35,940.			
	d	Net gain or (loss)		35,940.	35,940.			
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a	93,337.				
		Less: direct expenses	8b	23,090.				
		Net income or (loss) from fundraising events		70,247.		70,247.		
9 a	Gross income from gaming activities. See Part IV, line 19		9a					
		Less: direct expenses	9b					
		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		10a					
		Less: cost of goods sold	10b					
		Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	INDIRECT COST REIMBURS	Business Code 561000	322,173.	322,173.			
	b	MISCELLANEOUS INCOME	561000	7,641.	7,641.			
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		329,814.				
12	Total revenue. See instructions		7,229,024.	1,472,816.	0.	86,577.		

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	177,173.		177,173.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,720.		6,720.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	58,011.	58,011.		
12 Advertising and promotion	13,972.	11,285.	2,687.	
13 Office expenses	598,019.	589,427.	7,527.	1,065.
14 Information technology	62,788.	43,497.	13,045.	6,246.
15 Royalties				
16 Occupancy	138,278.	127,848.	7,053.	3,377.
17 Travel and Mileage	32,832.	32,261.	386.	185.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	161,675.	138,151.	23,524.	
20 Interest	34,405.	34,405.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	182,227.	151,889.	30,338.	
23 Insurance	11,279.	10,648.	427.	204.
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	2,816,004.	2,571,515.	165,327.	79,162.
b OUTREACH	1,778,108.	1,778,108.		
c CONTRACTED SERVICES	349,809.	345,112.	4,697.	
d INDIRECT COSTS	322,898.	322,898.		
e All other expenses	134,341.	131,471.	2,870.	
25 Total functional expenses. Add lines 1 through 24e	6,878,539.	6,346,526.	441,774.	90,239.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

Check if Schedule O contains a response 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	801,107.	2	427,573.
	3 Pledges and grants receivable, net	506,961.	3	779,790.
	4 Accounts receivable, net	5,000.	4	6,374.
	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	7,700.	9	7,513.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,402,642.		
	b Less: accumulated depreciation	10b 452,461.	3,756,941.	10c 3,950,181.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	571,985.	12	690,991.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,649,694.	16	5,862,422.	
Liabilities	17 Accounts payable and accrued expenses	589,088.	17	230,429.
	18 Grants payable		18	
	19 Deferred revenue	96,867.	19	321,446.
	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	1,055,348.	23	973,482.
	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	1,741,303.	26	1,525,357.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,497,342.	27	3,911,558.
	28 Net assets with donor restrictions	411,049.	28	425,507.
	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	3,908,391.	32	4,337,065.
33 Total liabilities and net assets/fund balances	5,649,694.	33	5,862,422.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,229,024.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,878,539.
3	Revenue less expenses. Subtract line 2 from line 1	3	350,485.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,908,391.
5	Net unrealized gains (losses) on investments	5	78,189.
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	4,337,065.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1596058.	2999066.	4619976.	5784901.	5669631.	20669632.
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	1596058.	2999066.	4619976.	5784901.	5669631.	20669632.
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.						20669632.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1596058.	2999066.	4619976.	5784901.	5669631.	20669632.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41,532.	14,658.	18,993.	21,975.	16,330.	113,488.
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.)	120,758.	230,592.	315,961.	381,481.	329,815.	1378607.
11 Total support. Add lines 7 through 10						22161727.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	93.27 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	92.52 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

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

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

2020 Open to Public Inspection

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advised funds.

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

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows 1-9 for various conservation easement questions.

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

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

Table with 2 columns: Question number, Amount. Rows 1a-1b and 2a-2b for art and historical treasures reporting.

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

Schedule D (Form 990) 2020

032051 12-01-20

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	444,511.	458,062.	441,124.	415,585.	390,781.
b Contributions					
c Net investment earnings, gains, and losses	124,341.	-16,553.	21,363.	29,934.	26,859.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	5,203.	4,430.	4,425.	4,395.	2,056.
g End of year balance	563,649.	444,511.	458,062.	441,124.	415,585.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment .0000 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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.	73,481.	476,519.
c Leasehold improvements		3,447,788.	181,835.	3,265,953.
d Equipment		353,054.	195,345.	157,709.
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.)				3,950,181.

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	563,649.	END-OF-YEAR MARKET VALUE
(C) CFO CAPACITY BUILDING		
(D) FUND	105,227.	END-OF-YEAR MARKET VALUE
(E) CFO EARLY CHILD INITIATIVE		
(F) FUND	22,115.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	690,991.	

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 ...

