

EXTENDED TO MAY 15, 2020

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)

OMB No 1545-0047 2018 Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

B Check if applicable C Name of organization COMMUNITY PARTNERSHIP OF THE OZARKS, INC D Employer identification number 43-1830026 E Telephone number 417-888-2020 G Gross receipts \$ 6,046,278. H(a) Is this a group return for subordinates? Yes [X] No H(b) Are all subordinates included? Yes No H(c) Group exemption number I Tax-exempt status [X] 501(c)(3) 501(c) () (insert no.) 4947(a)(1) of 527 J Website: WWW.CPOZARKS.ORG L Year of formation: 1998 M State of legal domicile: MO

Part I Summary

Table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances... Includes a RECEIVED stamp dated JUN 29 2020 from OGDEN, UT.

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 BRAD ERWIN, TREASURER Date 5/26/2020 Paid Preparer: Print/Type preparer's name ERIC LAMPE Preparer's signature Date 5/11/2020 Check if self-employed PTIN P01073622 Firm's name THE WHITLOCK COMPANY, LLP Firm's EIN 43-1365401 Firm's address 3271 E BATTLEFIELD SUITE 300 SPRINGFIELD, MO 65804 Phone no. (417)881-0145

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

SCANNED MAR 31 2021

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission

TO FACILITATE AND PROMOTE THE BUILDING OF RESILIENT CHILDREN, HEALTHY FAMILIES, AND STRONG NEIGHBORHOODS AND COMMUNITIES THROUGH COLLABORATION, PROGRAMMING AND RESOURCE DEVELOPMENT IN GREENE COUNTY AND 20 OTHER COUNTIES IN SOUTHWEST MISSOURI.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

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 X

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,934,365. including grants of \$) (Revenue \$ 1,938,254.)

CPO'S EARLY CHILDHOOD AND FAMILY DEVELOPMENT DIVISION WORKS TO BUILD STRONG CHILDREN AND FAMILIES THROUGH EDUCATION, ENGAGEMENT AND EMPOWERMENT. WE OFFER REGULAR PARENT EDUCATION OPPORTUNITIES THROUGH THE POSITIVE PARENTING PROGRAM (TRIPLE P), WHICH IS AN EVIDENCE BASED COMPREHENSIVE PROGRAM TO SUPPORT PARENTS IN A VARIETY OF SITUATIONS. TRIPLE P HAS FIVE LEVELS RANGING FROM PUBLIC AWARENESS TO GROUP SEMINARS TO INTENSIVE ONE-ON-ONE GUIDED PARENT COACHING. THE GOALS ARE TO HELP PARENTS BECOME CONFIDENT, POSITIVE AND SUPPORTIVE OF THEIR CHILDREN IN THEIR PARENTING ROLE. WE HAVE MORE THAN 80 INDIVIDUALS TRAINED TO SERVE FAMILIES WITH CHILDREN 0-12 AND TEENS. IN ADDITION TO PROVIDING DIRECT SERVICE TO CLIENTS, WE PARTNER WITH ORGANIZATIONS WITHIN THE COMMUNITY TO EXTEND THE REACH OF SERVICES TO OTHER FAMILIES

4b (Code) (Expenses \$ 749,051. including grants of \$) (Revenue \$ 1,147,204.)

CPO'S COMMUNITY & NEIGHBORHOOD DEVELOPMENT DIVISION BUILDS RESILIENT CHILDREN, HEALTHY FAMILIES AND STRONG NEIGHBORHOODS THROUGH COLLABORATION, ENGAGEMENT, EDUCATION AND MENTORING. THE CARING COMMUNITIES INITIATIVE WORKS WITH SCHOOLS AND NEIGHBORHOOD ASSOCIATIONS TO IDENTIFY AND FACILITATE COMMUNITY-BASED STRATEGIES TO ADDRESS THE NEEDS OF CHILDREN AND FAMILIES. CARING COMMUNITIES' PROGRAMS AND SERVICES ARE DESIGNED TO PROVIDE RESOURCES AND SUPPORT THAT IMPROVE STUDENT ACHIEVEMENT AND INCREASE PARENT INVOLVEMENT AND COMMUNITY ENGAGEMENT. APPROXIMATELY 38,651 STUDENTS AND FAMILIES WERE SERVED THROUGH EVENTS, ACTIVITIES AND RESOURCES. PARENT AND FAMILY BREAKFASTS THRIVED THIS PAST YEAR. FORTY-FOUR BREAKFAST EVENTS WERE HOSTED, SERVING OVER 4,500 STUDENTS AND THEIR FAMILIES. WE ALSO KNOW STUDENTS

4c (Code) (Expenses \$ 1,090,537. including grants of \$) (Revenue \$ 1,091,730.)

