

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

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 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Form header section containing organization name (COMMUNITY PARTNERSHIP OF THE OZARKS, INC), EIN (43-1830026), address (330 N. JEFFERSON, SPRINGFIELD, MO 65806), and other identifying information.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

Part II Signature Block

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

Signature block section for officer (SHELLEY EVANS, TREASURER) and preparer (JOSEPH PAGE) with fields for name, title, signature, and date.

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 1,545,687. including grants of \$) (Revenue \$ 1,510,141.) CPO'S EARLY CHILDHOOD AND FAMILY DEVELOPMENT DIVISION WORKS TO BUILD STRONG CHILDREN AND FAMILIES THROUGH EDUCATION, ENGAGEMENT, AND EMPOWERMENT. WE OFFER REGULAR PARENT EDUCATION THROUGH THE STRENGTHS-BASED PARENT SUPPORT PROGRAM, PARENT CAFES, WHICH USES THE WORLD CAF MODEL. PARENT CAFES USES A PEER-TO-PEER LEARNING PROCESS COMMITTED TO INTRODUCING PARENTS TO FIVE PROTECTIVE FACTORS THAT KEEP FAMILIES STRONG. PARENT CAFES BUILD RESILIENCY AND FOSTER MEANINGFUL RELATIONSHIPS AMONG THOSE WHO PARTICIPATE IN CAFES. PARENT CAFES SUPPORT FAMILIES IN A HOST OF SITUATIONS FROM FOSTER PARENTS TO NEW PARENTS, TO AT-RISK PARENTS, TO SURVIVORS OF DOMESTIC VIOLENCE. CAFES HAVE BEEN PROVIDED IN ENGLISH, SPANISH, AND CONGOLESE LANGUAGES. WE HOLD REGULAR CAFES IN ELEMENTARY SCHOOLS, CHILDCARE SETTINGS, PUBLIC

4b (Code:) (Expenses \$ 5,101,196. including grants of \$) (Revenue \$ 5,043,397.) CPO'S COMMUNITY AND NEIGHBORHOOD DEVELOPMENT DIVISION (CNDD) 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 / EMOTIONAL LEARNING OPPORTUNITIES AND EDUCATION, CRISIS INTERVENTION, AND CASE MANAGEMENT WITH FAMILIES. THE INITIATIVES ALSO PROVIDES SUPPORT TO NEIGHBORHOOD ASSOCIATIONS AND NEIGHBORHOOD CLEAN-UPS, FACILITATES THE SPRINGFIELD TOOL LIBRARY, HELPS TO ADDRESS CHRONIC NUISANCE PROPERTIES, AND FACILITATES NEIGHBORHOOD

4c (Code:) (Expenses \$ 2,170,286. including grants of \$) (Revenue \$ 2,122,428.) CPO'S PREVENTION AND YOUTH SUPPORT DIVISION WORKS IN 21 COUNTIES IN SOUTHWEST MISSOURI ASSISTING COMMUNITIES IN BUILDING PREVENTION COALITIONS AND IMPLEMENTING MULTIPLE STATE OF MISSOURI PREVENTION CONTRACTS AND LOCAL, STATE, AND FEDERAL GRANTS.

HIGHLIGHTS INCLUDE COORDINATING THE SPIRIT SCHOOL-BASED DRUG PREVENTION PROGRAM IN CARTHAGE SCHOOL DISTRICT FOR MORE THAN 3,668 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, AS WELL AS EXPANDED THIS PROGRAM TO FORDLAND SCHOOL DISTRICT.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,059,108. including grants of \$) (Revenue \$ 1,160,996.)

4e Total program service expenses 9,876,277.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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 Rev. Proc. 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> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 37		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANET DANKERT PRESIDENT/CEO	50.00			X			0.	110,382.	18,340.	
(2) SHERI LUPTON CHIEF OPERATING OFFICER	50.00			X			0.	87,546.	18,006.	
(3) ANNE SALLEE MASON EXECUTIVE COMMITTEE MEMBER	2.00	X					0.	0.	0.	
(4) BARBARA LUCKS DIRECTOR	2.00	X					0.	0.	0.	
(5) BRAD ERWIN SECRETARY OF THE BOARD	2.00	X		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 EXECUTIVE COMMITTEE MEMBER	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 PRESIDENT OF THE BOARD	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JUDY HADSALL DIRECTOR	2.00	X						0.	0.	0.
(19) BRIAN MCDONOUGH VICE PRESIDENT OF THE BOARD	2.00	X		X				0.	0.	0.
(20) LESLIE PECK EXECUTIVE COMMITTEE MEMBER	2.00	X						0.	0.	0.
(21) LISA CRAWFORD DIRECTOR	2.00	X						0.	0.	0.
(22) GRANT SEIFRIED EXECUTIVE COMMITTEE MEMBER	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) DAVID COOK DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								0.	197,928.	36,346.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	197,928.	36,346.

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? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KPM TECHNOLOGY LLC 1436 S GLENSTONE AVE, SPRINGFIELD, MO 65804	TECHNOLOGY SUPPORT	108,699.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (checkboxes for trustee, officer, etc.), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include names like SCOTT MEIER, SHELLEY EVANS, WYATT JENKINS, etc.

