

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 330 N. JEFFERSON City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, MO 65806 F Name and address of principal officer: JANET DANKERT 330 N JEFFERSON, SPRINGFIELD, MO 65806	D Employer identification number 43-1830026 E Telephone number 417-888-2020 G Gross receipts \$ 9,661,627. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.CPOZARKS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1998 M State of legal domicile: MO

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: SERVES IN 29 COUNTIES BUILDING RESILIENT CHILDREN, HEALTHY FAMILIES AND STRONG COMMUNITIES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	38
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	115
	6	Total number of volunteers (estimate if necessary)	6	9259
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	8,386,450.	7,225,649.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,530,619.	1,634,996.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,396.	28,761.
12		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	634,845.	706,103.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,566,310.	9,595,509.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,811,234.	4,110,388.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 101,777.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,632,349.	5,550,625.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,443,583.	9,661,013.	
19	Revenue less expenses. Subtract line 18 from line 12	122,727.	-65,504.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	6,390,874.	5,843,117.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,002,731.	1,489,389.
22	Net assets or fund balances. Subtract line 21 from line 20	4,388,143.	4,353,728.	

Part II Signature Block

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

Sign Here	Signature of officer WILLIAM ROBERTS, TREASURER	Date	
Paid Preparer Use Only	Print/Type preparer's name JOSEPH PAGE	Preparer's signature	Date
	Firm's name THE WHITLOCK COMPANY, LLP	Firm's EIN 43-1365401	Check if self-employed <input type="checkbox"/> PTIN P00887441
	Firm's address 3271 E BATTLEFIELD, SUITE 300 SPRINGFIELD, MO 65804	Phone no. (417) 881-0145	

May the IRS discuss this return with the preparer shown above? See instructions 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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,302,027. including grants of \$) (Revenue \$ 1,317,744.) CPO'S EARLY CHILDHOOD AND FAMILY DEVELOPMENT DIVISION WORKS TO BUILD STRONG CHILDREN AND FAMILIES THROUGH EDUCATION, ENGAGEMENT, AND EMPOWERMENT. WE OFFER REGULAR PARENT EDUCATION THROUGH THE STRENGTHS-BASED PARENT SUPPORT PROGRAM, PARENT CAFES, WHICH USES THE WORLD CAF MODEL. PARENT CAFES USE A PEER-TO-PEER LEARNING PROCESS COMMITTED TO INTRODUCING PARENTS TO FIVE PROTECTIVE FACTORS THAT KEEP FAMILIES STRONG. PARENT CAFES BUILD 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 TRAINED 51 MORE FACILITATORS THIS YEAR.

4b (Code:) (Expenses \$ 4,466,956. including grants of \$) (Revenue \$ 4,293,136.) COMMUNITY PARTNERSHIP OF THE OZARKS' (CPO) COMMUNITY AND NEIGHBORHOOD DEVELOPMENT DIVISION (CNDD) BUILDS RESILIENT CHILDREN, HEALTHY FAMILIES, AND STRONG NEIGHBORHOODS THROUGH COLLABORATION, ENGAGEMENT, NEIGHBORHOOD ASSOCIATIONS, TO IDENTIFY AND FACILITATE COMMUNITY-BASED STRATEGIES TO ADDRESS THE NEEDS OF CHILDREN AND FAMILIES. CARING COMMUNITIES PROMOTES STUDENT ACHIEVEMENT THROUGH MENTORING, AFTERSCHOOL CLUB SUPPORT, SKILL BUILDING GROUPS, SOCIAL/EMOTIONAL LEARNING OPPORTUNITIES AND EDUCATION, CRISIS INTERVENTION, AND CASE MANAGEMENT WITH FAMILIES. THE INITIATIVE PROVIDES SUPPORT TO NEIGHBORHOOD ASSOCIATIONS AND NEIGHBORHOOD CLEANUPS, FACILITATES THE SPRINGFIELD TOOL LIBRARY, HELPS TO ADDRESS CHRONIC NUISANCE PROPERTIES, AND FACILITATES NEIGHBORHOOD TRAINING AND EDUCATION.

4c (Code:) (Expenses \$ 2,403,642. including grants of \$) (Revenue \$ 2,436,875.) CPO'S PREVENTION AND YOUTH SUPPORT DIVISION WORKS IN 21 COUNTIES IN SOUTHWEST MISSOURI ASSISTING COMMUNITIES IN BUILDING PREVENTION COALITIONS AND IMPLEMENTING MULTIPLE STATE OF MISSOURI PREVENTION CONTRACTS AND LOCAL, STATE, AND FEDERAL GRANTS.

