

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
OZARKS FOOD HARVEST INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 5746

City or town, state or province, country, and ZIP or foreign postal code
SPRINGFIELD, MO 65801

D Employer identification number
43-1426384

E Telephone number
(417) 865-3411

G Gross receipts \$ 35,025,778

F Name and address of principal officer
BART BROWN
PO BOX 5746
SPRINGFIELD, MO 658015746

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.OZARKSFOODHARVEST.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1986

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OZARKS FOOD HARVEST WAREHOUSES AND DISTRIBUTES FOOD PRODUCTS TO 303 ACTIVE MEMBER AGENCIES IN 28 COUNTIES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	14
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	68
6 Total number of volunteers (estimate if necessary)	3,395
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	31,562,165	33,480,013
9 Program service revenue (Part VIII, line 2g)	1,200,129	1,412,172
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,499	113,622
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,661	16,211
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,850,454	35,022,018
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,691,901	26,928,162
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,424,661	2,657,661
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶644,734		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,307,690	4,021,228
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	30,424,252	33,607,051
19 Revenue less expenses Subtract line 18 from line 12	2,426,202	1,414,967

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	16,002,393	17,761,019
21 Total liabilities (Part X, line 26)	190,183	523,712
22 Net assets or fund balances Subtract line 21 from line 20	15,812,210	17,237,307

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2019-03-22
BART BROWN PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: TRAVIS WALKER CPA
Preparer's signature: TRAVIS WALKER CPA
Date: 2019-03-25
Check if self-employed
PTIN: P00689265
Firm's name: ▶ KPM CPAS PC
Firm's EIN: ▶ 43-1109768
Firm's address: ▶ 1445 E REPUBLIC RD
SPRINGFIELD, MO 65804
Phone no: (417) 882-4300

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF OZARKS FOOD HARVEST IS TRANSFORMING HUNGER INTO HOPE

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 32,233,751 including grants of \$ 26,928,162) (Revenue \$ 1,428,383)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 32,233,751

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>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
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>		No
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>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
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>		No
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>		No
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>		No
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>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
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>	Yes	
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>		No
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>		No
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>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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>	Yes	
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>	Yes	
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>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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>		No
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>		No
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>		No
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)		No
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>		No
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>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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>	Yes	
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>		No
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>	Yes	
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>		No
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>		No
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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>		No
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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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>		No
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>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TAMARA DE WILD PRESIDENT	1 00	X		X				0	0	0
(2) DR MEERA SCARROW PRESIDENT EL	1 00	X		X				0	0	0
(3) TOMMY WOHLGEMUTH TREASURER	1 00	X		X				0	0	0
(4) TIM BELLANTI SECRETARY	1 00	X		X				0	0	0
(5) MIKE PINKSTON DIRECTOR	1 00	X						0	0	0
(6) TODD SHERMAN DIRECTOR	1 00	X						0	0	0
(7) JIM GUTHRIE DIRECTOR	1 00	X						0	0	0
(8) GARY NAAB DIRECTOR	1 00	X						0	0	0
(9) KENNY ROSS DIRECTOR	1 00	X						0	0	0
(10) JAMES WILSON DIRECTOR	1 00	X						0	0	0
(11) JILL REYNOLDS DIRECTOR	1 00	X						0	0	0
(12) KRYSTAL RUSSELL DIRECTOR	1 00	X						0	0	0
(13) DR JOHN BUCKY BUCKNER III DIRECTOR	1 00	X						0	0	0
(14) BRAD J CRAIN DIRECTOR	1 00	X						0	0	0
(15) BART BROWN PRESIDENT/CE	40 00			X				144,488	0	10,747

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,953,349				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	27,526,664				
	g Noncash contributions included in lines 1a-1f \$ _____		26,819,231				
	h Total. Add lines 1a-1f			33,480,013			
Program Service Revenue		Business Code					
	2a PURCHASED PRODUCT FEES	624210	1,123,182	1,123,182			
	b SHARED MAINTENANCE	624210	222,752	222,752			
	c DELIVERY FEES	624210	66,238	66,238			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,412,172				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		117,382			117,382	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		3,760			
		c Gain or (loss)		-3,760			
		d Net gain or (loss)		-3,760			-3,760
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS	624210	13,721	13,721				
b AGENCY CONFERENCE	624210	2,490	2,490				
c _____							
d All other revenue							
e Total. Add lines 11a-11d			16,211				
12 Total revenue. See Instructions			35,022,018	1,428,383		113,622	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	26,928,162	26,928,162		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	153,674	106,035	30,735	16,904
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	2,060,160	1,421,510	412,032	226,618
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	43,520	30,028	8,704	4,788
9 Other employee benefits.	244,617	168,786	48,924	26,907
10 Payroll taxes.	155,690	107,426	31,138	17,126
11 Fees for services (non-employees)				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	47,413	30,818	9,483	7,112
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	51,902	33,737	10,380	7,785
12 Advertising and promotion.	372,371	186,185		186,186
13 Office expenses.	113,321	35,341	33,748	44,232
14 Information technology.				
15 Royalties.				
16 Occupancy.	99,523	89,571	4,976	4,976
17 Travel.	8,659	4,329		4,330
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	23,908		23,908	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	503,198	452,878	25,160	25,160
23 Insurance.	58,119	37,777	11,624	8,718
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD WASTE	1,698,369	1,698,369		
b TRANSPORTATION	259,285	259,285		
c SUBRECIPIENTS	227,931	227,931		
d CONTRACTED SERVICES	151,490	98,468	30,298	22,724
e All other expenses	405,739	317,115	47,456	41,168
25 Total functional expenses. Add lines 1 through 24e.	33,607,051	32,233,751	728,566	644,734
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	216,484	1	355,011
	2 Savings and temporary cash investments	7,590,233	2	5,236,365
	3 Pledges and grants receivable, net	1,659,008	3	1,657,509
	4 Accounts receivable, net	64,045	4	126,323
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	966,729	8	1,075,254
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	12,583,472		
	b Less accumulated depreciation	3,272,915		
		5,505,894	10c	9,310,557
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	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 34)	16,002,393	16	17,761,019	
Liabilities	17 Accounts payable and accrued expenses	63,536	17	435,597
	18 Grants payable		18	
	19 Deferred revenue		19	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	126,647	25	88,115
	26 Total liabilities. Add lines 17 through 25	190,183	26	523,712
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	12,095,379	27	16,700,461
	28 Temporarily restricted net assets	3,716,831	28	536,846
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	15,812,210	33	17,237,307
	34 Total liabilities and net assets/fund balances	16,002,393	34	17,761,019