Total to Part VII, Section A, line 1c

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	7,843,516.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	542,934.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 913.				
	h Total. Add lines 1a-1f			8,386,450.			
Program Service Revenue	2 a FEES RECEIVED FROM OTHER AGENCIES	Business Code	561000	1,440,831.	1,440,831.		
	b FUNDS FROM UNITED WAY		561000	89,788.	89,788.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,530,619.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			14,396.		14,396.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	43,042.			
			(ii) Personal				
	b Less: rental expenses	6b		0.			
	c Rental income or (loss)	6c		43,042.			
	d Net rental income or (loss)			43,042.	43,042.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		167,534.				
		b Less: direct expenses	8b	44,641.			
		c Net income or (loss) from fundraising events			122,893.		122,893.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a INDIRECT COST REIMBURSEMENT	Business Code	561000	460,819.	460,819.		
	b MISCELLANEOUS INCOME		561000	8,091.	8,091.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			468,910.			
12 Total revenue. See instructions			10,566,310.	2,042,571.	0.	137,289.	

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)	91,700.	10,463.	76,005.	5,232.
7 Other salaries and wages	1,339,330.	1,295,215.	14,100.	30,015.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	105,734.	94,626.	7,455.	3,653.
9 Other employee benefits	161,928.	150,296.	8,301.	3,331.
10 Payroll taxes	112,542.	102,592.	7,214.	2,736.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	139,937.		139,937.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,774.		6,774.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	82,791.	82,791.		
12 Advertising and promotion	289,585.	288,487.	1,098.	
13 Office expenses	740,589.	704,095.	35,482.	1,012.
14 Information technology	45,293.	21,993.	16,671.	6,629.
15 Royalties				
16 Occupancy	153,438.	134,393.	13,626.	5,419.
17 Travel	55,603.	54,703.	644.	256.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	355,949.	341,753.	14,196.	
20 Interest	30,253.	30,253.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	194,848.	193,382.	1,466.	
23 Insurance	15,409.	13,755.	1,183.	471.
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 OUTREACH	2,415,358.	2,415,358.		
b CONTRACTED SERVICES	2,005,594.	2,005,594.		
c LEASED EMPLOYEES	1,618,597.	1,460,556.	113,075.	44,966.
d INDIRECT COSTS	460,819.	460,819.		
e All other expenses	21,512.	15,153.	6,359.	
25 Total functional expenses. Add lines 1 through 24e	10,443,583.	9,876,277.	463,586.	103,720.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	427,573.	2	1,038,075.
	3 Pledges and grants receivable, net	779,790.	3	930,921.
	4 Accounts receivable, net	6,374.	4	14,394.
	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	7,513.	9	9,056.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,420,520.		
	b Less: accumulated depreciation	10b 647,309.	10c	3,773,211.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	690,991.	12	625,217.
	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)	5,862,422.	16	6,390,874.	
Liabilities	17 Accounts payable and accrued expenses	230,429.	17	568,880.
	18 Grants payable		18	
	19 Deferred revenue	321,446.	19	754,342.
	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	973,482.	23	679,509.
	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	1,525,357.	26	2,002,731.
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	3,911,558.	27	3,922,344.
	28 Net assets with donor restrictions	425,507.	28	465,799.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,337,065.	32	4,388,143.
	33 Total liabilities and net assets/fund balances	5,862,422.	33	6,390,874.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,566,310.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,443,583.
3	Revenue less expenses. Subtract line 2 from line 1	3	122,727.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,337,065.
5	Net unrealized gains (losses) on investments	5	-71,649.
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	4,388,143.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2999066.	4619976.	5784901.	5669631.	8386450.	27460024.
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	2999066.	4619976.	5784901.	5669631.	8386450.	27460024.
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.						27460024.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2999066.	4619976.	5784901.	5669631.	8386450.	27460024.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,658.	18,993.	21,975.	16,330.	14,396.	86,352.
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.)	230,592.	315,961.	381,481.	329,815.	468,910.	1726759.
11 Total support. Add lines 7 through 10						29273135.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	93.81	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	93.27	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC	Employer identification number 43-1830026
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>SUTHERLAND FOUNDATION</u> <u>710 W MAIN STREET</u> <u>LOUISVILLE, KY 40202</u>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC	Employer identification number 43-1830026
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2021

Open to Public Inspection

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

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

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

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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	563,649.	444,511.	458,062.	441,124.	415,585.
b Contributions					
c Net investment earnings, gains, and losses	-59,814.	124,341.	-16,553.	21,363.	29,934.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	6,429.	5,203.	4,430.	4,425.	4,395.
g End of year balance	497,406.	563,649.	444,511.	458,062.	441,124.

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,000.		50,000.
b Buildings		4,015,666.	389,217.	3,626,449.
c Leasehold improvements				
d Equipment		353,054.	256,292.	96,762.
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.)				3,773,211.

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	497,406.	END-OF-YEAR MARKET VALUE
(C) CFO CAPACITY BUILDING		
(D) FUND	105,610.	END-OF-YEAR MARKET VALUE
(E) CFO EARLY CHILD INITIATIVE		
(F) FUND	22,201.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	625,217.	

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	10,539,302.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-71,649.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	44,641.
e	Add lines 2a through 2d	2e	-27,008.
3	Subtract line 2e from line 1	3	10,566,310.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,566,310.