HIGHLIGHTS INCLUDE COORDINATING A REGIONAL SUBSTANCE USE AND SUICIDE PREVENTION LEADERSHIP CONFERENCE FOR COALITION AND COMMUNITY LEADERS, HELPING THE TOBACCO AND VAPE PREVENTION COALITION TO COLLECT 734 VAPE DEVICES FROM VAPE DROP BOXES INSTALLED IN ALL SPRINGFIELD PUBLIC SCHOOLS DISTRICT MIDDLE AND HIGH SCHOOL BUILDINGS, AND ESTABLISHING A SYSTEM TO SAFELY DISMANTLE AND DISPOSE OF THOSE TOXIC DEVICES. AFTER RECEIVING THE SPRINGFIELD AREA VAPE EDUCATION PROGRAM THAT WE HELP

4d Other program services (Describe on Schedule O.) (Expenses \$ 981,954. including grants of \$) (Revenue \$ 657,532.)

4e Total program service expenses 9,154,579.

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 various organizational requirements.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 38		
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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

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

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

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

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <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
NONE		

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 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,065,763.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	159,886.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 8,539.				
	h Total. Add lines 1a-1f		7,225,649.				
Program Service Revenue	2 a FEES RECEIVED FROM OTH	Business Code					
		561000	1,549,988.	1,549,988.			
	b FUNDS FROM UNITED WAY	561000	85,008.	85,008.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		1,634,996.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		28,761.			28,761.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
			50,592.				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	50,592.				
	d Net rental income or (loss)		50,592.	50,592.			
	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		199,298.				
			66,118.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			133,180.			133,180.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a INDIRECT COST REIMBURS	Business Code					
		561000	500,258.	500,258.			
	b MISCELLANEOUS INCOME	561000	22,073.	22,073.			
	c						
	d All other revenue						
e Total. Add lines 11a-11d		522,331.					
12 Total revenue. See instructions		9,595,509.	2,207,919.	0.	161,941.		

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)	231,519.	25,966.	192,570.	12,983.
7 Other salaries and wages	3,020,772.	2,952,291.	11,079.	57,402.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	247,160.	227,079.	13,427.	6,654.
9 Other employee benefits	364,617.	340,693.	18,049.	5,875.
10 Payroll taxes	246,320.	221,948.	18,239.	6,133.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	20,200.	16,766.	1,414.	2,020.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,572.		7,572.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	29,209.	24,073.	1,840.	3,296.
12 Advertising and promotion	325,036.	323,860.	1,176.	
13 Office expenses	1,002,640.	951,972.	50,058.	610.
14 Information technology	64,096.	52,647.	9,590.	1,859.
15 Royalties				
16 Occupancy	167,671.	154,017.	10,103.	3,551.
17 Travel	89,788.	88,395.	1,031.	362.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	185,140.	165,900.	19,240.	
20 Interest	33,183.	33,183.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	172,932.	159,513.	13,419.	
23 Insurance	28,067.	24,099.	2,936.	1,032.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CONTRACTED SERVICES	1,778,227.	1,758,809.	19,418.	
b OUTREACH	1,081,285.	1,081,285.		
c INDIRECT COSTS	500,258.	500,258.		
d MISCELLANEOUS	65,321.	51,825.	13,496.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,661,013.	9,154,579.	404,657.	101,777.
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	1,038,075.	2	272,723.
	3 Pledges and grants receivable, net	930,921.	3	851,696.
	4 Accounts receivable, net	14,394.	4	185.
	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	9,056.	9	10,134.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,435,085.		
	b Less: accumulated depreciation	10b 820,241.	10c	3,614,844.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	625,217.	12	1,093,535.
	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)	6,390,874.	16	5,843,117.	
Liabilities	17 Accounts payable and accrued expenses	568,880.	17	492,006.
	18 Grants payable		18	
	19 Deferred revenue	754,342.	19	345,503.
	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	679,509.	23	284,137.
	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	0.	25	367,743.
	26 Total liabilities. Add lines 17 through 25	2,002,731.	26	1,489,389.
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	3,922,344.	27	3,874,511.
	28 Net assets with donor restrictions	465,799.	28	479,217.
	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	4,388,143.	32	4,353,728.
	33 Total liabilities and net assets/fund balances	6,390,874.	33	5,843,117.

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	9,595,509.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,661,013.
3	Revenue less expenses. Subtract line 2 from line 1	3	-65,504.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,388,143.
5	Net unrealized gains (losses) on investments	5	31,089.
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	4,353,728.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

SCHEDULE A
(Form 990)

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4619976.	5784901.	5669631.	8386450.	7225649.	31686607.
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	4619976.	5784901.	5669631.	8386450.	7225649.	31686607.
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.						31686607.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	4619976.	5784901.	5669631.	8386450.	7225649.	31686607.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,993.	21,975.	16,330.	14,396.	28,761.	100,455.
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.)	315,961.	381,481.	329,815.	468,910.	522,331.	2018498.
11 Total support. Add lines 7 through 10						33805560.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	93.73	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	93.81	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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.)

Horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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 July 25,2006, 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) 2022

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	497,406.	563,649.	444,511.	458,062.	441,124.
b Contributions					
c Net investment earnings, gains, and losses	46,021.	-59,814.	124,341.	-16,553.	21,363.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	6,306.	6,429.	5,203.	4,430.	4,425.
g End of year balance	537,121.	497,406.	563,649.	444,511.	458,062.