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	35,022,018
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,607,051
3	Revenue less expenses Subtract line 2 from line 1	3	1,414,967
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,812,210
5	Net unrealized gains (losses) on investments	5	10,130
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 in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,237,307

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 43-1426384

Name: OZARKS FOOD HARVEST INC

Form 990 (2017)

Form 990, Part III, Line 4a:

SOLICITATION, WAREHOUSING AND DISTRIBUTION OF FOOD PRODUCTS TO A NETWORK OF 303 ACTIVE MEMBER AGENCIES SERVING LOW INCOME POPULATIONS ACROSS 28 COUNTIES IN SOUTHWEST MISSOURI 3,395 VOLUNTEERS GAVE A TOTAL OF 30,700 HOURS OF SERVICE SORTING FOOD FOR DISTRIBUTION TO THE 28 COUNTIES THE FOOD BANK DISTRIBUTES MORE THAN 19.6 MILLION POUNDS OF FOOD ANNUALLY, SUPPLYING 17,135,867 MEALS

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
OZARKS FOOD HARVEST INC

Employer identification number

43-1426384

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

(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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	27,006,505	27,545,891	28,549,681	31,562,165	33,480,013	148,144,255
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	27,006,505	27,545,891	28,549,681	31,562,165	33,480,013	148,144,255
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)						3,917,754
6 Public support. Subtract line 5 from line 4						144,226,501

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	27,006,505	27,545,891	28,549,681	31,562,165	33,480,013	148,144,255
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,028	40,367	35,599	78,499	117,382	307,875
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.)	11,299	3,480		9,661	16,211	40,651
11 Total support. Add lines 7 through 10						148,492,781

12 Gross receipts from related activities, etc (see instructions) **12** 6,519,119

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	97.130 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	99.810 %

16a 33 1/3% support test—2017. 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

b 33 1/3% support test—2016. 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

17a 10%-facts-and-circumstances test—2017. 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

b 10%-facts-and-circumstances test—2016. 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

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

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	40,651

990 Schedule A, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	LOSS ON SALE OF ASSETS NOT INCLUDED FOR 2017 OF 3,760 ON PART II, LINE 10

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2017
Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
OZARKS FOOD HARVEST INC

Employer identification number
43-1426384

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education)
 - Preservation of an historically important land area
 - Protection of natural habitat
 - Preservation of a certified historic structure
 - Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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 are a 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 programs
 - 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted 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 | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 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		723,425		723,425
b Buildings		8,733,490	1,076,188	7,657,302
c Leasehold improvements		19,424	5,152	14,272
d Equipment		1,360,957	1,139,619	221,338
e Other		1,746,176	1,051,956	694,220
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				9,310,557

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶	

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. (Column (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	
DUE TO OTHER ORGANIZATIONS	63,919
ADVANCES PAYABLE	24,196
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 88,115

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 FIN 48 (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	35,032,148
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	10,130
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	10,130
3	Subtract line 2e from line 1	3	35,022,018
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	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	35,022,018

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	33,607,051
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	33,607,051
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	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	33,607,051

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 43-1426384

Name: OZARKS FOOD HARVEST INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	<p>THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICES AS OTHER THAN A PRIVATE FOUNDATION. THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS. CURRENTLY, THE TAX YEARS OPEN AND SUBJECT TO THE INTERNAL REVENUE SERVICES ARE 2015 THROUGH 2018 TAX YEARS. HOWEVER, THE ORGANIZATION IS NOT CURRENTLY UNDER A UDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY ANY JURISDICTION. BASED ON THE EVALUATION OF THE ORGANIZATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL TAX POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAVE BEEN RECORDED FOR THE FISCAL YEARS ENDED JUNE 30, 2018 AND 2017. INTEREST AND PENALTIES, IF ANY, RELATED TO ANNUAL FORM 990 OR UNRELATED BUSINESS INCOME TAX FILING ARE REPORTED WITHIN GENERAL AND ADMINISTRATIVE EXPENSES IN THE STATEMENT OF ACTIVITIES. THE ORGANIZATION HAS ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD'S PRESCRIBED RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION HAS TAKEN THE POSITION OF BEING EXEMPT FROM INCOME TAXES. THE ORGANIZATION BELIEVES THEIR ESTIMATES ARE APPROPRIATE BASED ON CURRENT FACTS AND CIRCUMSTANCES.</p>