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	7,330,302.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	78,189.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	23,090.	
e	Add lines 2a through 2d	2e		101,279.
3	Subtract line 2e from line 1	3		7,229,023.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1.	
c	Add lines 4a and 4b	4c		1.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		7,229,024.

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	6,901,628.
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	23,090.	
e	Add lines 2a through 2d	2e		23,090.
3	Subtract line 2e from line 1	3		6,878,538.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1.	
c	Add lines 4a and 4b	4c		1.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		6,878,539.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED AGAINSTED REVENUE 23,090.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING 1.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

FUNDRAISING EXPENSES NETTED AGAINST REVENUE 23,090.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING 1.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		VARIOUS FUNDRAISING (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	93,337.		93,337.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	93,337.		93,337.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	23,090.		23,090.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			23,090.
	11	Net income summary. Subtract line 10 from line 3, column (d)			70,247.

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: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 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.

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	211,340.	SEE BELOW		X
BRIDGET DIERKS	CPO DIRECTOR	563,649.	SEE BELOW		X
BRIDGET DIERKS	CPO DIRECTOR	127,342.	SEE BELOW		X
JASON GAGE	CPO DIRECTOR	601,769.	SEE BELOW		X
CARL ROSENKRANZ	CPO DIRECTOR	6,663.	SEE BELOW		X
SCOTT MEIER	CPO DIRECTOR	12,866.	SEE BELOW		X
BRIAN MCDONOUGH	CPO DIRECTOR	4,209.	SEE BELOW		X
JOSELYN BALDNER	CPO DIRECTOR	800,000.	SEE BELOW		X
SHELLEY EVANS	CPO DIRECTOR	24,614.	SEE BELOW		X
HAROLD BENGSCHE	FORMER CPO DIRECTOR	878,267.	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 \$ 211,340.

(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 \$ 563,649.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW VICE

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

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 \$ 127,342.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW VICE

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JASON GAGE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 601,769.

(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 \$ 6,663.

(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 \$ 12,866.

(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: BRIAN MCDONOUGH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 4,209.

(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

(A) NAME OF PERSON: JOSELYN BALDNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 800,000.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW EMPLOYED

BY CENTRAL BANK OF THE OZARKS AS PRESIDENT AND CEO WHERE CPO HAS AN SBA PPP LOAN. THIS IS THE AMOUNT OF THE LOAN

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SHELLEY EVANS

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 \$ 24,614.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

EMPLOYED AS SENIOR VICE PRESIDENT AT GUARANTY BANK, WITH WHOM CPO HAS A CHECKING ACCOUNT. THIS IS THE AMOUNT OF THE ACCOUNT.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: HAROLD BENGSCHE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 878,267.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

SERVES AS COMMISSIONER OF DISTRICT 1 OF THE GREENE COUNTY COMMISSIONER, WITH WHOM CPO HAS GRANTS AND CONTRACTS. THIS IS THE TOTAL OF THESE AMOUNTS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2020

Open to Public
Inspection

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:

OTHER FAMILIES 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 SUPPORT FAMILIES IN A HOST OF SITUATIONS FROM FOSTER PARENTS TO NEW PARENTS, TO AT-RISK PARENTS, TO SURVIVORS OF DOMESTIC VIOLENCE. CAFS HAVE BEEN PROVIDED IN ENGLISH, SPANISH, AND CONGOLESE LANGUAGES. WE HOLD REGULAR CAFS IN ELEMENTARY SCHOOLS, CHILDCARE SETTINGS, PUBLIC LIBRARIES, AND IN CHURCHES IN GREENE, CHRISTIAN AND

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

WEBSTER COUNTIES AND SERVED 343 INDIVIDUALS DURING THE 2020-21 FISCAL YEAR. WE TRAINED 14 MORE FACILITATORS THIS YEAR, FOR A TOTAL OF AN ADDITIONAL 120 FACILITATORS IN PARTNERSHIP WITH AREA ORGANIZATIONS, ALLOWING US TO EXTEND PARENT CAFES AFTER FUNDING FOR THE PROGRAM EXPIRED.

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 440 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 PURCHASING IT. THE LENDING PROGRAM 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

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

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 INCREASE THE MATERNAL AND CHILD HEALTH OUTCOMES OF PARTICIPATING FAMILIES, WHEREBY REDUCING COSTS TO THE HEALTH CARE SYSTEM. WE CURRENTLY HAVE FIVE ORGANIZATIONS ACCEPTING REFERRALS INTO THEIR HOME VISITING PROGRAMS USING REDCAP, A WEB-BASED PROGRAM THAT DETERMINES GOODNESS OF FIT AND A FAIR DISTRIBUTION OF FAMILIES TO EACH ELIGIBLE AGENCY.