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		60,000.		60,000.
b Buildings		4,015,156.	523,005.	3,492,151.
c Leasehold improvements				
d Equipment		358,129.	295,436.	62,693.
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.)				3,614,844.

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	537,121.	END-OF-YEAR MARKET VALUE
(C) CFO CAPACITY BUILDING		
(D) FUND	148,336.	END-OF-YEAR MARKET VALUE
(E) CFO EARLY CHILD INITIATIVE		
(F) FUND	408,078.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,093,535.	

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) LINE OF CREDIT	367,743.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	367,743.

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	9,692,715.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	31,089.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	66,118.
e	Add lines 2a through 2d	2e	97,207.
3	Subtract line 2e from line 1	3	9,595,508.
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	9,595,508.

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

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

1	Total expenses and losses per audited financial statements	1	9,727,130.
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	66,118.
e	Add lines 2a through 2d	2e	66,118.
3	Subtract line 2e from line 1	3	9,661,012.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,661,012.

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 66,118.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED AGAINST REVENUE 66,118.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

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

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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VARIOUS EVENTS (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	199,298.		199,298.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	199,298.		199,298.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	66,118.		66,118.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			66,118.
	11	Net income summary. Subtract line 10 from line 3, column (d)			133,180.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information *(continued)*

[This area contains 25 horizontal lines for supplemental information.]

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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.

2022

Attach to Form 990 or Form 990-EZ.

Open To Public
Inspection

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

Name of the organization
COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number
43-1830026

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

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

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

Total \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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	330,755.	SEE BELOW		X
BRIDGET DIERKS	CPO DIRECTOR	537,121.	SEE BELOW		X
BRIDGET DIERKS	CPO DIRECTOR	148,336.	SEE BELOW		X
JASON GAGE	CPO DIRECTOR	427,608.	SEE BELOW		X
CARL ROSENKRANZ	CPO DIRECTOR	7,075.	SEE BELOW		X
SCOTT MEIER	CPO DIRECTOR	6,555.	SEE BELOW		X
JOSELYN BALDNER	CPO DIRECTOR	284,137.	SEE BELOW		X
SHELLEY EVANS	CPO DIRECTOR	263,564.	SEE BELOW		X
RUSTY MACLACHLAN	CPO DIRECTOR	771,111.	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 \$ 330,755.

(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 \$ 537,121.

(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 \$ 148,336.

(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 \$ 427,608.

(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 \$ 7,075.

(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 \$ 6,555.

(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: JOSELYN BALDNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 284,137.

(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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 263,564.

(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

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 \$ 771,111.

(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

Multiple horizontal lines for providing additional information.

**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

2022

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:

OUR CONSCIOUS PARENTING SERIES HAD MULTIPLE PARENTING EVENTS THROUGHOUT THE YEAR AND PROVIDED SUPPORT AND PARENTING GUIDANCE TO 61 INDIVIDUALS.

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 AND WE HAVE CONTINUED TO WITHHOLD THIS PARTNERSHIP.

OUR CAPABLE KIDS AND FAMILIES PROGRAM SUPPORTED FAMILIES WITH CHILDREN WITH A DEVELOPMENTAL DELAY OR DISABILITY. THE PROGRAM SERVED 35 FAMILIES THROUGH HOME VISITING AND AN EQUIPMENT LOAN PROGRAM. ENROLLED FAMILIES ARE PROVIDED WITH MONTHLY HOME VISITS THAT INCLUDE GOAL

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC	Employer identification number 43-1830026
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SETTING AND SUPPORT BASED ON INDIVIDUAL NEEDS. 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 FAMILY FOCUSED NETWORK HAS 4 FOCUS AREAS: DATA COLLECTION ASSOCIATED WITH HOME VISITING PROGRAMS IN OUR REGION, SUPPORTING HOME VISITING PROGRAMS WITH TRAINING OPPORTUNITIES, MANAGING OUR COORDINATED REFERRAL AND INTAKE SYSTEM (CRIS), AND DEFINING WHAT HOME VISITING IS TO OUR COMMUNITY.

OUR FIRST BIRTHDAY SAFE SLEEP PROGRAM HELPS FAMILIES IN 26 SOUTHWEST COUNTIES BY PROVIDING SAFE SLEEP EDUCATION AND PACK N' PLAYS. ELIGIBLE FAMILIES ARE PROVIDED 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 KEEPING BABIES SAFE. ADDITIONALLY, THE PROGRAM IS RECRUITING SAFE SLEEP CHAMPIONS TO SPEAK TO THE COMMUNITY ON SAFE SLEEP PRACTICES. DURING THE FISCAL YEAR OUR PROGRAM PROVIDED SAFE SLEEP EDUCATION AND PACK N PLAYS TO 223 INDIVIDUALS.

OUR EDUCARE PROGRAM SERVED CHILDCARE 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 70 CHILDCARE PROFESSIONALS THROUGH MONTHLY VISITS, COACHING, CLASSROOM EQUIPMENT LOANS, AND NETWORKING OPPORTUNITIES. CLASS ASSESSMENTS AND SUPPORT WERE PROVIDED TO PROVIDERS IN GREENE, CHRISTIAN, TANEY, POLK, STONE, LAWRENCE, AND WEBSTER COUNTIES.