CPO'S PREVENTION AND YOUTH SUPPORT DIVISION WORKED IN 21 COUNTIES IN SOUTHWEST MISSOURI ASSISTING COMMUNITIES IN BUILDING STRONG PREVENTION COALITIONS AND PROVIDING IMPLEMENTATION AND MANAGEMENT OVERSIGHT OF LARGE STATE OF MISSOURI PREVENTION CONTRACTS. HIGHLIGHTS INCLUDE COORDINATING A SCHOOL-BASED DRUG PREVENTION PROGRAM IN CARTHAGE AND GREENWOOD SCHOOLS FOR MORE THAN 2,500 COMBINED STUDENTS, RESULTING IN DECREASES IN ALL CURRENT SUBSTANCE USE AMONG PARTICIPATING 9TH GRADERS. WE COORDINATED A MENTORING PROGRAM FOR DOZENS OF DYS YOUTH, HELPING THEM BUILD HEALTHY ADULT RELATIONSHIPS AND ASSISTING THEM IN RE-INTEGRATING INTO THEIR COMMUNITY. THROUGH THE STATE OPIOID RESPONSE GRANT PROJECT, WE PROVIDED GENERATION RX TRAININGS TO MORE THAN 3,880 YOUTH THAT INCREASED AWARENESS OF THE RISKS ASSOCIATED WITH

4d Other program services (Describe in Schedule O)

(Expenses \$ 505,635. including grants of \$) (Revenue \$ 527,866.)

4e Total program service expenses 4,279,588.

ADGLOR

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 with 'X' marks in Yes/No columns.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax compliance, and organizational status.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	36		
1b	Enter the number of voting members included in line 1a, above, who are independent.		
	34		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **SHERI LUPTON - 417-888-2020**
330 N JEFFERSON, SPRINGFIELD, MO 65806

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 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) DR JANICE DUNCAN DIRECTOR	2.00	X						0.	0.	0.
(2) HAROLD BENGSCHE DIRECTOR	2.00	X						0.	0.	0.
(3) ROB BAIRD DIRECTOR	2.00	X						0.	0.	0.
(4) CLAY GODDARD BOARD SECRETARY	2.00	X		X				0.	0.	0.
(5) BUD GREVE DIRECTOR	2.00	X						0.	0.	0.
(6) ROSEANN BENTLEY DIRECTOR	2.00	X						0.	0.	0.
(7) CHARLIE O'REILLY DIRECTOR	2.00	X						0.	0.	0.
(8) DR JOHN JUNGSMANN DIRECTOR	2.00	X						0.	0.	0.
(9) CARL ROSENKRANZ DIRECTOR	2.00	X						0.	0.	0.
(10) BARBARA LUCKS DIRECTOR	2.00	X						0.	0.	0.
(11) ANNE SALLEE MASON BOARD VICE PRESIDENT	2.00	X		X				0.	0.	0.
(12) LESLIE PECK DIRECTOR	2.00	X						0.	0.	0.
(13) JIM ARNOTT DIRECTOR	2.00	X						0.	0.	0.
(14) BRIDGET DIERKS DIRECTOR	2.00	X						0.	0.	0.
(15) MARK STRUCKHOFF DIRECTOR	2.00	X						0.	0.	0.
(16) PAUL WILLIAMS DIRECTOR	2.00	X						0.	0.	0.
(17) SPENCER CUNNINGHAM DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRAD ERWIN TREASURER	2.00	X		X				0.	0.	0.
(19) AMANDA HEDGPETH DIRECTOR	2.00	X						0.	0.	0.
(20) SCOTT REYNOLDS BOARD PRESIDENT	2.00	X		X				0.	0.	0.
(21) COLLEEN HARDY DIRECTOR	2.00	X						0.	0.	0.
(22) DAVID COOK DIRECTOR	2.00	X						0.	0.	0.
(23) DEBI MEEDS DIRECTOR	2.00	X						0.	0.	0.
(24) SCOTT MEIER DIRECTOR	2.00	X						0.	0.	0.
(25) SHARON ALEXANDER DIRECTOR	2.00	X						0.	0.	0.
(26) LISA CRAWFORD DIRECTOR	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								166,845.	0.	33,737.
d Total (add lines 1b and 1c)								166,845.	0.	33,737.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
IPOURLIFE, INC., 1006 N CEDARBROOK AVE., SPRINGFIELD, MO 65802	FOSTER CARE JOBS PROGRAM SERVICES	397,991.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DR SHANNON CUFF DIRECTOR	2.00	X						0.	0.	0.
(28) CJ DAVIS DIRECTOR	2.00	X						0.	0.	0.
(29) SHELLEY EVANS DIRECTOR	2.00	X						0.	0.	0.
(30) JUDY HADSALL DIRECTOR	2.00	X						0.	0.	0.
(31) MATT MORROW DIRECTOR	2.00	X						0.	0.	0.
(32) DAVID PENNINGTON DIRECTOR	2.00	X						0.	0.	0.
(33) MARY ANN ROJAS DIRECTOR	2.00	X						0.	0.	0.
(34) JOSELYN BALDNER DIRECTOR	2.00	X						0.	0.	0.
(35) JASON GAGE DIRECTOR	2.00	X						0.	0.	0.
(36) KATHERINE THOMPSON DIRECTOR	2.00	X						0.	0.	0.
(37) JANET DANKERT PRESIDENT/CEO	40.00			X				88,857.	0.	16,537.
(38) SHERI LUPTON CHIEF OPERATING OFFICER	40.00			X				77,988.	0.	17,200.
Total to Part VII, Section A, line 1c								166,845.		33,737.