OUR FIRST BIRTHDAY SAFE SLEEP PROGRAM HELPS FAMILIES IN 23 SOUTHWEST 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. ADDITIONALLY, THE PROGRAM IS RECRUITING SAFE SLEEP CHAMPIONS TO SPEAK TO THE COMMUNITY ON SAFE SLEEP PRACTICES.

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

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

PREPAREDNESS.

INFANT TODDLER SPECIALIST NETWORK (ITSN) HAS BECOME A STRONG LEADER IN OUR EARLY CHILDHOOD PROGRAMMING, SERVING CHRISTIAN, GREENE, OZARK, POLK, TANEY, AND WEBSTER COUNTIES. AFTER TWO YEARS, WE HAVE PROVIDED SERVICES TO MORE THAN 100 PROVIDERS WHO SERVE 400+ CHILDREN. ITSN USES RELATIONSHIP-BASED CAREGIVING AS THE FOUNDATION FOR QUALITY PROGRAMMING. TEACHERS RECEIVE A PRE AND POST ASSESSMENT, COHORT TRAINING, AND ON-SITE COACHING TO INCREASE THE QUALITY OF CARE THEY PROVIDE IN INFANT TODDLER CLASSROOMS.

EVERY CHILD PROMISE PROVIDED SCHOLARSHIPS TO 52 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 DISCIPLINE TRAINING. SIXTEEN HUNDRED EARLY EDUCATORS RECEIVED EXTENSIVE TRAINING AND COACHING IN THE THIRD YEAR OF STEPS TO EXCELLENCE.

THROUGH A RECENT STATE PARTNERSHIP WITH ARCHS OF ST. LOUIS, WE ARE NOW

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ABLE TO OFFER COMPREHENSIVE HOME VISITATION TO 52 FAMILIES IN SEVEN
 COUNTIES IN SOUTHWEST MISSOURI IDENT, HENRY, HICKORY, POLK, DALLAS,
 BENTON, AND WEBSTER COUNTIES. THE HOME VISITING MODEL, HEALTHY
 FAMILIES AMERICA, IS A BEST PRACTICE SERVING FAMILIES PRENATALLY
 THROUGH AGE 3 YEARS. THE MAJORITY OF FAMILIES SERVED ARE REFERRED TO
 THE PROGRAM BY MISSOURI CHILDREN'S DIVISION. THE FOCUS OF THE PROGRAM
 INCLUDES CHILD ABUSE AND NEGLECT PREVENTION, SCHOOL READINESS,
 STRENGTHENING FAMILY FUNCTIONING, AND HEALTHY MOTHER AND BABIES.

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

MENTORING PROGRAMS THAT ARE PROVIDED INCLUDE BULLDOG BASKETBALL
 ACADEMY, BEARS, BADGES & KIDS AND BROTHER 2 BROTHER. THE BULLDOG
 BASKETBALL ACADEMY CREATES OPPORTUNITIES FOR STUDENTS TO PARTICIPATE IN
 A FREE BASKETBALL TRAINING PROGRAM WHERE THEY LEARN THE SKILLS SPECIFIC
 FOR BASKETBALL DEVELOPMENT AND LEARN IMPORTANT LIFE SKILLS LIKE HAVING
 A GOOD ATTITUDE, WORKING HARD, DOING WELL IN SCHOOL, AND GETTING ALONG
 WITH OTHERS. THE ACADEMY ALSO PROVIDES ADDITIONAL POSITIVE ADULT
 MENTORS FOR THE STUDENTS. BULLDOG BASKETBALL ACADEMY WAS HELD AT FOUR
 DIFFERENT LOCATIONS AND WITH 78 STUDENTS PARTICIPATING. THE BEARS,
 BADGES & KIDS PROGRAM WAS CREATED AS A RESPONSE TO THE GROWING NEED TO
 BUILD POSITIVE COMMUNITY AND POLICE RELATIONS. THE GOAL IS TO BRING
 KIDS AND THE LOCAL LAW ENFORCEMENT TOGETHER THROUGH BASKETBALL TO BUILD
 POSITIVE RELATIONSHIPS. A NOTABLE MOMENT DURING BEARS, BADGES & KIDS
 WAS THE WAY IN WHICH LOCAL OFFICERS HANDLED THE TOUGH QUESTIONS MIDDLE
 SCHOOLERS ASKED THEM. VIOLENCE IS A SERIOUS ISSUE THAT KIDS HAVE A
 FRONT ROW SEAT FOR THROUGH TV AND MOVIES, SOCIAL MEDIA, MUSIC, AND
 VIDEO GAMES, AND IT OFTEN PERPETUATES A NEGATIVE VIEW OF LAW