Name of the organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC	Employer identification number 43-1830026
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INFANT TODDLER SPECIALIST NETWORK (ITSN) COMPLETED ITS FINAL YEAR IN 2023 SERVING CHRISTIAN, GREENE, OZARK, POLK, TANEY, AND WEBSTER COUNTIES. DURING THIS YEAR, WE HOSTED 36 TRAINING COHORTS SERVING 176 CHILDCARE PROVIDERS AND COMPLETED 781 ON-SITE CONSULTATIONS THAT IMPACTED 829 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 CONTINUED TO PROVIDE SCHOLARSHIPS TO CHILDREN WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD QUALITY PRESCHOOL IN THE GREENE COUNTY AREA. THESE SCHOLARSHIPS INCLUDED PAYMENT FOR PRESCHOOL CARE AND AFTERSCHOOL CARE.

THROUGH A PARTNERSHIP WITH ARCHS OF ST. LOUIS, WE NOW OFFER COMPREHENSIVE HOME VISITATION TO 54 FAMILIES IN SEVEN COUNTIES IN SOUTHWEST MISSOURIDENT, HENRY, HICKORY, POLK, DALLAS, BENTON, AND WEBSTER COUNTIES. THE HOME VISITING MODEL, HEALTHY FAMILIES AMERICA, IS AN EVIDENCE-BASED HOME VISITING MODEL SERVING FAMILIES PRENATALLY THROUGH AGE 3 YEARS TO HELP REDUCE CHILD ABUSE AND NEGLECT. 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 DEVELOPING HEALTHY MOTHERS AND BABIES.

WE HOSTED 158 PARTICIPANTS AT OUR CALLED TO CARE CONFERENCE THIS YEAR. THE KEYNOTE, DENITA DINGER, ASKED PARTICIPANTS TO STRETCH THEMSELVES A BIT WITH NEW APPROACHES TO CHILDREN'S UNSTRUCTURED PLAY. ADDITIONAL SESSIONS ON DIVERSITY, DISABILITIES, PERSONA DOLLS, BABY DOLL CIRCLE TIME, LITERACY, AND MORE SOCIAL AND EMOTIONAL LEARNING WERE PROVIDED. OUR SOCIAL EMOTIONAL TRAINING WITH A CONSCIOUS APPROACH TO DISCIPLINE

Name of the organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC	Employer identification number 43-1830026
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WAS OFFERED TO OVER 300 PROVIDERS IN OUR REGION THROUGH A PARTNERSHIP WITH THE CENTER FOR EXCELLENCE IN CHILD WELL BEING. SOME LOCAL PROVIDERS ARE ALSO BEING PROVIDED ADDITIONAL COACHING TO SOLIDIFY THE INFORMATION THEY LEARNED AT THE THREE-HOUR TRAINING.

COMMUNITY WIDE PLAY DAY IS A ONE-DAY EVENT FOR FAMILIES WITH CHILDREN TO COME AND ENJOY A DAY AT THE PARK WITH PARTNERING AGENCIES THAT SHARE RESOURCES AND ACTIVITIES WITH FAMILIES. WE HAD OVER 800 PEOPLE ATTEND THIS EVENT.

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

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

CARING COMMUNITIES PROVIDES MENTORING THROUGH PROGRAMS INCLUDING BULLDOG BASKETBALL ACADEMY, MENTOR SGF, AFTER SCHOOL CLUBS, ONE-ON ONE MENTORING, AND BROTHER 2 BROTHER (SAAB). BULLDOG BASKETBALL ACADEMY IS A MENTORING PROGRAM THAT PREPARES STUDENTS FOR SUCCESS IN SCHOOL, AND LIFE AS AN ADULT, WHILE PROVIDING QUALITY BASKETBALL TRAINING. IN FY23 BULLDOG BASKETBALL ACADEMY SERVED 263 STUDENTS, WHICH IS A 99% INCREASE FROM FY22. THROUGH THREE PARTNERSHIPS, TWELVE SESSIONS WERE RUN AT SEVEN DIFFERENT LOCATIONS, WHICH PROVIDED STUDENTS WITH THE OPPORTUNITY TO ENGAGE ON EIGHTY-FOUR OCCASIONS. MENTOR SGF SERVED 1,008 STUDENTS BY HELPING THEM BUILD SELF-AWARENESS, CONFIDENCE, AND RESILIENCE.

AFTER-SCHOOL CLUBS SERVED 554 STUDENTS BY PROVIDING THEM EXTRACURRICULAR ACTIVITIES TO GIVE THE STUDENTS A SAFE, PRODUCTIVE SPACE TO GROW AND CONNECT AFTER SCHOOL. 92 STUDENTS TOOK PART IN

Name of the organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC	Employer identification number 43-1830026
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ONE-ON-ONE MENTORING TO PROMOTE HEALTHY HABITS AND THE BUILDING OF A UNIQUE AND IMPACTFUL SET OF SKILLS. BROTHER 2 BROTHER, WHICH IS A MENTORING INITIATIVE FACILITATED THROUGH STUDENT AFRICAN AMERICAN BROTHERHOOD (SAAB), IMPACTED 167 YOUNG MEN BY EQUIPPING THEM WITH THE SKILLS AND MINDSET NECESSARY TO FIND SUCCESS THROUGHOUT EACH NEXT STEP IN LIFE. IN TOTAL, 2,102 PEOPLE WERE SERVED THROUGH MENTORING PROGRAMS.