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	10,488,224.
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	44,641.
e	Add lines 2a through 2d	2e	44,641.
3	Subtract line 2e from line 1	3	10,443,583.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,443,583.

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 44,641.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED AGAINST REVENUE 44,641.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

Part I

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VARIOUS FUNDRAISING (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	167,534.		167,534.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	167,534.		167,534.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	44,641.		44,641.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			44,641.
	11	Net income summary. Subtract line 10 from line 3, column (d)			122,893.

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:

13a		%
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 Supplemental Information *(continued)*

Lined area for supplemental information.

SCHEDULE L (Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

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

Part I Excess Benefit Transactions

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

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

Part II Loans to and/or From Interested Persons.

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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total ... \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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	266,718.	SEE BELOW		X
BRIDGET DIERKS	CPO DIRECTOR	497,406.	SEE BELOW		X
BRIDGET DIERKS	CPO DIRECTOR	127,811.	SEE BELOW		X
JASON GAGE	CPO DIRECTOR	414,192.	SEE BELOW		X
CARL ROSENKRANZ	CPO DIRECTOR	6,357.	SEE BELOW		X
SCOTT MEIER	CPO DIRECTOR	15,475.	SEE BELOW		X
BRIAN MCDONOUGH	CPO DIRECTOR	12,263.	SEE BELOW		X
JOSELYN BALDNER	CPO DIRECTOR	661,718.	SEE BELOW		X
SHELLEY EVANS	CPO DIRECTOR	1,211,151.	SEE BELOW		X
RUSTY MACLACHLAN	CPO DIRECTOR	1,803,944.	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 \$ 266,718.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

INSURANCE BROKER OF CPO 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 \$ 497,406.

(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 \$ 127,811.

(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 \$ 414,192.

(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 \$ 6,357.

(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 \$ 15,475.

(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 \$ 12,263.

(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 \$ 661,718.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: 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 \$ 1,211,151.

(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: RUSTY MACLACHLAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 1,803,944.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

COMMISSIONER OF DISTRICT 1 OF GREENE COUNTY COMMISSION, WITH WHOM CPO HAS GRANTS AND CONTRACTS. THIS IS THE AMOUNT OF THE EXPENSE

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BRAD ERWIN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 48,000.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

EMPLOYED BY PARAGON ARCHITECTURE. CPO HAS A VENDOR RELATIONSHIP. THIS IS THE AMOUNT PAID TO PARAGON ARCHITECTURE FOR THE YEAR.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

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

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

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

LIBRARIES, AND CHURCHES IN GREENE, CHRISTIAN AND WEBSTER COUNTIES AND SERVED 200+ INDIVIDUALS DURING THE 2021-22 FISCAL YEAR. WE TRAINED 45 MORE FACILITATORS THIS YEAR, FOR A TOTAL OF AN ADDITIONAL 165 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 APPROXIMATELY 400 INDIVIDUALS IN THIS REPORTING PERIOD.

OUR CAPABLE KIDS AND FAMILIES PROGRAM SUPPORTS FAMILIES WITH CHILDREN WITH A DEVELOPMENTAL DELAY OR DISABILITY. THE PROGRAM SERVED 35

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

Schedule O (Form 990) 2021

Name of the organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC	Employer identification number 43-1830026
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FAMILIES THROUGH HOME VISITING, PLAY GROUPS AND A THERAPEUTIC EQUIPMENT LOAN PROGRAM. ENROLLED FAMILIES ARE PROVIDED WITH MONTHLY HOME VISITS THAT INCLUDE GOAL SETTING BASED ON CAROLINA CURRICULUM CHILD ASSESSMENTS. WHEN WE ARE ABLE TO MEET IN PERSON, WE OFFER MONTHLY PLAY GROUPS IN THE COMMUNITY. THE EQUIPMENT LOAN PROGRAM ALLOWS FAMILIES TO TRY OUT VERY EXPENSIVE EQUIPMENT TO SEE IF IT MEETS THEIR CHILD'S NEEDS BEFORE SPENDING INSURANCE DOLLARS OR THEIR OWN MONEY TO PURCHASE 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 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 FOR

Name of the organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC	Employer identification number 43-1830026
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KEEPING BABIES SAFE. ADDITIONALLY, THE PROGRAM IS RECRUITING SAFE SLEEP CHAMPIONS TO SPEAK TO THE COMMUNITY ON SAFE SLEEP PRACTICES.

OUR EDUCARE PROGRAM SERVES CHILD CARE PROGRAMS THAT WORK WITH CHILDREN AND FAMILIES WHO RECEIVE CHILDCARE SUBSIDIES. THE GOAL IS TO HELP PREPARE CHILDREN FOR SCHOOL AND INCREASE HEALTH AND SAFETY. THE EDUCARE PROGRAM SERVED 60 DVNS 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 900 PROVIDERS RECEIVED REQUIRED TRAINING ON HEALTH AND SAFETY, RECORD-KEEPING, AND DISASTER 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. DURING THE LAST TWO YEARS, WE HAVE PROVIDED SERVICES TO MORE THAN 156 CHILD CARE PROVIDERS WHO SERVE 623+ 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 58 CHILDREN WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD QUALITY PRESCHOOL. NINETY FOUR 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 THE DARR FAMILY FOUNDATION TO INCREASE THE QUALITY OF EARLY CARE AND EDUCATION IN SPRINGFIELD. THE PROGRAM, STEPS TO EXCELLENCE, IS A

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

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FIVE-YEAR PROPOSAL DESIGNED TO ENGAGE PUBLIC, PRIVATE, FAITH-BASED AND COLLEGES TO INCREASE 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. FOURTEEN HUNDRED EARLY EDUCATORS RECEIVED EXTENSIVE TRAINING AND COACHING IN THE FOURTH YEAR OF STEPS TO EXCELLENCE.