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ENFORCEMENT POTENTIALLY MAKING INTERACTIONS UNSAFE. KIDS DON'T WANT TO BE FEARFUL OF OFFICERS, THEY WANT TO BE SAFE, AND THIS PROGRAM IS BUILDING THAT BRIDGE BY GIVING THE OPPORTUNITY TO HAVE TOUGH CONVERSATIONS AND GET A BETTER UNDERSTANDING OF BOTH SIDES. THERE WAS A TOTAL OF SIX EVENTS HELD WITH 162 KIDS PARTICIPATING AND 23 VOLUNTEERS PROVIDING 218 VOLUNTEER HOURS, REPRESENTING THE SPRINGFIELD POLICE DEPARTMENT, CITY OF SPRINGFIELD, SPRINGFIELD-GREENE COUNTY PARKS DEPARTMENT, SPRINGFIELD PUBLIC SCHOOLS, AND MISSOURI STATE UNIVERSITY MEN'S BASKETBALL. SAAB BROTHER 2 BROTHER IS A NATIONAL PROGRAM WHICH PROVIDES SUPPORT SYSTEMS FOR YOUNG MEN OF COLOR TO ENSURE THEIR SUCCESS IN THE COMPLETION OF THEIR POST-SECONDARY EDUCATION. THIS IS DONE THROUGH INDIVIDUAL HIGH SCHOOL AND COLLEGE CHAPTERS WORKING WITH STUDENTS IN THEIR RESPECTIVE SCHOOLS, AND COLLECTIVELY ACROSS THE CITY, TO PROVIDE EDUCATION-TO-CAREER SUPPORT AS WELL AS RECOGNITION FOR THE TALENT, DRIVE, AND CONTRIBUTIONS THAT THESE YOUNG MEN MAKE IN THEIR COMMUNITY. A TOTAL OF FIVE CHAPTERS LAUNCHED IN FY21, WITH 62 STUDENTS PARTICIPATING. A TOTAL OF 16 PERSONAL DEVELOPMENT MENTORS GAVE 144 HOURS OF TIME TO SUPPORT AND GUIDE THE YOUNG MEN.

DURING THE 2020-2021 SCHOOL YEAR, WE PROVIDED SUPPORT FOR 12 CAREER-FOCUSED AFTER SCHOOL CLUBS IN ONE ELEMENTARY SCHOOL AND TWO MIDDLE SCHOOLS IN THE SPRINGFIELD PUBLIC SCHOOL DISTRICT AND TWO INTERMEDIATE SCHOOLS IN THE WILLARD SCHOOL DISTRICT. OUR AFTER-SCHOOL CLUBS FOCUS ON IMPROVING SKILLS, DAILY ATTENDANCE, AND ACADEMIC SUCCESS, AND ALLOW FOR CAREER EXPLORATION. APPROXIMATELY 250 STUDENTS PARTICIPATED IN THESE AFTER SCHOOL CLUBS.

THROUGH OUR COMMUNITY-BASED SOCIAL WORK PROGRAM, WE ASSISTED FAMILIES

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WITH CRISIS INTERVENTION AND CONNECTION TO RESOURCES. THERE WERE 654 INDIVIDUALS, REPRESENTING 228 FAMILIES THAT WERE ASSISTED THROUGH MORE THAN 974 COMMUNITY REFERRALS, 1,715 CONTACTS AND 14 FAMILIES RECEIVED ONGOING CASE MANAGEMENT. A TOTAL OF 158 INDIVIDUALS/FAMILIES WERE ASSISTED THROUGH OUR EMERGENCY FUND AND CRISIS FOCUSED GRANTS. WE HOSTED FIVE MASTER'S LEVEL SOCIAL WORK STUDENTS AND FOUR BACHELOR'S LEVEL SOCIAL WORK STUDENTS FOR COMPLETION OF THEIR PRACTICUM. THESE STUDENTS PROVIDED A TOTAL OF 3,891 HOURS OF SERVICE. WE FORMED A PARTNERSHIP WITH MIDTOWN-CARNEGIE LIBRARY TO PROVIDE COMMUNITY-BASED SOCIAL WORK SERVICES TO THEIR PATRONS. OUR STAFF WERE AVAILABLE TO LIBRARY STAFF VIA PHONE, EMAIL, AND PROVIDED ONSITE SERVICES ONE TIME A WEEK. OUR SOCIAL WORKERS ASSISTED PATRONS IN COMPLETING FOOD STAMP APPLICATIONS, CHECKING ON MEDICAID STATUSES AND CONNECTION TO VARIOUS COMMUNITY RESOURCES.