THROUGH OUR SOCIAL WORK PROGRAMS (COMMUNITY-BASED SOCIAL WORK AND SCHOOL-BASED SOCIAL WORK), WE ASSISTED FAMILIES WITH CRISIS INTERVENTION AND CONNECTION TO RESOURCES. THROUGH COMMUNITY-BASED SOCIAL WORK, 156 FAMILIES WERE SERVED WHICH IMPACTED 284 INDIVIDUALS. OUR COMMUNITY CONTINUES TO FIND THE VALUE IN CPO AS WE RECEIVED 316 COMMUNITY REFERRALS FROM THOSE IN THE COMMUNITY WHO KNEW CPO COULD HELP CONNECT THE RIGHT RESOURCES. 1,036 CONTACTS WERE MADE LAST FISCAL YEAR WITH 11 CLIENTS WHO WERE SERVED THROUGH ONGOING CASE MANAGEMENT. 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 ON-SITE SERVICES ONE TIME A WEEK TO 58 COMMUNITY MEMBERS THROUGHOUT THE YEAR. THERE WERE 21 FAMILIES ASSISTED THROUGH THE CANCER FUND, 18 FAMILIES ASSISTED THROUGH THE CARING COMMUNITIES EMERGENCY FUND, AND 5 FAMILIES ASSISTED THROUGH THE COMMUNITY EMERGENCY FUND. WITH TWO ROUNDS OF FUNDING FROM THE COMMUNITY FOUNDATION OF THE OZARKS' LET'S GET TO WORK PROGRAM, WE UTILIZED A TOTAL OF \$55,000 TO HELP 44 CLIENTS IN 3 COUNTIES BY SUPPORTING WORKERS AND JOB SEEKERS WITH TRANSPORTATION BARRIERS. THE NEEDS MET WERE CAR REPAIRS, LICENSING FEES/TAXES, CAR INSURANCE, GAS CARDS, CAR PAYMENTS, BUS PASSES, AND EVEN CAR DOWN PAYMENTS. OUR SCHOOL-BASED SOCIAL WORK PROGRAM RECEIVED 1,102

Name of the organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC	Employer identification number 43-1830026
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REFERRALS FROM TEACHERS, COUNSELORS, STAFF, AND ADMINISTRATORS AT SPRINGFIELD PUBLIC SCHOOLS. THE TEAM OF SCHOOL BASED SOCIAL WORKERS MADE 15,866 CONTACTS AND HELPED WITH \$42,550.41 IN EMERGENCY ASSISTANCE FOR UTILITIES, TRANSPORTATION, RENT, HOUSEHOLD NECESSITIES, MEDICAL, BEREAVEMENT, AND IDENTIFICATION. ADDITIONALLY, WE HOSTED 6 BACHELORS OF SOCIAL WORK INTERNS WHO PROVIDED A TOTAL OF 2,400 HOURS OF SERVICE. DURING THEIR TIME WITH US, THEY ASSISTED WITH CASE MANAGEMENT FOR FAMILIES, ASSISTANCE WITH CRISIS INTERVENTION, FACILITATION OF SKILL BUILDING FOR MIDDLE SCHOOL GROUPS, NEIGHBORHOOD CLEAN UP PARTICIPATION, COALITION MEETING REPRESENTATION, PLANNING SOCIAL SERVICES TRAINING, AND CREATING A HOMELESS SERVICES TASK FORCE.

OUR NEIGHBORHOOD CLEAN-UP PROGRAM EXPERIENCED ANOTHER SUCCESSFUL YEAR. OVERALL, THIS YEAR, 222 TONS OF TRASH WAS TAKEN TO THE LANDFILL, 17 TONS OF SCRAP METAL WAS RECYCLED, 111 WASTE AND 37 YARD WASTE DUMPSTERS WERE FILLED, AND 1,570 HOUSEHOLDS WERE SERVED. ADDITIONALLY, WITH GRANT FUNDING FROM THE OZARKS HEADWATERS RECYCLING AND MATERIALS MANAGEMENT DISTRICT, WE OFFERED FREE RECYCLING OF 255 TVS AND 59 COMPUTERS. THE SPRINGFIELD TOOL LIBRARY CELEBRATED ITS 10TH ANNIVERSARY AND EXPERIENCED FURTHER GROWTH. ALONG WITH THE UPDATED INVENTORY OF OVER 270 TOOLS, A NEW TRACKING SYSTEM WAS IMPLEMENTED FOR THE EASE OF THE PROCESSES AT THE TOOL LIBRARY. THIS YEAR THE TOOL LIBRARY ADDED OVER 60 NEW MEMBERS, WHICH BRINGS OUR CURRENT ACTIVE MEMBERSHIPS TO 185, 5 OF WHICH ARE LIFETIME MEMBERS. WE PROCESSED 512 SEPARATE TRANSACTIONS. FIX-IT FAIRS ARE FREE COMMUNITY EVENTS THAT OFFER REPAIR SERVICES FOR SMALL-SCALE ITEMS, SUCH AS LAMPS, RADIOS, JEWELRY, TOYS, CLOTHING, AND MORE. AT OUR FIX-IT FAIR EVENTS, WE SERVED 75 PEOPLE THROUGH 44 HOURS OF SERVICES FROM 7 DIFFERENT VOLUNTEERS.