THROUGH A PARTNERSHIP WITH ARCHS OF ST. LOUIS, WE NOW OFFER COMPREHENSIVE HOME VISITATION TO 54 FAMILIES IN SEVEN COUNTIES IN SOUTHWEST MISSOURI, 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. MOST 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 MOTHERS AND BABIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
TRAINING AND EDUCATION.

CARING COMMUNITIES PROVIDES MENTORING PROGRAMS INCLUDING THE BULLDOG BASKETBALL ACADEMY, MENTOR SGF, AND BROTHER 2 BROTHER (SAAB). THE BULLDOG BASKETBALL ACADEMY CREATES OPPORTUNITIES FOR STUDENTS TO PARTICIPATE IN A FREE BASKETBALL TRAINING PROGRAM. YOUTH LEARN SKILLS SPECIFIC TO BASKETBALL AND IMPORTANT LIFE SKILLS, LIKE HAVING A GOOD ATTITUDE, WORKING HARD, DOING WELL IN SCHOOL, AND GETTING ALONG WITH OTHERS. THE ACADEMY PROVIDES ADDITIONAL POSITIVE ADULT MENTORS FOR THE STUDENTS. BULLDOG BASKETBALL ACADEMY WAS HELD AT FIVE DIFFERENT LOCATIONS AND WITH 132 STUDENTS PARTICIPATING. THIS EQUATED TO AN 82%

Name of the organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC	Employer identification number 43-1830026
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INCREASE IN PARTICIPATION FROM FY21. MENTOR SGF PROVIDES SMALL GROUP AND ONE-ON-MENTORING TO FOUR SPRINGFIELD SCHOOLS (BOWERMAN, WEAVER, PIPKIN, AND REED). THE PROGRAM FOCUSES ON PROVIDING CONSISTENT, POSITIVE ROLE MODELS FOR STUDENTS WITH THE GOAL OF INCREASING STUDENTS' SELF-ESTEEM, CONFIDENCE, AND MOTIVATION TO THRIVE IN LIFE. MENTOR SGF SERVED 631 STUDENTS, A 49% INCREASE FROM FY21 AND FACILITATED SIX MENTORING GROUPS WITH 171 ENGAGEMENT OPPORTUNITIES. BROTHER 2 BROTHER (SAAB) IS A NATIONAL PROGRAM THAT PROVIDES SUPPORT SYSTEMS FOR YOUNG MEN OF COLOR TO ENSURE THEIR SUCCESS IN THE COMPLETION OF THEIR POST-SECONDARY EDUCATION. THIS IS CONDUCTED THROUGH INDIVIDUAL HIGH SCHOOL AND COLLEGE CHAPTERS WORKING WITH STUDENTS IN THEIR RESPECTIVE SCHOOLS. THIS PROGRAM PROVIDES 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 EIGHT CHAPTERS LAUNCHED IN FY22, WITH 142 STUDENTS PARTICIPATING. THIS IS A 108% INCREASE IN PARTICIPATION FROM FY21. DURING THE 2021-2022 SCHOOL YEAR, WE PROVIDED SUPPORT FOR 18 AFTER SCHOOL CLUBS (224 ENGAGEMENT OPPORTUNITIES) BETWEEN THE SPRINGFIELD PUBLIC SCHOOL DISTRICT AND WILLARD SCHOOL DISTRICT. OUR AFTER-SCHOOL CLUBS FOCUS ON IMPROVING SKILLS, DAILY ATTENDANCE, AND ACADEMIC SUCCESS, AND ALLOW FOR CAREER EXPLORATION. APPROXIMATELY 388 STUDENTS PARTICIPATED IN THESE AFTER SCHOOL CLUBS. IN FY22, THE CARING COMMUNITIES INITIATIVE PILOTED A SOCIAL AND EMOTIONAL LEARNING (SEL) PROGRAM TO INCREASE EMOTIONAL INTELLIGENCE AND RESILIENCY WITHIN OUR COMMUNITY. THE PROGRAM SPECIFICALLY SERVED STUDENTS, STAFF, AND PARENTS AT FOUR SPRINGFIELD PUBLIC SCHOOLS: TRUMAN, WEAVER, WESTPORT, AND WILLIAMS. THIS PROGRAM PROVIDES CONTINUAL DIRECT SERVICE SUPPORT TO 196 STUDENTS, 76 SPS STAFF, AND 102 SPS PARENTS.