WE SUPPORTED NEIGHBORHOOD ASSOCIATIONS AND GROUPS THROUGH ACTIVITIES AND EVENTS THAT PROMOTED SAFE, FRIENDLY, AND CLEAN NEIGHBORHOODS. NATIONAL NIGHT OUT WAS NOT HELD DUE TO COVID-19 CONCERNS; HOWEVER, WE DID NOT WANT TO MISS AN OPPORTUNITY TO SUPPORT OUR LOCAL LAW ENFORCEMENT AND OTHER FIRST RESPONDERS. IN OCTOBER, WE ISSUED A CHALLENGE TO NEIGHBORHOOD ASSOCIATIONS TO SHOW SUPPORT OF THEIR LOCAL POLICE AND FIRE DEPARTMENTS. NEIGHBORHOOD ASSOCIATIONS DELIVERED FOOD, CARE BASKETS, CARDS, AND FUN ARTWORK. WE HOSTED THE ANNUAL NEIGHBORHOOD ORGANIZATION VOLUNTEER AWARDS (NOVA) EVENT VIRTUALLY TO RECOGNIZE NEIGHBORHOOD VOLUNTEERS AND HOSTED A WATCH PARTY FOR NOVA WINNERS WITH NO ACCESS TO INTERNET. FOLLOWING THE EVENT, WE HIGHLIGHTED EACH WINNER IN A SEPARATE FACEBOOK POST, ALONG WITH A PICTURE OF THEM RECEIVING THEIR PRIZES, WHICH INCLUDED A NOVA THEMED T-SHIRTS, A NOVA TROPHY, AND

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HOT CHOCOLATE BOMBS FROM A LOCAL BAKERY, SAVORY SWEETS BY LAUREN. WE HOSTED "WHO YOU GONNA CALL?", A RESOURCE PANEL FOR NEIGHBORHOODS TO ADDRESS COMMON QUESTIONS AND CONCERNS, SUCH AS NUISANCE PROPERTY ISSUES, HOW TO REGISTER TO BECOME A NEIGHBORHOOD ASSOCIATION, AND WHO TO CALL IF THERE ARE SAFETY CONCERNS IN THE NEIGHBORHOOD. THE "WHO YOU GONNA CALL" EVENT WAS HELD VIRTUALLY USING FACEBOOK LIVE. THE PANELISTS REPRESENTED VARIOUS CITY OF SPRINGFIELD DEPARTMENTS AND THE SPRINGFIELD POLICE DEPARTMENT. WE COORDINATED 19 NEIGHBORHOOD CLEAN-UPS THAT COLLECTED BULKY ITEMS, YARD WASTE, OLD FURNITURE, CONSTRUCTION DEBRIS AND OLD APPLIANCES. OVER 253 TONS OF WASTE, FILLING 117 DUMPSTERS OF TRASH, AND 43 DUMPSTERS OF YARD WASTE WERE REMOVED FROM NEIGHBORHOODS. A TOTAL OF 526 TVS AND 25 TONS OF SCRAP METAL WAS RECYCLED. WE HAD 375 VOLUNTEERS PROVIDING 1,483 HOURS OF SERVICE. THE SPRINGFIELD TOOL LIBRARY IS A LENDING LIBRARY THAT ALLOWS MEMBERS TO BORROW TOOLS. THE LIBRARY HAS MORE THAN 280 TOOLS THAT CAN BE BORROWED. THERE WERE 229 TOOL CHECK OUTS LAST YEAR. THERE ARE 107 MEMBERS, WITH 40 OF THESE BEING NEW MEMBERSHIPS IN FY21.

THE GREATER SPRINGFIELD AREA CRIME STOPPERS PROGRAM ENCOURAGES MEMBERS OF THE COMMUNITY TO ASSIST LOCAL LAW ENFORCEMENT AGENCIES IN THE FIGHT AGAINST CRIME BY OVERCOMING THE TWO KEY ELEMENTS THAT INHIBIT COMMUNITY INVOLVEMENT: FEAR AND APATHY. CRIME STOPPERS RELIES ON COOPERATION BETWEEN THE POLICE, THE MEDIA, AND CITIZENS TO PROVIDE ANONYMOUS INFORMATION ABOUT CRIME AND CRIMINALS IN THE GREENE COUNTY AREA WITH A MAJOR FOCUS ON CRIME WITHIN SPRINGFIELD CITY LIMITS. THE PROGRAM IS DESIGNED TO DEVELOP INFORMATION USED TO SOLVE FELONY CRIMES. CASH REWARDS OF UP TO \$1,000 ARE AVAILABLE FOR TIPS THAT DIRECTLY LEAD TO A FELONY ARREST OR SEIZURE OF A FELONY AMOUNT OF DRUGS. ALL TIP REWARDS