THE GREATER SPRINGFIELD AREA CRIME STOPPERS PROGRAM ENCOURAGES MEMBERS

Name of the organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC	Employer identification number 43-1830026
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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. THIS YEAR, THERE WERE 1,356 TIPS RECEIVED, 1,084 TIP FOLLOW-UPS WERE MADE, AND \$1,000 WAS PAID OUT TO 17 TIPSTERS WHO PROVIDED VALUABLE INFORMATION LEADING TO FELONY ARRESTS/CHARGES FILED. IN FY23, CPO SERVED 203 CLIENTS WITH A TOTAL OF \$700,595.09 OF DIRECT ASSISTANCE PROVIDED THROUGH THE GREENE COUNTY RENT & UTILITY ASSISTANCE PROGRAM.

THE COMMUNITY MENTORING AND SUPPORTIVE SERVICES PROGRAM IS A PARTNERSHIP WITH THE DIVISION OF YOUTH SERVICES THAT PROVIDES INDIVIDUAL AND GROUP MENTORING WHILE SUPPORTING FAMILY ENGAGEMENT. THERE WERE 18 YOUTH WHO RECEIVED ONE-ON-ONE MENTORING SERVICES, 54 REFERRALS WERE MADE TO 16 DIFFERENT COMMUNITY RESOURCES, AND 81 AFTERSCHOOL ACTIVITIES WERE FACILITATED AT EXCEL RESOURCE CENTER. THIS PROGRAM ALSO CONDUCTED 7 FAMILY NIGHTS AND 2 HOLIDAY LUNCHEONS WHERE

Name of the organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC	Employer identification number 43-1830026
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ATTENDANCE RANGED FROM 26 TO 50 INDIVIDUALS SERVED.

THE COMMUNITY COLLABORATIVES 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 125 UNIQUE, ACTIVE MEMBERS FROM 63 ORGANIZATIONS. THERE WERE 1,462.5 VOLUNTEER HOURS DEDICATED TO COLLABORATIVES TO MAKE LONG LASTING CHANGE IN OUR COMMUNITY THROUGH COLLECTIVE IMPACT.

OUR MAKING SENSE OF MONEY FINANCIAL LITERACY PROGRAM SERVED 111 INDIVIDUALS THROUGH THE BASIC BUDGETING SERIES AND 13 PARTICIPANTS RECEIVED A \$100 SAVINGS GOAL MATCH. THROUGH THE MAKING SENSE OF MONEY PPROGRAM, PARTICIPANTS ENGAGED IN CLASSES, OPEN FINANCIAL LITERACY PLANNING, AND PANEL DISCUSSIONS WITH FINANCE EXPERTS IN THE COMMUNITY. FREE VOLUNTEER INCOME TAX ASSISTANCE (VITA) CLINICS WERE OFFERED AS PART OF THE ACROSS THE LIFE SPAN (ATLS) AND WE CARE COALITIONS. MORE THAN 80 IRS-CERTIFIED VOLUNTEERS PREPARED 5,380 FEDERAL TAX RETURNS LAST YEAR, RETURNING OVER \$5 MILLION IN TOTAL REFUNDS. THERE WERE EIGHT TRADITIONAL VITA TAX CLINICS AND SIX FACILITATED SELF-ASSISTED SITES. WE PARTNERED WITH THE SPRINGFIELD DREAM CENTER TO HOST TAX-A-PALOOZA THAT SERVED 134 PEOPLE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
FACILITATE, GREENE COUNTY YOUTH'S KNOWLEDGE ON THE NEGATIVE EFFECTS OF VAPING INCREASED BY 18%. WE ESTABLISHED A NEW SUBSTANCE PREVENTION

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COALITION IN TEXAS COUNTY, ASSISTED COALITIONS IN TANEY AND WEBSTER COUNTIES IN APPLYING FOR 5-YEAR FEDERAL GRANTS THAT THEY WERE THEN AWARDED.