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THROUGH OUR COMMUNITY-BASED SOCIAL WORK PROGRAM, WE ASSISTED FAMILIES WITH CRISIS INTERVENTION AND CONNECTION TO RESOURCES. THERE WERE 171 INDIVIDUALS, REPRESENTING 72 FAMILIES, THAT WERE ASSISTED THROUGH MORE THAN 358 COMMUNITY REFERRALS AND 1,615 CONTACTS, AND 8 FAMILIES RECEIVED ONGOING CASE MANAGEMENT. A TOTAL OF 33 INDIVIDUALS/FAMILIES WERE ASSISTED THROUGH OUR EMERGENCY FUND AND CRISIS FOCUSED GRANTS. WE HOSTED ONE MASTER'S OF SOCIAL WORK INTERN WHO PROVIDED A TOTAL OF 450 HOURS OF SERVICE. CPO ALSO HOSTED THREE BACHELORS OF SOCIAL WORK INTERNS WHO CREATED A BUSINESS DIRECTORY, ASSISTED WITH PLANNING A LANDLORD/TENANT EVENT, AND ASSISTED INDIVIDUALS EXPERIENCING HOMELESSNESS WITH RESOURCES. THESE INDIVIDUALS PROVIDED 1,200 HOURS OF SERVICE. WE CONTINUED THE 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 TO 27 COMMUNITY MEMBERS THROUGHOUT THE YEAR. OUR SOCIAL WORKER ASSISTED PATRONS IN COMPLETING FOOD STAMP APPLICATIONS, CHECKING ON MEDICAID STATUSES, AND CONNECTION TO VARIOUS COMMUNITY RESOURCES. CPO WAS FORTUNATE ENOUGH TO RECEIVE COMMUNITY FOUNDATION OF THE OZARKS LET'S GET TO WORK FUNDING TO SUPPORT WORKERS AND JOB SEEKERS WHO FACED TRANSPORTATION BARRIERS. WE SERVED 17 COMMUNITY MEMBERS FROM 3 COUNTIES WITH THIS FUNDING.

WE SUPPORTED NEIGHBORHOOD ASSOCIATIONS AND GROUPS THROUGH ACTIVITIES/EVENTS THAT PROMOTED SAFE, FRIENDLY, AND CLEAN NEIGHBORHOODS. CPO HOSTED A GOOD NEIGHBOR BINGO CHALLENGE AMONG ALL NEIGHBORHOOD ASSOCIATIONS WITH NINE NEIGHBORHOODS CHOOSING TO PARTICIPATE. A TOTAL OF 53 NEIGHBORHOOD MEMBERS TURNED IN BINGO CARDS WITH A TOTAL OF 327 ACTIVITIES COMPLETED THROUGH THE CHALLENGE. WE HOSTED THE ANNUAL NEIGHBORHOOD ORGANIZATION VOLUNTEER AWARDS (NOVA)

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EVENT, RECOGNIZING 17 NEIGHBORHOOD VOLUNTEERS AND 2 ORGANIZATIONS FOR THEIR SERVICE. THE THEME WAS WELCOMING CHANGE: CELEBRATING THE PAST AND EMBRACING THE FUTURE.

OUR NEIGHBORHOOD CLEAN-UP PROGRAM EXPERIENCED CHANGE THIS YEAR, AS CLEAN-UPS WERE OFFERED DURING THE WEEK RATHER THAN ON SATURDAYS DUE TO STAFFING CHALLENGES WITH THE WASTE COMPANIES. OVERALL, 239 TONS OF TRASH WERE TAKEN TO THE LANDFILL, 18 TONS OF SCRAP METAL WERE RECYCLED, 116 WASTE DUMPSTERS WERE FILLED, 34 BRUSH DUMPSTERS WERE FILLED, 1,565 HOUSEHOLDS WERE SERVED, AND WE HAD 242 VOLUNTEERS GIVE 1,517 HOURS OF THEIR TIME. AFTER DISCUSSION WITH NEIGHBORHOOD ASSOCIATION MEMBERS AND RESIDENTS ABOUT COMMUNITY-WIDE ISSUES AND NEEDS, A NUISANCE PROPERTY SUBCOMMITTEE WAS FORMED AS PART OF THE HOUSING COLLABORATIVE. THIS COMMITTEE FOCUSED EFFORTS ON PROVIDING RECOMMENDATIONS TO CITY COUNCIL TO INITIATE STRATEGIES IN RELATION TO NUISANCE PROPERTIES. THE LANDLORD AND TENANT SUBCOMMITTEE HOSTED AN EVENT FOCUSED ON FAIR HOUSING AND PROVIDING INFORMATION TO RENTERS. THE SPRINGFIELD TOOL LIBRARY IS A LENDING LIBRARY THAT ALLOWS MEMBERS TO BORROW TOOLS. WE PROCESSED 485 TRANSACTIONS; THAT WAS 412 CHECKOUTS, 415 RETURNS, 264 RENEWALS, AND 305 MEMBERSHIP FEES. WE CURRENTLY HAVE 86 MEMBERS, 1 OF WHICH IS A LIFETIME MEMBER. WE ALSO HAD SEVERAL VOLUNTEERS ASSIST WITH THE TOOL LIBRARY THIS YEAR, HELPING US WITH CHECK-OUTS AND RETURNS, TOOL MAINTENANCE, AND OUTREACH. WE HAD A TOTAL OF 14 VOLUNTEERS GIVE 133 HOURS OF THEIR TIME. CPO BEGAN HOSTING QUARTERLY FIX-IT FAIRS IN PARTNERSHIP WITH THE MIDTOWN-CARNEGIE BRANCH LIBRARY. FIX-IT FAIRS ARE FREE COMMUNITY EVENTS THAT OFFER REPAIR SERVICES FOR SMALL-SCALE ITEMS, SUCH AS LAMPS, RADIOS, JEWELRY, TOYS, CLOTHING, AND MORE. THROUGH FIX-IT FAIR EVENTS, WE SERVED 49 INDIVIDUALS AND HAD A TOTAL OF 24 VOLUNTEERS GIVE 99 HOURS OF THEIR TIME.