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ARE PROVIDED AT THE DISCRETION OF THE CIVILIAN ADVISORY BOARD. THE CRIME STOPPERS PROGRAM UTILIZES LOCAL LAW ENFORCEMENT FOR TIP INVESTIGATIONS BUT THERE IS NO CONTACT INFORMATION OBTAINED FOR THE TIPSTER, NO CALLER ID, AND THE CONVERSATION IS NOT RECORDED. ALL TIP SUBMISSIONS ARE KEPT COMPLETELY ANONYMOUS BY USING A TIP HOTLINE NUMBER, A SECURE ONLINE WEBSITE OR A DISCREET P3 APP AVAILABLE FOR SMART PHONES. FY21 WAS AN ESPECIALLY DIFFICULT YEAR FOR THE CRIME STOPPERS PROGRAM. HOWEVER, DESPITE A REDUCTION IN TIPS RECEIVED, BOARD TRANSITION, AND NO FUNDRAISING OR COMMUNITY EVENTS TO ENGAGE DUE TO COVID, THE PROGRAM WAS STILL ABLE TO PROMOTE CRIME PREVENTION THROUGH SOCIAL MEDIA, OUR PARTNERSHIP WITH KY3, AND OUR 4 COMMUNITY KIOSKS. THERE WERE 1,519 TIPS RECEIVED AND 1,413 FOLLOW-UPS MADE ON RECEIVED TIPS. FROM THOSE TIPS 20 ARRESTS WERE MADE WITH THREE WEAPONS BEING RECOVERED AND \$1,849 WORTH OF DRUGS SEIZED.

IN JANUARY 2021, GREENE COUNTY WAS AWARDED AN EMERGENCY RENTAL ASSISTANCE GRANT FROM THE U.S. TREASURY DEPARTMENT. THESE FUNDS WERE PART OF A COVID RELIEF PACKAGE PASSED BY CONGRESS IN DECEMBER OF 2020 TO PROVIDE HOUSING STABILIZATION SERVICES TO FAMILIES AT RISK OF EVICTION DUE TO THE PANDEMIC. GREENE COUNTY REACHED OUT TO SEVERAL COMMUNITY AGENCIES TO PARTNER IN DISTRIBUTING THESE FUNDS TO ELIGIBLE INDIVIDUALS AND FAMILIES LIVING IN GREENE COUNTY. AFTER MONTHS OF PLANNING, WE LAUNCHED OUR EMERGENCY RENTAL ASSISTANCE (ERA) PROGRAM IN MARCH OF 2021 AND BEGAN PROVIDING RENT AND UTILITY ASSISTANCE TO GREENE COUNTY RESIDENTS. IN FY21, THE ERA PROGRAM ASSISTED APPROXIMATELY 125 FAMILIES, WITH APPROXIMATELY \$345,000 WORTH OF RENTAL/

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

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WE COORDINATED A MENTORING PROGRAM FOR DOZENS OF DYS YOUTH, HELPING THEM BUILD HEALTHY ADULT RELATIONSHIPS AND ASSISTING THEM IN RE-INTEGRATING INTO THEIR COMMUNITY. WE PROVIDED THEM FAMILY ENGAGEMENT KITS 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 1,256 COMMUNITY MEMBERS THAT INCREASED AWARENESS OF THE RISKS ASSOCIATED WITH PRESCRIPTION DRUG MISUSE AND EDUCATED ON HOW TO ASSIST INDIVIDUALS WHO MAY BE STRUGGLING WITH OPIOID MISUSE. WE ASSISTED COMMUNITIES IN IMPLEMENTING 34 MEDICATION TAKE BACK EVENTS THAT COLLECTED 7,281 POUNDS OF EXPIRED AND/OR UNUSED MEDICATIONS, WHILE DISSEMINATING AN ADDITIONAL 890 DRUG DISPOSAL BAGS FOR SAFE AND PROPER DISPOSAL OF MEDICATIONS.