WE WERE AWARDED A 5-YEAR FIREARM SUICIDE PREVENTION GRANT FROM MISSOURI FOUNDATION FOR HEALTH AND A 4-YEAR MENTAL HEALTH AWARENESS TRAINING GRANT FROM THE FEDERAL SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION. THROUGH THESE INITIATIVES, WE COORDINATED A FIREARM VIOLENCE ROUNDTABLE DISCUSSION WITH COMMUNITY LEADERS THAT LED TO THE CREATION OF THE GUN SAFETY & VIOLENCE PREVENTION COLLABORATIVE, IMPLEMENTED SUICIDE PREVENTION MEDIA CAMPAIGNS RESULTING IN 1,080,964 IMPRESSIONS, AND CREATED AND DISTRIBUTED TO COMMUNITY MEMBERS MORE THAN 1,000 HOME SAFETY KITS THAT INCLUDE A MEDICATION/HANDGUN LOCK BOX, FIREARM CABLE LOCK, MEDICATION DESTRUCTION PACKETS, AND LITERATURE ON SUICIDE AND OPIOID MISUSE AND OVERDOSE PREVENTION, INCLUDING PROMOTIONAL MATERIALS FOR 988.

WE ESTABLISHED A NEW PARTNERSHIP WITH THE OZARKS AREA CRISIS INTERVENTION TEAM TO PROVIDE CIT TRAINING TO MORE THAN 100 FIRST RESPONDERS, PROVIDED 33 MENTAL HEALTH FIRST AID TRAININGS TO 552 ADULTS INCLUDING ALL SPRINGFIELD-GREENE COUNTY HEALTH DEPARTMENT STAFF AND SPRINGFIELD POLICE DEPARTMENT ACADEMY RECRUITS, AND QPR SUICIDE PREVENTION TRAINING TO 52 MISSOURI PARK RANGERS. WE SUPPORTED ALMOST 2,000 10TH GRADE STUDENTS IN RECEIVING TEEN MENTAL HEALTH FIRST AID TRAINING AND 6,800 6TH-9TH GRADERS IN RECEIVING THE SIGNS OF SUICIDE TRAINING, TO INCREASE THEIR MENTAL HEALTH LITERACY, DECREASE STIGMA, AND IDENTIFY AND ASSIST A PERSON EXPERIENCING A MENTAL HEALTH CHALLENGE OR CRISIS, INCLUDING

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THOUGHTS OF SUICIDE. WE ASSISTED THE MISSOURI SUICIDE PREVENTION NETWORK AND MISSOURI DEPARTMENT OF MENTAL HEALTH IN DEVELOPING THE 2024-2028 MISSOURI SUICIDE PREVENTION PLAN. AT THE REQUEST OF THE MISSOURI FOUNDATION FOR HEALTH, WE JOINED AS A FOUNDING MEMBER OF THE NEW MISSOURI COLLABORATIVE ON FIREARM RESEARCH EXECUTIVE COMMITTEE, COMPRISED OF 3 COMMUNITY-BASED ORGANIZATIONS AND TWO RESEARCH INSTITUTIONS, TO DEVELOP THE CHARTER AND GOVERNANCE FOR A STATEWIDE COLLABORATIVE TO SHIFT FIREARM INJURY AND DEATH RESEARCH TO BE COMMUNITY LED BY THOSE IMPACTED BY FIREARM INJURY AND DEATH.

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

THE O'REILLY CENTER FOR HOPE (OCH) WELCOMED OVER 9,300 UNIQUE VISITORS AND MADE OVER 33,000 REFERRALS, CONNECTING GUESTS TO CRITICAL COMMUNITY SERVICES. THE ESTABLISHMENT OF THE OCH HELPS TO FULFILL CPO'S ORGANIZATIONAL MISSION TO ENSURE RESIDENTS HAVE ACCESS TO THE SUPPORT AND SERVICES NEEDED TO OBTAIN SAFE, DECENT, AFFORDABLE, AND ACCESSIBLE HOUSING, AND TO ACHIEVE FINANCIAL STABILITY. THE HOUSING CENTER PROVIDES RESIDENTS OF OUR TRI-COUNTY REGION WITH DIRECT ACCESS TO MULTIPLE AGENCIES; A ONE-STOP DIRECT SERVICE CENTER CO-LOCATING CPO'S ANCHOR PROGRAMS ONE DOOR AND THE SPRINGFIELD COMMUNITY LAND TRUST (SCLT) ALONG WITH AARP, BURRELL BEHAVIORAL HEALTH, CATHOLIC CHARITIES OF SOUTHERN MISSOURI, DIVISION OF SOCIAL SERVICES, HABITAT FOR HUMANITY, AND MISSOURI STATE UNIVERSITY'S NURSING PROGRAM.