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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 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. FY22 WAS A SLOW YEAR FOR THE CRIME STOPPERS PROGRAM. HOWEVER, DESPITE A REDUCTION IN TIPS RECEIVED AND BOARD TRANSITION, THE PROGRAM STILL PROMOTED CRIME PREVENTION THROUGH SOCIAL MEDIA, OUR PARTNERSHIP WITH KY3, AND OUR 4 COMMUNITY KIOSKS. THERE WERE 1,365 TIPS RECEIVED AND 1,444 FOLLOW-UPS MADE ON RECEIVED TIPS. FROM THOSE TIPS, ONE ARREST WAS MADE, AND \$500 WORTH OF STOLEN PROPERTY WAS RECOVERED.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:
WE PROVIDED SUPPORTIVE SERVICES TO FIVE AFFORDABLE HOUSING DEVELOPMENTS: FULBRIGHT SPRINGS, OAKWOOD PLACE, PLYMOUTH LANDING, WOODFIELD PARK AND WESTPORT PARK. THESE DEVELOPMENTS ARE DESIGNED TO PROVIDE SAFE, AFFORDABLE, AND QUALITY HOUSING THAT INCLUDE SERVICES TO

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STRENGTHEN THE COMMUNITY. THE PARTNERSHIP HAS ALLOWED US TO OFFER SUPPORTIVE SERVICES THAT EQUIP FAMILIES WITH TOOLS TO ATTAIN STABILITY, CONNECT TO THE COMMUNITY, AND IMPROVE HEALTHY FAMILY FUNCTIONING, INCLUDING RENT REFERRALS, TAX ASSISTANCE, AND WEEKLY PRODUCE DISTRIBUTION.

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. CPO LAUNCHED OUR EMERGENCY RENTAL ASSISTANCE (ERA) PROGRAM IN MARCH OF 2021 AND BEGAN PROVIDING RENT AND UTILITY ASSISTANCE TO GREENE COUNTY RESIDENTS. SINCE MARCH 2021, THE ERA PROGRAM ASSISTED APPROXIMATELY 625 FAMILIES, WITH APPROXIMATELY \$2,051,000 WORTH OF RENTAL/UTILITY ASSISTANCE TO STABILIZE THEIR LIVING SITUATIONS.

THE SCHOOL BASED SOCIAL WORK (SBSW) PROGRAM STARTED IN OCTOBER 2021 WITH TWO SOCIAL WORKERS AT TWO SCHOOLS AND GREW TO 13 SOCIAL WORKERS SERVING 48 SCHOOLS WITHIN THE SPRINGFIELD PUBLIC SCHOOLS DISTRICT. DURING THE FIRST YEAR, SCHOOL COUNSELORS REFERRED 507 STUDENTS FOR SERVICES. THIS PROGRAM FOCUSES ON PROVIDING CRISIS INTERVENTION SERVICES AND/OR CASE MANAGEMENT. THE SBSW TEAM OF SOCIAL WORKERS RECEIVES REFERRALS FROM THE SCHOOL COUNSELORS. THEY THEN ASSESS THE SITUATION TO DETERMINE IF THE FAMILIES ARE IN CRISIS OR IN NEED OF CASE MANAGEMENT SERVICES. SBSW CONNECTS FAMILIES WITH RESOURCES AND SUPPORTS IN THE SPRINGFIELD COMMUNITY.

THE COMMUNITY MENTORING AND SUPPORTIVE SERVICES PROGRAM IS A GRANT

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FUNDED PARTNERSHIP WITH THE DIVISION OF YOUTH SERVICES THAT PROVIDES INDIVIDUAL AND GROUP MENTORING WHILE SUPPORTING FAMILY ENGAGEMENT.

THERE WERE 17 INDIVIDUALS WHO RECEIVED ONE-ON-ONE MENTORING SERVICES, 48 GROUPS WERE FACILITATED, AND 164 FAMILY ENGAGEMENT KITS WERE DELIVERED. THIS PROGRAM ALSO CONDUCTED FAMILY NIGHT EVENTS TO ASSIST YOUTH IN CREATING A FAMILY-CENTERED ENVIRONMENT.