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the
Treasury
Internal Revenue Service

Name of the organization
OZARKS FOOD HARVEST INC

Employer identification number

43-1426384

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 163
- 3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	OZARKS FOOD HARVEST MONITORS THE USE OF INFRASTRUCTURE GRANTS BY PURCHASING EQUIPMENT SUCH AS FREEZERS/COOLERS/REFRIGERATORS FOR MEMBER AGENCIES TO INCREASE CAPACITY GRANTS POSTED TO AGENCY ACCOUNTS FOR FOOD PURCHASES ARE MONITORED AND RECORDED IN PRIMARIUS (DATABASE SOFTWARE FOR FOODBANKS) THE OFFICE MANAGER ALERTS MEMBER SERVICES OF GRANTS NOT USED IN THE ALLOCATED TIMEFRAME

Additional Data

Software ID:
Software Version:
EIN: 43-1426384
Name: OZARKS FOOD HARVEST INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAPE HOUSE - MOUNTAIN VIEW 800 E THIRD MOUNTAIN VIEW, MO 65548	43-1583377	501C3		5,205	COST	FOOD INVENTORY	FOOD ASSISTANCE
ASH GROVE FOOD PANTRY 121 W MAIN ST ASH GROVE, MO 65604	45-1804447	501C3		81,702	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BGC - HENDERSON UNIT 820 W CALHOUN SPRINGFIELD, MO 65802	44-0513659	501C3		24,057	COST	FOOD INVENTORY	FOOD ASSISTANCE
BGC - MUSGRAVE UNIT 720 S PARK SPRINGFIELD, MO 65802	44-0513659	501C3		27,573	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BGC - STALNAKER UNIT 1410 N FREMONT SPRINGFIELD, MO 65803	44-0513659	501C3		15,656	COST	FOOD INVENTORY	FOOD ASSISTANCE
BOYS & GIRLS CLUB - BRANSON 1460 BEE CREEK RD BRANSON, MO 65616	43-1664669	501C3		11,348	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAD OF LIFE - MARSHFIELD CHRISTIA 1061 ST HWY A MARSHFIELD, MO 65706	43-1038959	501C3	1,000	258,286	COST	FOOD INVENTORY	FOOD ASSISTANCE
BURRELL HEALTH AND WELLNESS 800 S PARK AVENUE SPRINGFIELD, MO 65802	43-1081715	501C3		35,208	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C-STREET CONNECT CRIMSON HOUSE 1616 N ROBBERSON SPRINGFIELD, MO 65803	81-4154003	501C3	1,732	461,132	COST	FOOD INVENTORY	FOOD ASSISTANCE
CALVARY CHAPEL FWB CHURCH 26 OAK RIDGE RD BUFFALO, MO 65622	62-6050669	501C3	5,750	153,122	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAM FOOD PANTRY - BRANSON 610 S 6TH ST BRANSON, MO 65616	43-1355905	501C3	2,000	904,320	COST	FOOD INVENTORY	FOOD ASSISTANCE
CAM FOOD PANTRY OF FORSYTH 10726 HWY 76 STE E FORSYTH, MO 65653	43-1355905	501C3	2,000	668,247	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARTHAGE CRISIS CENTER 100 S MAIN ST CARTHAGE, MO 64836	43-1769385	501C3		110,098	COST	FOOD INVENTORY	FOOD ASSISTANCE
CASSVILLE UNITED METHODIST 601 GRAVEL ST CASSVILLE, MO 65625	43-1307914	501C3	3,500	393,630	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER CITY CHRISTIAN OUTREACH 418 S KIMBROUGH AVE SPRINGFIELD, MO 65806	31-1807428	501C3	3,232	74,673	COST	FOOD INVENTORY	FOOD ASSISTANCE
CENTRAL COMMUNITY UNITED METHODIST 25682 HWY YY SHELL KNOB, MO 65747	36-2167731	501C3		84,406	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN ASSOCIATES OF TRL 13192 ST HWY 13 KIMBERLING CITY, MO 65686	43-1021298	501C3		84,022	COST	FOOD INVENTORY	FOOD ASSISTANCE
CHRISTIAN COUNTY FAMILY CRISIS 6348 N 19TH ST OZARK, MO 65721	43-1928995	501C3	500	11,753	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTOS HOUSE 3876 CO RT 1310 WILLOW SPRINGS, MO 65793	43-1468720	501C3	1,000	32,126	COST	FOOD INVENTORY	FOOD ASSISTANCE
CHURCH OF CHRIST FOOD PANTRY 302 E HOSPITAL ROAD EL DORADO SPRINGS, MO 64744	43-1521842	501C3	3,400	111,796	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CMAAA - CONWAY SENIOR CENTER 105 W JEFFERSON AVE CONWAY, MO 65632	31-1639242	501C3	500	11,585	COST	FOOD INVENTORY	FOOD ASSISTANCE
CMAAA - DIXON SENIOR CENTER 301 OLD Y ROAD DIXON, MO 65459	31-1639513	501C3		14,826	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CMAAA - LEBANON SENIOR CENTER 460 W 5TH ST LEBANON, MO 65536	43-1218769	501C3	1,000	20,224	COST	FOOD INVENTORY	FOOD ASSISTANCE
CMAAA - RICHLAND SENIOR CENTER 202 E WASHINGTON RICHLAND, MO 65556	43-1684770	501C3		9,468	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CMAAA - SALEM SENIOR CENTER 604 MCGRATH LANE SALEM, MO 65560	43-1293148	501C3		5,946	COST	FOOD INVENTORY	FOOD ASSISTANCE
CMAAA - WAYNESVILLE SENIOR CENTER 1401 OUSLEY ROAD WAYNESVILLE, MO 65583	43-1488322	501C3	1,000	29,956	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY BAPTIST - LEBANON 15905 HWY 64 LEBANON, MO 65536	43-1765604	501C3	1,500	16,642	COST	FOOD INVENTORY	FOOD ASSISTANCE
COMMUNITY KITCHEN - HOOD UMC 139 N WALNUT AVE REPUBLIC, MO 65738	43-1066552	501C3	400	13,275	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY OUTREACH MINISTRIES BOLIV 320 S MARKET AVE BOLIVAR, MO 65613	26-1545304	501C3	3,400	751,118	COST	FOOD INVENTORY	FOOD ASSISTANCE
COPE 201 LAWSON RD LEBANON, MO 65536	43-1593771	501C3		8,059	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CROSSLINES - CARTHAGE 600 E 6TH ST CARTHAGE, MO 64836	43-1334801	501C3	4,857	196,305	COST	FOOD INVENTORY	FOOD ASSISTANCE