THE SCLT IS A LOCAL LEADER IN CREATING SAFE, DECENT, AFFORDABLE HOMEOWNERSHIP OPPORTUNITIES IN SPRINGFIELD. THROUGH NEW DEVELOPMENT AND RENOVATION OF SPRINGFIELD'S AGING HOUSING STOCK, THE SCLT CAN OFFER HOMES TO QUALIFYING HOUSEHOLDS THAT MEET FANNIE MAE INCOME AND CREDIT THRESHOLDS. HOUSEHOLDS CAN PURCHASE A HOME WITH \$1,000 DOWN AND

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MORTGAGES TYPICALLY LOWER THAN FAIR MARKET RENT RATES. FURTHER, EACH NEW HOME INCORPORATES UNIVERSAL DESIGN PRINCIPLES. THE SCLT HAS SOLD 22 HOMES TO LOW- AND MODERATE-INCOME HOUSEHOLDS. AFFORDABLE RENTALS ARE ALSO AVAILABLE THROUGH THIS PROGRAM. THE SCLT HAS 27 RENTAL UNITS THAT ARE OFFERED TO LOW AND MODERATE-INCOME HOUSEHOLDS. USING THE SAME PRINCIPLES OF AFFORDABLE HOUSING, THE SCLT PURCHASES AGING HOUSING STOCK, RENOVATES TO ENSURE ENERGY EFFICIENCY, SAFETY, AND ACCESSIBILITY, AND PROVIDES THE UNITS TO INCOME QUALIFYING HOUSEHOLDS.

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

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

CPO FORMALLY LAUNCHED THE HUD MANDATED COORDINATED ENTRY SYSTEM IN FEBRUARY 2017 THROUGH OUR ONE DOOR PROGRAM. THE ONE DOOR PROGRAM NOW HOLDS THE HOMELESS BY-NAME-LIST, WHICH IS A PRIORITIZED LISTING OF ALL HOUSEHOLDS THAT ARE EXPERIENCING HOMELESSNESS. TWICE EACH MONTH, ONE DOOR FACILITATES CASE CONFERENCING WITH ALL FEDERALLY FUNDED PROGRAMS

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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 2022-2023, ONE DOOR STAFF COMPLETED MORE THAN 1,300 INTAKE ASSESSMENTS WERE MADE, ENCOMPASSING 2,531 PEOPLE. THROUGH THIS COORDINATED ENTRY SYSTEM, WE CONNECTED 626 HOUSEHOLDS TO SUPPORTIVE HOUSING SERVICES.

CPO AND THE OAEH COORDINATE THE CRISIS COLD WEATHER SHELTER PROGRAM EACH WINTER TO EXPAND THE NUMBER OF OVERNIGHT EMERGENCY SHELTER BEDS FOR ADULTS IN OUR COMMUNITY. SHELTERS ARE INDEPENDENTLY OPERATED, BUT ALL FOLLOW PARAMETERS SET FORTH BY THE CITY OF SPRINGFIELD'S DECLARATION OF ECONOMIC AND HOUSING CALAMITY TO ENSURE HEALTH AND SAFETY OF VOLUNTEERS/GUESTS AS WELL AS BEST PRACTICES ESTABLISHED THROUGH CPO'S OAEH TO ENSURE CONSISTENCY OF SERVICE ACROSS ALL SITES. DURING THE 2022-2023 SEASON, CRISIS COLD WEATHER SHELTERS WERE OPEN 60 NIGHTS, PROVIDING 10,657 BED NIGHTS (INCLUDES DUPLICATED NUMBERS SERVED). DURING DECEMBER 2022 THE SPRINGFIELD REGION EXPERIENCED AN ARTIC BLAST WHERE TEMPERATURES WERE AT OR BELOW ZERO DEGREES, NECESSITATING AN EXPANSION OF SHELTER SPACES AND DAY CENTER ACCESS. THE CITY OF SPRINGFIELD PROVIDED SPACE FOR A DAYTIME WARMING CENTER AND 3 ADDITIONAL CHURCHES OPENED THEIR DOORS OVERNIGHT. SHELTER-IN-PLACE OPPORTUNITIES WERE ALSO ESTABLISHED FOR THE MAINSTREAM SHELTERS, REMOVING THE NEED FOR INDIVIDUALS ACCESSING SHELTER TO LEAVE DURING THE DAY. THROUGH THIS COORDINATION, A STANDARD EXTREME CRISIS COLD WEATHER SHELTER SYSTEM IS IN PLACE.

EXPENSES \$ 981,954. INCLUDING GRANTS OF \$ 0. REVENUE \$ 657,532.

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

CPO DIRECTORS AND OFFICERS HAVE BUSINESS RELATIONSHIPS WITH OTHER CPO

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DIRECTORS AND OFFICERS.

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

THE PRESIDENT OF THE BOARD SHALL, WITH CONSULTATION OF THE EXECUTIVE COMMITTEE, APPOINT A NOMINATING COMMITTEE IN THE MONTH OF MAY EACH YEAR.

THE NOMINATING COMMITTEE WILL SOLICIT NOMINATIONS FROM THE BOARD AND THE COMMUNITY AT LARGE. THE NOMINATING COMMITTEE SHALL SUBMIT A WRITTEN SLATE OF NOMINATIONS THAT INCLUDES GENERAL DIRECTORS AND OFFICERS TO THE EXECUTIVE COMMITTEE AND BOARD IN JUNE FOR ELECTION AT THE JUNE BOARD MEETING.

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

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

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

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

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

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

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PROCESS.

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

AVAILABLE UPON REQUEST.

PART XII LINE 2C

NO CHANGES WERE MADE FROM PRIOR AUDITS