THE COMMUNITY COLLABORATIVE INITIATIVE INCLUDES SIX COLLABORATIVE GROUPS FOCUSED ON CHILD ABUSE AND NEGLECT, FOOD, ENVIRONMENT, HOUSING, TRANSPORTATION, AND EARLY CARE AND EDUCATION. EACH GROUP CONSISTS OF COMMUNITY AGENCIES, LEADERS, AND GRASSROOT CITIZENS THAT COME TOGETHER TO CREATE DIALOGUE, ACTION, AND COORDINATION TO ADDRESS ISSUES IN A BROAD COMMUNITY CONTEXT. THE COLLABORATIVE INITIATIVE IS OVERSEEN BY THE COUNCIL OF COLLABORATIVES, WHICH IS COMPRISED OF LEADERSHIP FROM EACH COLLABORATIVE. THE COLLABORATIVES HAD 138 MEMBERS, 57 ORGANIZATIONS ENGAGED, AND 1,087 VOLUNTEERS WORKING TOGETHER TO MAKE LASTING CHANGE IN OUR COMMUNITY THROUGH COLLECTIVE IMPACT.

OUR MAKING SENSE OF MONEY FINANCIAL LITERACY PROGRAM CONTINUED TO FIND WAYS TO PROVIDE FINANCIAL LITERACY EDUCATION AND SUPPORT THROUGH THE PANDEMIC. WE SERVED A TOTAL OF 63 INDIVIDUALS THROUGH OUR BASIC BUDGETING SERIES AND PROVIDED 5 GRADUATES WITH A \$100 SAVINGS GOAL MATCH. FEEDBACK FROM PARTICIPANTS REMAINED POSITIVE AS THEY REPORTED THE EXTREME VALUE OF THE MAKING SENSE OF MONEY PROGRAM.

FREE VOLUNTEER INCOME TAX ASSISTANCE (VITA) CLINICS WERE OFFERED AS PART OF THE ACROSS THE LIFE SPAN (ATLS) AND WE CARE COALITIONS. MORE THAN 70 IRS-CERTIFIED VOLUNTEERS PREPARED 5,064 FEDERAL TAX RETURNS LAST YEAR, RETURNING OVER \$5 MILLION IN TOTAL REFUNDS, \$1,482,064 IN EARNED INCOME CREDIT, AND \$1,041,825 IN CHILD TAX CREDITS. THERE WERE NINE TRADITIONAL VITA TAX CLINICS AND SIX FACILITATED SELF-ASSISTED

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SITES. WE PARTNERED WITH SPRINGFIELD DREAM CENTER TO HOST TAX-A-PALOOZA THAT SERVED APPROXIMATELY 100 PEOPLE.

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

THROUGH THE STATE OPIOID RESPONSE GRANT PROJECT, WE PROVIDED GENERATION RX TRAININGS TO 839 COMMUNITY MEMBERS THAT INCREASED AWARENESS OF THE RISKS OF PRESCRIPTION DRUG MISUSE AND HOW TO PROPERLY STORE AND DISPOSE OF MEDICATIONS. WE ASSISTED COMMUNITIES IN IMPLEMENTING MEDICATION TAKE BACK EVENTS THAT COLLECTED 6,980 POUNDS OF EXPIRED AND/OR UNUSED MEDICATIONS, AND CREATED AND AIRED MEDIA CAMPAIGNS ON OPIOID MISUSE PREVENTION THAT REACHED MORE THAN 1 MILLION PEOPLE. ACCORDING TO THE 2022 MISSOURI STUDENT SURVEY, 6TH-12TH GRADE STUDENTS REPORTED A DECREASE IN ALL COUNTIES IN OUR REGION FOR PAST MONTH USE OF PRESCRIPTION DRUGS NOT PRESCRIBED BY A DOCTOR, INCLUDING A DECREASE FROM 8.2% IN 2020 TO 1.9% IN 2022 IN GREENE COUNTY.

WE WERE AWARDED A 2-YEAR FIREARM SUICIDE PREVENTION PLANNING GRANT FROM MISSOURI FOUNDATION FOR HEALTH. THROUGH THIS INITIATIVE, WE ESTABLISHED FIREARM SUICIDE PREVENTION NETWORKS WITH KEY STAKEHOLDERS IN CHRISTIAN, GREENE, HOWELL, AND TANEY COUNTIES TO WORK COLLABORATIVELY TO INCREASE AWARENESS ABOUT THE PREVALENCE OF FIREARM SUICIDE AND RELATED RISKS, AS WELL AS INCREASE COMMUNITY SUPPORT FOR FIREARM SUICIDE PREVENTION.

WE COORDINATED A REGIONAL PREVENTION LEADERSHIP CONFERENCE FOR COALITION AND COMMUNITY LEADERS, HELPED PROVIDE THE SPRINGFIELD AREA VAPE EDUCATION CURRICULA TO MORE THAN 600 STUDENTS, AND COLLABORATED

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WITH THE TOBACCO AND VAPE PREVENTION COALITION TO COLLECT 289 VAPE DEVICES FROM VAPE DROP BOXES INSTALLED IN ALL SPRING PUBLIC SCHOOLS MIDDLE AND HIGH SCHOOL BUILDINGS.

WE ASSISTED IN PROVIDING QPR SUICIDE PREVENTION TRAININGS AND/OR YOUTH AND ADULT MENTAL HEALTH FIRST AID TRAININGS TO 280 ADULTS AND TEEN MENTAL HEALTH FIRST AID AND/OR SIGNS OF SUICIDE TRAINING TO 3,017 TEENS TO INCREASE THEIR MENTAL HEALTH LITERACY, DECREASE STIGMA, AND IDENTIFY AND ASSIST A PERSON EXPERIENCING A MENTAL HEALTH CHALLENGE OR CRISIS, INCLUDING THOUGHTS OF SUICIDE.