CROSSLINES - JOPLIN 320 S SCHOOL AVE JOPLIN, MO 64801	43-1272794	501C3	4,000	1,055,994	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CROSSLINES - LEBANON 141 LAWSON RD LEBANON, MO 65536	43-1238022	501C3		355,773	COST	FOOD INVENTORY	FOOD ASSISTANCE
CROSSLINES - MCDONALD COUNTY 925 N HWY 71 ANDERSON, MO 64831	43-1837664	501C3	5,000	516,667	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CROSSLINES - SPFD 615 N GLENSTONE AVE SPRINGFIELD, MO 65802	43-0903657	501C3	5,579	1,357,511	COST	FOOD INVENTORY	FOOD ASSISTANCE
EL DORADO SPRINGS SENIOR CENTER 604 S FORREST EL DORADO SPRINGS, MO 64744	43-1015585	501C3	500	10,806	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EMINENCE PANTRY 103 E VINE ST EMINENCE, MO 65466	43-1271451	501C3		35,413	COST	FOOD INVENTORY	FOOD ASSISTANCE
FEED 806 ST HWY Y MOUNTAIN VIEW, MO 65548	43-1308160	501C3	7,253	86,729	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FEEDING INC RIVER STREET FOOD PANT 210N RIVER ST CARTHAGE, MO 64836	43-1450446	501C3		505,332	COST	FOOD INVENTORY	FOOD ASSISTANCE
FIRST BAPTIST CHURCH - SARCOXIE 101 N 17TH STREET SARCOXIE, MO 64862	43-1426384	501C3		19,132	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH - WEST PLAINS 112 WALNUT ST WEST PLAINS, MO 65775	44-0615104	501C3	3,000	250,964	COST	FOOD INVENTORY	FOOD ASSISTANCE
FOOTSTEPS 424 E NORTON RD SPRINGFIELD, MO 65807	44-6006077	501C3	500	32,878	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOD'S STOREHOUSE 627 W ROLLA HARTVILLE, MO 65667	43-1650588	501C3		148,983	COST	FOOD INVENTORY	FOOD ASSISTANCE
GOOD SAMARITAN BOYS RANCH 5549 N HWY 13 BRIGHTON, MO 65617	44-6006077	501C3	500	4,973	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GOOD SAMARITAN RESOURCE - RICHLAND 112 W NATIONAL AVENUE RICHLAND, MO 65556	43-1484132	501C3		295,182	COST	FOOD INVENTORY	FOOD ASSISTANCE
GOOD SAMARITAN RESOURCE - WAYNESV 1811 W HISTORIC RT 66 WAYNESVILLE, MO 65583	43-1484132	501C3	3,000	817,655	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREAT CIRCLE - SPRINGFIELD 1212 W LOMBARD ST SPRINGFIELD, MO 65806	43-0681471	501C3		6,765	COST	FOOD INVENTORY	FOOD ASSISTANCE
HAND EXTENDED FOOD PANTRY HEART OF THE OZARKS 2157 N PROSPECT AVE SPRINGFIELD, MO 65803	16-1691976	501C3	2,116	101,964	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HARMONY HOUSE FAMILY VIOLENCE CENTER 3404 E RIDGEVIEW SPRINGFIELD, MO 65804	43-1082063	501C3		24,124	COST	FOOD INVENTORY	FOOD ASSISTANCE
HARVEST FELLOWSHIP FOOD PANTRY 21172 FR 1200 WOLF RD AURORA, MO 65605	73-6114117	501C3		732,231	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEART OF THE HILLS FOOD HARVEST 913 W 3RD ST AVA, MO 65608	43-1680485	501C3		125,826	COST	FOOD INVENTORY	FOOD ASSISTANCE
HEART TO HEART OUTREACH MINISTRIES 206 S PINE AVE BUFFALO, MO 65622	20-4747481	501C3		56,898	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HELP CENTER 1321 BUSINESS HWY 49 NEOSHO, MO 64850	51-0179561	501C3	3,172	665,524	COST	FOOD INVENTORY	FOOD ASSISTANCE
HELPING HANDS COMMUNITY FOOD PANTRY 32685 ST HWY 86 EAGLE ROCK, MO 65641	80-0738369	501C3	3,000	38,823	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HELPING HANDS MINISTRIES 1304 E PENNELL CARL JUNCTION, MO 64834	45-0646529	501C3	1,500	69,791	COST	FOOD INVENTORY	FOOD ASSISTANCE
HICKORY COUNTY CARES 240 N MAIN ST WHEATLAND, MO 65779	45-3308607	501C3	4,400	438,899	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HICKORY COUNTY SENIOR CENTER RT 1 BOX 3282 HWY 54 WHEATLAND, MO 65779	43-1015585	501C3	500	52,310	COST	FOOD INVENTORY	FOOD ASSISTANCE
HIS HOUSE FOUNDATION 23837 STATE HWY 39 SHELL KNOB, MO 65747	27-1395532	501C3	500	10,817	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOUSE OF HOPE 811 N OAKLAND BOLIVAR, MO 65613	20-2426214	501C3		49,253	COST	FOOD INVENTORY	FOOD ASSISTANCE
INDEPENDENT LIVING CENTER 2639 E 34TH STREET JOPLIN, MO 64804	43-1714219	501C3		14,923	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JESUS WAS HOMELESS 310 GRETNA RD BRANSON, MO 65615	26-4727548	501C3		5,331	COST	FOOD INVENTORY	FOOD ASSISTANCE
KIDS CAFE - ANN SHORT TURNER COM CE KIDS CAFE - ANN SHORT TURNER COMM C 205 N MISSOURI MANSFIELD, MO 65704	43-1805198	501C3		17,620	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KIDS CAFE - ASH GROVE 411 N CRESTVIEW AVE ASH GROVE, MO 65604	43-1271451	501C3		5,057	COST	FOOD INVENTORY	FOOD ASSISTANCE
KIDS CAFE - COMINGO B&G JOPLIN KIDS CAFE - COMINGO B&G JOPLIN 317 COMINGO JOPLIN, MO 64801	44-0513659	501C3		19,028	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KIDS CAFE - MOUNTAIN GROVE YMCA 1 YMCA DR MOUNTAIN GROVE, MO 65711	43-1617662	501C		6,213	COST	FOOD INVENTORY	FOOD ASSISTANCE
KINGS FOOD PANTRY WEBSTER COUNTY 732 S DIVISION SEYMOUR, MO 65746	43-0658188	501C3	2,000	459,935	COST	FOOD INVENTORY	FOOD ASSISTANCE