WE CREATED 8 PSAS FEATURING SAMHSA'S "TALK, THEY HEAR YOU" MESSAGES WITH 370 AIRS REACHING 2,385,400 PEOPLE. EACH OF THESE MESSAGES SHARED FACTS ABOUT VARIOUS SUBSTANCES AND THE IMPORTANCE OF ADULTS TALKING TO YOUTH ABOUT THE RISKS OF MISUSING SUBSTANCES.

WE WERE AWARDED TWO FEDERAL 5-YEAR PARTNERSHIPS FOR SUCCESS GRANTS TO ENHANCE THE SUBSTANCE USE PREVENTION INFRASTRUCTURE AND IMPLEMENT COMPREHENSIVE, EVIDENCE-BASED SUBSTANCE USE PREVENTION PROGRAMS, PRACTICES, AND POLICIES. WE ACTIVELY ENGAGED 117 UNIQUE ORGANIZATIONS AND AGENCIES IN SUBSTANCE USE PREVENTION EFFORTS AMONG THE NINE COUNTIES SERVED. OUTCOMES INCLUDED INTEGRATING DIVERSITY, EQUITY, AND INCLUSION INTO ALL PREVENTION EFFORTS, COORDINATING A REGIONAL PREVENTION LEADERSHIP CONFERENCE FOR COALITION AND COMMUNITY LEADERS,

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HELPING CREATE THE SPRINGFIELD AREA VAPE EDUCATION CURRICULA PROVIDED TO 7,350 YOUTH, COLLABORATING WITH THE TOBACCO AND VAPE PREVENTION COALITION TO FUND INSTALLATION OF 14 VAPE DROP BOXES IN SPRING PUBLIC SCHOOL MIDDLE AND HIGH SCHOOL BUILDINGS THAT COLLECTED 36 VAPE DEVICES, AND HELPING THE DALLAS COUNTY SHERIFF RE-ESTABLISH THE DARE PROGRAM IN SCHOOL DISTRICTS.

WE PROVIDED 32 YOUTH AND ADULT MENTAL HEALTH FIRST AID (Y/MHFA) TRAININGS TO 460 PEOPLE TO INCREASE THEIR MENTAL HEALTH LITERACY, DECREASE STIGMA, AND IDENTIFY AND ASSIST A PERSON EXPERIENCING A MENTAL HEALTH CHALLENGE OR CRISIS.

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

IN 2020, COMMUNITY PARTNERSHIP EXPANDED EFFORTS WITH THE OPENING OF THE O'REILLY CENTER FOR HOPE (OCH). FUNDING FROM THE CITY OF SPRINGFIELD (HUD FUNDING), THE O'REILLY FAMILY AND OTHER GENEROUS DONORS ALLOWED CPO TO PURCHASE AND FULLY RENOVATE PEPPERDINE ELEMENTARY SCHOOL, A LONG-VACATED BUILDING IN ROBERSON NEIGHBORHOOD. SINCE OPENING, THE OCH HAS WELCOMED OVER 4,880 UNIQUE VISITORS.

THE ESTABLISHMENT OF THE OCH HELPS TO FULFILL CPO'S ORGANIZATIONAL MISSION TO ENSURE RESIDENTS HAVE ACCESS TO THE SUPPORT AND SERVICES NEEDED TO OBTAIN SAFE, DECENT, AFFORDABLE, AND ACCESSIBLE HOUSING, AND TO ACHIEVE FINANCIAL STABILITY. 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, HABITAT FOR HUMANITY, AND MISSOURI STATE UNIVERSITY'S

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NURSING PROGRAM.

THE SCLT IS A LOCAL LEADER IN CREATING SAFE, DECENT, AFFORDABLE HOMEOWNERSHIP OPPORTUNITIES IN SPRINGFIELD. THROUGH NEW DEVELOPMENT AND RENOVATION OF SPRINGFIELD'S AGING HOUSING STOCK, THE SCLT CAN OFFER HOMES TO QUALIFYING HOUSEHOLDS THAT MEET FANNIE MAE INCOME AND CREDIT THRESHOLDS. HOUSEHOLDS CAN PURCHASE A HOME WITH \$1,000 DOWN AND MORTGAGES TYPICALLY LOWER THAN FAIR MARKET RENT RATES. FURTHER, EACH NEW HOME INCORPORATES UNIVERSAL DESIGN PRINCIPLES. THE SCLT CURRENTLY HAS 20 HOMES IN ITS PORTFOLIO. 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 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 CHURCHES' SAFE TO SLEEP PROGRAM, THE KITCHEN INC., AND THE INSTITUTE FOR COMMUNITY ALLIANCES.