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 ROBBERSON NEIGHBORHOOD. THE OCH WELCOMES OVER 5,000 UNIQUE VISITORS PER YEAR.

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 OCH PROVIDES RESIDENTS OF OUR TRI-COUNTY REGION WITH DIRECT ACCESS TO MULTIPLE AGENCIES; A ONE-STOP DIRECT SERVICE CENTER CO-LOCATING CPO'S ANCHOR PROGRAMS, ONE DOOR, THE SPRINGFIELD COMMUNITY LAND TRUST, TOOL LENDING LIBRARY, AND FINANCIAL STABILITY PROGRAMS, ALONG WITH AARP, BURRELL BEHAVIORAL HEALTH, CATHOLIC CHARITIES OF SOUTHERN MISSOURI, CONSUMER CREDIT COUNSELING, DIVISION OF SOCIAL SERVICES, HABITAT FOR HUMANITY, LEGAL SERVICES OF

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SOUTHERN MO, SPRINGFIELD PUBLIC SCHOOLS, THE VETERANS ADMINISTRATION,
 SPRINGFIELD-GREENE COUNTY HEALTH DEPARTMENT, OACAC, AND MSU CARE &
 MISSOURI STATE UNIVERSITY'S NURSING PROGRAM.

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

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FROM THE IMPACT OF COVID WHEN THE PANDEMIC LANDED IN OUR REGION. THROUGH CARES ACT FUNDING, WE PROVIDED EMERGENCY SHELTER FOR MORE THAN 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 2021-2022, ONE DOOR STAFF COMPLETED MORE THAN 1,707 INTAKE ASSESSMENTS. CPO AND THE OAEH COORDINATE THE CRISIS COLD WEATHER SHELTER PROGRAM EACH WINTER TO EXPAND THE NUMBER OF OVERNIGHT EMERGENCY SHELTER BEDS FOR ADULTS IN OUR COMMUNITY. SHELTERS ARE INDEPENDENTLY OPERATED, BUT ALL FOLLOW PARAMETERS SET FORTH BY THE CITY OF SPRINGFIELD'S DECLARATION OF ECONOMIC AND HOUSING CALAMITY TO ENSURE HEALTH AND SAFETY OF VOLUNTEERS/GUESTS AS WELL AS BEST PRACTICES ESTABLISHED THROUGH COMMUNITY PARTNERSHIP'S OAEH TO ENSURE CONSISTENCY OF SERVICE ACROSS ALL SITES.

BECAUSE OF THE COVID-19 PANDEMIC, SEVERAL SHELTER SITES REDUCED THEIR INDIVIDUAL BED CAPACITY TO ACCOMMODATE APPROPRIATE SOCIAL DISTANCING.

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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 2021-2022, 8 SITES PROVIDED ON-GOING SHELTER BEDS OVER THE COURSE OF THE SEASON. 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 62 NIGHTS, PROVIDING 9,305 BED NIGHTS (INCLUDES DUPLICATED NUMBERS SERVED). AN AVERAGE OF 152 PEOPLE WERE SERVED PER NIGHT, WITH THE HIGHEST USE OCCURRING IN JANUARY PROVIDING 3,494 BED NIGHTS. EXPENSES \$ 1,059,108. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,160,996.

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

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

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST DISCLOSURES ARE REVIEWED BY THE EXECUTIVE COMMITTEE. DURING ALL BOARD MEETINGS, CPO BOARD PRESIDENT AND CEO MONITOR AND ENFORCE COMPLIANCE BASED UPON THE ANNUAL DISCLOSURES FOR ANY ISSUES BROUGHT BEFORE THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:
THE CEO AND TOP MANAGEMENT'S COMPENSATION IS DETERMINED BASED ON JOB PERFORMANCE AND BUDGET PARAMETERS. THE EXECUTIVE COMMITTEE MAKES RECOMMENDATION OF COMPENSATION FOR THE CEO AS PART OF THE ANNUAL BUDGET PROCESS.

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

PART XII LINE 2C
NO CHANGES WERE MADE FROM PRIOR AUDITS

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY OF THE OZARKS	P	1,618,597.	
(2) UNITED WAY OF THE OZARKS	C	89,788.	
(3) UNITED WAY OF THE OZARKS	P	139,937.	
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer: COMMUNITY PARTNERSHIP OF THE OZARKS, INC EIN or SSN: 43-1830026

Name and title of officer or person subject to tax: SHELLEY EVANS, TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 10 rows (1a-10a) and 3 columns: Form type, Description, and Amount. Row 1a: Form 990, Total revenue, 10,566,310.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) THE WHITLOCK COMPANY, LLP, (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize THE WHITLOCK COMPANY, LLP to enter my PIN 88152. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax: ***** THIS IS NOT A FILEABLE COPY ***** Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

43066888152 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2021)

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

SHERI LUPTON

- The books are in the care of ▶ **330 N JEFFERSON - SPRINGFIELD, MO 65806**

Telephone No. ▶ **417-888-2020** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

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

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

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