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KORTH SENIOR CENTER 309 W ENGLEWOOD STOCKTON, MO 65785	43-1015585	501C3	500	9,594	COST	FOOD INVENTORY	FOOD ASSISTANCE
L-LIFE 1448 W ELM ST LEBANON, MO 65536	43-1340282	501C3	1,000	477,231	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LAFAYETTE HOUSE 1809 CONNOR JOPLIN, MO 64804	43-1170015	501C3		52,055	COST	FOOD INVENTORY	FOOD ASSISTANCE
LAMAR GOOD SAMARITAN 1301 PARRY ST LAMAR, MO 64759	43-1465283	501C3	3,000	565,991	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LAURA'S HOUSE 300 S MAIN STREET WILLARD, MO 65781	44-6006077	501C3	500	4,736	COST	FOOD INVENTORY	FOOD ASSISTANCE
LEAST OF THESE 1720 JAMES RIVER RD OZARK, MO 65721	43-1867039	501C3	3,200	671,119	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LIVES UNDER CONSTRUCTION 296 BOYS RANCH ROAD LAMPE, MO 65681	46-0368556	501C3		35,310	COST	FOOD INVENTORY	FOOD ASSISTANCE
MILLER CHRISTIAN SERVICE 111 W MAIN ST MILLER, MO 65707	43-1499216	501C3		54,535	COST	FOOD INVENTORY	FOOD ASSISTANCE

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MISSION JOPLIN FOREST PARK BAPTIST CHURCH 2822 E 8TH ST JOPLIN, MO 64801	44-0559931	501C3	2,250	148,488	COST	FOOD INVENTORY	FOOD ASSISTANCE
MISSOURI BAPTIST CHILDREN'S HOME 603 N MAIN STREET MOUNT VERNON, MO 657120568	43-1948009	501C3		25,245	COST	FOOD INVENTORY	FOOD ASSISTANCE