CPO AND THE OAEH SPEARHEADED EFFORTS TO PROTECT THOSE WITHOUT A HOME FROM THE IMPACT OF COVID WHEN THE PANDEMIC LANDED IN OUR REGION.

THROUGH CARES ACT FUNDING, WE PROVIDED EMERGENCY SHELTER FOR MORE THAN

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1,300 COVID VULNERABLE INDIVIDUALS EXPERIENCING HOMELESSNESS AND PROVIDED SHELTER DIVERSION ASSISTANCE TO 138 HOUSEHOLDS. 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 SECONDARY EDUCATION'S HOMELESS LIAISON WORKSHOP.

CPO AND THE OAEH ALSO COORDINATES THE CRISIS COLD WEATHER SHELTER PROGRAM EACH WINTER TO EXPAND THE NUMBER OF OVERNIGHT EMERGENCY SHELTER

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BEDS FOR ADULTS IN OUR COMMUNITY. SHELTERS ARE INDEPENDENTLY OPERATED, BUT ALL FOLLOW PARAMETERS SET FORTH BY THE CITY OF SPRINGFIELD'S DECLARATION OF ECONOMIC AND HOUSING CALAMITY TO ENSURE HEALTH AND SAFETY OF VOLUNTEERS/GUESTS AS WELL AS BEST PRACTICES ESTABLISHED THROUGH COMMUNITY PARTNERSHIP'S OZARKS ALLIANCE TO END HOMELESSNESS TO ENSURE CONSISTENCY OF SERVICE ACROSS ALL SITES. ALL CRISIS COLD WEATHER SHELTER SITES OPERATED IN FULL COMPLIANCE WITH APPLICABLE CITY CODES AND HEALTH AND SAFETY GUIDELINES TO PREVENT THE SPREAD OF COVID-19. BECAUSE OF THE COVID-19 PANDEMIC, SEVERAL SHELTER SITES REDUCED THEIR INDIVIDUAL BED CAPACITY TO ACCOMMODATE APPROPRIATE SOCIAL DISTANCING. HOWEVER, BECAUSE NEW CRISIS COLD WEATHER SHELTER SITES WERE ABLE TO OPEN THIS YEAR, NO ONE SEEKING SHELTER WAS TURNED AWAY DUE TO LACK OF BEDS. IN PREVIOUS YEARS 3 SITES PROVIDED CRISIS COLD WEATHER SHELTER BEDS. IN 2020-2021, 8 SITES PROVIDED ON-GOING SHELTER BEDS OVER THE COURSE OF THE SEASON. NEW SHELTER SITES WERE ABLE TO SERVE COUPLES AND PEOPLE WITH PETS, WHICH ADDRESSES TWO REASONS PEOPLE OFTEN MAY NOT SEEK SHELTER. THE EXPANDED SITES ALSO INCREASE COMMUNITY AWARENESS AND VOLUNTEER SUPPORT OF CRISIS COLD WEATHER SHELTERS. DURING THE 2020-2021 SEASON, CRISIS COLD WEATHER SHELTERS WERE OPEN 74 NIGHTS, PROVIDING 5,907 BED NIGHTS (INCLUDES DUPLICATED NUMBERS SERVED). AN AVERAGE OF 80 PEOPLE WERE SERVED PER NIGHT, WITH THE HIGHEST USE OCCURRING IN FEBRUARY (AVERAGE OF 112 PEOPLE SERVED PER NIGHT), WHEN THERE WAS EXTENDED EXTREME TEMPERATURES. ACROSS SHELTERS, APPROXIMATELY 370 UNIQUE INDIVIDUALS WERE SERVED. EXPENSES \$ 2,178,371. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,339,773.

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

CPO DIRECTORS AND OFFICERS HAVE BUSINESS RELATIONSHIPS WITH OTHER CPO

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DIRECTORS AND OFFICERS.

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

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

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

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

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

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PROCESS.

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

AVAILABLE UPON REQUEST.

PART XII LINE 2C

NO CHANGES WERE MADE FROM PRIOR AUDITS

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

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

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED WAY OF THE OZARKS - 44-0552047 320 N JEFFERSON SPRINGFIELD, MO 65806	CPO CONTRACTS WITH UWO FOR ACCOUNTING SERVICES & UWO LEASES EMPLOYEES TO CPO	MISSOURI	501(C)(3)	7			X

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

Schedule R (Form 990) 2020

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY OF THE OZARKS	P	2,736,842.	
(2) UNITED WAY OF THE OZARKS	C	86,198.	
(3) UNITED WAY OF THE OZARKS	P	177,173.	
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Lined area for providing supplemental information.