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MOBILE FOOD PANTRY - AIDS PROJECT 1636 S GLENSTONE AVE SPRINGFIELD, MO 65804	43-1421252	501C3		13,754	COST	FOOD INVENTORY	FOOD ASSISTANCE
MOBILE FOOD PANTRY - DELIVERANCE TE 2101 W CHESTNUT SPRINGFIELD, MO 65802	43-1426384	501C3		92,398	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOBILE FOOD PANTRY - SENIOR AGE AVA 401 W WASHINGTON STREET AVA, MO 65608	43-1018538	501C3		25,445	COST	FOOD INVENTORY	FOOD ASSISTANCE
MOBILE FOOD PANTRY - SPFD PUBLIC SC 415 S GOLDEN AVE SPRINGFIELD, MO 65802	43-1426384	501C3		29,086	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MONETT COMMUNITY KITCHEN 1600 N CENTRAL MONETT, MO 65708	45-3936275	501C3	1,000	21,240	COST	FOOD INVENTORY	FOOD ASSISTANCE
MONETT COMMUNITY PANTRY 1600 N CENTRAL MONETT, MO 65708	45-3936275	501C3		431,305	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MOUNTAIN GROVE LOVE CENTER 304 E FIRST ST MOUNTAIN GROVE, MO 65711	77-0622202	501C3		343,346	COST	FOOD INVENTORY	FOOD ASSISTANCE
MUNCH 811 E MAIN ST WILLOW SPRINGS, MO 65793	43-1615348	501C3	9,942	363,818	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEVADA COMMUNITY KITCHEN 229 N CEDAR ST NEVADA, MO 64772	43-1164434	501C3		10,401	COST	FOOD INVENTORY	FOOD ASSISTANCE
NEVADA COMMUNITY OUTREACH 229 N CEDAR ST NEVADA, MO 64772	43-1435333	501C3	5,172	290,886	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NIANGUA COMMUNITY FOOD PANTRY 301 RUMSEY NIANGUA, MO 65713	46-0540277	501C3		17,062	COST	FOOD INVENTORY	FOOD ASSISTANCE
NORTH STONE COUNTY FOOD PANTRY 215 N MAIN CRANE, MO 65633	43-1542596	501C3		75,588	COST	FOOD INVENTORY	FOOD ASSISTANCE

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OACAC - DADE COUNTY 2 N MAIN GREENFIELD, MO 65661	43-0836672	501C3	4,400	312,875	COST	FOOD INVENTORY	FOOD ASSISTANCE
OREGON COUNTY FOOD PANTRY - ALTON 407 S MARKET ST ALTON, MO 65606	43-0838508	501C3	3,000	146,130	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OREGON COUNTY FOOD PANTRY - THAYER 201 MARKET ST THAYER, MO 65791	20-3967809	501C3	3,000	148,414	COST	FOOD INVENTORY	FOOD ASSISTANCE
OZARK COUNTY FOOD PANTRY 1155 COUNTY ROAD 806 GAINESVILLE, MO 65655	43-1855970	501C3	7,500	152,184	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PARKVIEW CHRISTIAN CHURCH 1362 S CAMPBELL AVENUE SPRINGFIELD, MO 65807	43-1164434	501C3	1,116	29,770	COST	FOOD INVENTORY	FOOD ASSISTANCE
PARKVIEW CHRISTIAN MEAL PROGRAMS 1362 S CAMPBELL SPRINGFIELD, MO 65807	43-1164434	501C3	500	24,950	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PEOPLE HELPING PEOPLE 210 N PINE AVE REPUBLIC, MO 65738	43-1853251	501C3	2,000	58,763	COST	FOOD INVENTORY	FOOD ASSISTANCE
PIERCE CITY SENIOR CITIZENS 104 N LOCUST PIERCE CITY, MO 65723	20-1357283	501C3		13,521	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRAIRIE CHAPEL UNITED METHODIST 20144 US HWY 65 URBANA, MO 65767	36-2167731	501C3	2,900	66,520	COST	FOOD INVENTORY	FOOD ASSISTANCE
PREFERRED FAMILY HEALTHCARE 2411 W CATALPA SPRINGFIELD, MO 65801	43-1236557	501C3		41,783	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HAVEN NOW LIFE 360 FORDLAND CA 138 W MAIN STREET FORDLAND, MO 65652	46-5615098	501C3		10,458	COST	FOOD INVENTORY	FOOD ASSISTANCE
SALVATION ARMY - BRANSON PANTRY 1114 STANLEY AVE BRANSON, MO 65615	36-2167910	501C3		29,825	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - CARTHAGE PANTRY 125 E FAIRVIEW CARTHAGE, MO 648360528	43-0653584	501C3		29,082	COST	FOOD INVENTORY	FOOD ASSISTANCE
SALVATION ARMY - CARTHAGE SOUP 125 E FAIRVIEW CARTHAGE, MO 648360528	43-0653584	501C3		13,361	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - JOPLIN SOUP KITCHEN 320 E 8TH ST JOPLIN, MO 64801	43-0653584	501C3	2,000	267,944	COST	FOOD INVENTORY	FOOD ASSISTANCE
SALVATION ARMY - LEBANON 435 GARFIELD ST LEBANON, MO 65536	43-0653584	501C3		115,223	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - SPFD HARBOR HOUSE 636 N BOONVILLE SPRINGFIELD, MO 65806	43-0653584	501C3	2,000	78,339	COST	FOOD INVENTORY	FOOD ASSISTANCE
SALVATION ARMY - SPFD PANTRY 1707 W CHESTNUT EXP SPRINGFIELD, MO 65802	43-0653584	501C3	1,347	216,634	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - SPFD SHELTER 1707 W CHESTNUT EXPY SPRINGFIELD, MO 65802	43-0653584	501C3	1,000	37,576	COST	FOOD INVENTORY	FOOD ASSISTANCE
SAMA FOOD PANTRY 1500 EAST HWY 32 STOCKTON, MO 65785	20-1957662	501C3	2,400	68,977	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN OUTREACH CENTER - PANTRY 715 MISSOURI AVE WEST PLAINS, MO 65775	43-1502024	501C3	4,000	63,287	COST	FOOD INVENTORY	FOOD ASSISTANCE
SAMARITAN OUTREACH CENTER - SHELTER 715 MISSOURI AVE WEST PLAINS, MO 65775	43-1502024	501C3		19,454	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENECA FOOD PANTRY 821 CHEROKEE AVE SENECA, MO 64865	27-0855567	501C3	2,000	94,340	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - ALTON 204 S MAIN ALTON, MO 65606	43-1018538	501C3		41,825	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR AGE - ASH GROVE 310 PERRYMAN ASH GROVE, MO 65604	43-1018538	501C3		20,829	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - AURORA 700 S HUDSON AURORA, MO 65605	43-1018538	501C3		13,828	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR AGE - BRANSON 201 COMPTON DR BRANSON, MO 65616	43-1018538	501C3		12,726	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - BUFFALO 103 S MAPLE BUFFALO, MO 65622	43-1372123	501C3	3,047	89,338	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR AGE - GAINSVILLE 516 COUNTY ROAD 800 GAINESVILLE, MO 65655	43-1018538	501C3		6,982	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - KIMBERLING CITY 63 KIMBERLING BLVD KIMBERLING CITY, MO 65686	43-1018538	501C3		24,781	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR AGE - MARSHFIELD 427 W WASHINGTON MARSHFIELD, MO 65706	43-1018538	501C3		98,428	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - MONETT 405 DAIRY MONETT, MO 65708	43-1018538	501C3		5,925	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR AGE - MOUNTAIN VIEW 903 E 5TH ST MOUNTAIN VIEW, MO 65548	43-1167221	501C3	1,000	6,523	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - MT VERNON 425 N MAIN MOUNT VERNON, MO 65712	43-1018538	501C3		27,298	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR AGE - MTN GROVE 700 E STATE STREET MOUNTAIN GROVE, MO 65711	43-1018538	501C3		11,542	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - NORTHVIEW 301 E TALMAGE SPRINGFIELD, MO 65803	43-1018538	501C3		12,792	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SENIOR AGE - REPUBLIC 210 E HINES REPUBLIC, MO 65738	43-1018538	501C3		9,932	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - ROGERSVILLE 197 MARSHALL ST ROGERSVILLE, MO 65742	43-1677637	501C3		6,182	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SENIOR AGE - SOUTHSIDE 2215 S FREMONT SPRINGFIELD, MO 65804	43-1018538	501C3		16,225	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - SUMMERSVILLE 127 ROGERS AVE SUMMERSVILLE, MO 65571	43-1233413	501C3		19,458	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SENIOR AGE - THAYER 100 CHESTNUT THAYER, MO 65791	43-1190762	501C3		20,856	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIOR AGE - WEST PLAINS 416 E MAIN ST WEST PLAINS, MO 65775	43-1018538	501C3	2,250	75,923	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SENIOR AGE - WILLOW SPRINGS 501 SENIOR CENTER LANE WILLOW SPRINGS, MO 65793	43-1881619	501C3	1,500	4,882	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIORAGE - BOLIVER 1850 W BROADWAY BOLIVAR, MO 65613	43-1018538	501C3		5,680	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SENIORAGE - CABOOL 910 CHERRY ST CABOOL, MO 65689	43-1067220	501C3		5,067	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIORAGE - CASSVILLE 1111 FAIR ST CASSVILLE, MO 65625	43-1221410	501C3		6,844	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SENIORAGE - NIXA 404 S MAIN NIXA, MO 65714	43-1018538	501C3		10,177	COST	FOOD INVENTORY	FOOD ASSISTANCE
SENIORAGE - OZARK 727 N 9TH STREET OZARK, MO 65721	43-1018538	501C3		5,761	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SENIORAGE - WINONA 212 SAPPER ST WINONA, MO 65588	43-1206956	501C3		7,615	COST	FOOD INVENTORY	FOOD ASSISTANCE
SHANNON COUNTY FOOD PANTRY 102 W SECOND WINONA, MO 65588	43-1125136	501C3		305,671	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SHEPHERDS NOOK 701 N MAIN ST SALEM, MO 65560	73-6114117	501C3	2,000	688,158	COST	FOOD INVENTORY	FOOD ASSISTANCE
SOUTHERN STONE COUNTY FOOD PANTRY 20 KIMBERLING BLVD KIMBERLING CITY, MO 65686	44-0571348	501C3		202,621	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPECIAL FORCE FAMILY MINISTRIES 428 S HARRISON ST NIXA, MO 65714	41-1339757	501C3		7,160	COST	FOOD INVENTORY	FOOD ASSISTANCE
ST CLAIR COUNTY FOOD PANTRY 5TH AND MARKET ST OSCEOLA, MO 64776	43-1583740	501C3	3,400	111,498	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST CLAIR COUNTY SENIOR CENTER 5215 BUSINESS HWY 13 N E OSCEOLA, MO 64776	43-1015585	501C3	500	6,381	COST	FOOD INVENTORY	FOOD ASSISTANCE
ST JOSEPH CATHOLIC - SPFD 1115 N CAMPBELL AVE SPRINGFIELD, MO 65802	44-0571348	501C3	3,232	138,434	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST JOSEPH CATHOLIC CHURCH - BILLIN 320 N W WASHINGTON BILLINGS, MO 65610	44-0571348	501C3	2,000	400,787	COST	FOOD INVENTORY	FOOD ASSISTANCE
ST PETER'S OUTREACH HOUSE - SOUP K 807 MOFFETT AVE JOPLIN, MO 64801	44-0571348	501C3		35,524	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST SUSANNE CATHOLIC CHURCH 700 W SLOAN HWY V MOUNT VERNON, MO 65712	44-0571348	501C3	3,000	175,244	COST	FOOD INVENTORY	FOOD ASSISTANCE
SUNSHINE CHILDREN'S HOME 9215 COUNTY LANE 175 CARTHAGE, MO 64836	23-7060599	501C3		5,383	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TEXAS COUNTY FOOD PANTRY 102A E ST ROUTE 17 HOUSTON, MO 65483	43-1566581	501C3		671,266	COST	FOOD INVENTORY	FOOD ASSISTANCE
THE CARING PLACE 417 S WASHINGTON W WALNUT GROVE, MO 65770	61-1682058	501C3		150,483	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE HOUSE 24706 ST HWY 171 WEBB CITY, MO 64841	43-1754894	501C3		197,460	COST	FOOD INVENTORY	FOOD ASSISTANCE
UNITED COMMUNITY HELP CENTER 209 PARK ST LICKING, MO 65542	43-1279107	501C3	2,000	225,958	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VARIOUS OTHER ENTITIES		501C3		3,647,445	COST	FOOD INVENTORY	FOOD ASSISTANCE
VERNON COUNTY SENIOR CENTER 301 N MAIN NEVADA, MO 64472	43-1015585	501C3	42,457		COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VERONA BAPTIST CHURCH 115 S FIRST ST VERONA, MO 65769	44-0615104	501C3		131,409	COST	FOOD INVENTORY	FOOD ASSISTANCE
VICTORY MISSION - FAMILY MINISTRIES 1715 N BOONVILLE AVE SPRINGFIELD, MO 65801	43-1345089	501C3	347	167,976	COST	FOOD INVENTORY	FOOD ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WCMCAA - ST CLAIR COUNTY 106 W 4TH ST APPLETON CITY, MO 64724	43-0838410	501C3	400	26,112	COST	FOOD INVENTORY	FOOD ASSISTANCE
WRIGHT COUNTY CHILDREN'S HOME 528 W NORWOOD ST NORWOOD, MO 65717	43-1625535	501C3		9,159	COST	FOOD INVENTORY	FOOD ASSISTANCE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
OZARKS FOOD HARVEST INC

Employer identification number
43-1426384

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

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Department of the Treasury
Internal Revenue Service

Name of the organization OZARKS FOOD HARVEST INC	Employer identification number 43-1426384
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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 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
(1) MORELOCK ROSS BUILDERS MORELOCK ROSS BUILDERS	CO-OWNER	892,043	BUILDING ADDITION		No
(2) ROSS CONSTRUCTION GROUP ROSS CONSTRUCTION GROUP	OWNER	1,908,316	BUILDING ADDITION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART V	KENNY ROSS, CO-OWNER OF MORELOCK ROSS BUILDERS (UNTIL DEC 2017) AND SOLE OWNER OF ROSS CONSTRUCTION IS A BOARD MEMBER WITH VOTING POWER. THE BOARD VOTED TO AWARD MORELOCK ROSS BUILDERS (LATER REVERTING TO ROSS CONSTRUCTION UPON SPLIT IN COMPANY) THE BID FOR THE BUILDING ADDITION - KENNY ROSS ABSTAINED FROM THE VOTE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
OZARKS FOOD HARVEST INC

Employer identification number
43-1426384

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	15,112,249	26,819,231	COST OR SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Department of the Treasury
Internal Revenue Service

Name of the organization
OZARKS FOOD HARVEST INC

Employer identification number

43-1426384

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 WILL BE DISTRIBUTED FOR REVIEW TO THE BOARD AT LARGE VIA EMAIL PRIOR TO ITS FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES COMPLETE AND SIGN CONFLICT OF INTEREST FORMS ANNUALLY TO DATE THERE HAVE BEEN NO CONFLICTS TO REVIEW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION PAID TO THE CEO IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD THE CEO'S PERFORMANCE AND GOAL ACCOMPLISHMENTS ARE EVALUATED SALARY IS COMPARED TO OTHER CEO POSITIONS ON THE REGIONAL AND NATIONAL LEVEL FOR A FOOD BANK

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990 ARE MADE AVAILABLE UPON REQUEST