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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	4,484,040.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	135,935.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		4,619,975.			
Program Service Revenue	2 a FEES RECEIVED FROM OTH	Business Code 561000	910,572.	910,572.		
	b FUNDS FROM UNITED WAY	561000	86,198.	86,198.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		996,770.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		18,993.		18,993.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	94,580.				
	b Less direct expenses	b	18,355.			
	c Net income or (loss) from fundraising events		76,225.		76,225.	
9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a 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				
11 a INDIRECT COST REIMBURS	561000	305,671.	305,671.			
b MISCELLANEOUS INCOME.	561000	10,289.	10,289.			
c						
d All other revenue						
e Total. Add lines 11a-11d		315,960.				
12 Total revenue. See instructions		6,027,923.	1,312,730.	0.	95,218.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	137,374.		137,374.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,944.		4,944.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	46,827.	46,308.	519.	
12 Advertising and promotion	43,915.	13,788.	30,127.	
13 Office expenses	533,976.	511,233.	22,743.	
14 Information technology	30,746.	27,888.	2,858.	
15 Royalties				
16 Occupancy	100,975.	79,454.	12,360.	9,161.
17 Travel AND MILEAGE	46,438.	43,114.	2,437.	887.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	115,548.	106,471.	6,079.	2,998.
20 Interest	13,531.		13,531.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,732.	14,800.	44,932.	
23 Insurance	22,492.	18,822.	2,690.	980.
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 LEASED EMPLOYEES	2,455,705.	2,173,077.	207,137.	75,491.
b CONTRACTED SERVICES	802,820.	783,903.	12,887.	6,030.
c INDIRECT COSTS	305,671.	305,671.		
d PUBLIC EDUCATION	134,885.	134,435.	450.	
e All other expenses	20,624.	20,624.		
25 Total functional expenses. Add lines 1 through 24e	4,876,203.	4,279,588.	501,068.	95,547.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	458,010.	2	798,458.
	3	Pledges and grants receivable, net	251,782.	3	438,757.
	4	Accounts receivable, net	4,358.	4	12,663.
	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 instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	3,444.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 1,625,568.		
	10b	Less accumulated depreciation	10b 195,457.	10c	1,430,111.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	597,322.	12	613,350.
	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)	2,034,069.	16	3,296,783.	
Liabilities	17	Accounts payable and accrued expenses	154,425.	17	363,390.
	18	Grants payable		18	
	19	Deferred revenue	136,652.	19	40,349.
	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	362,744.	23	347,660.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	653,821.	26	751,399.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,068,971.	27	1,784,695.
	28	Temporarily restricted net assets	311,277.	28	760,689.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	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	1,380,248.	33	2,545,384.	
34	Total liabilities and net assets/fund balances	2,034,069.	34	3,296,783.	

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	6,027,923.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,876,203.
3	Revenue less expenses Subtract line 2 from line 1	3	1,151,720.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,380,248.
5	Net unrealized gains (losses) on investments	5	13,416.
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	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,545,384.

Part XII Financial Statements and Reporting

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

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

Form 990 (2018)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2542659.	2712978.	1596058.	2999066.	4619976.	14470737.
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	2542659.	2712978.	1596058.	2999066.	4619976.	14470737.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						14470737.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	2542659.	2712978.	1596058.	2999066.	4619976.	14470737.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	26,286.	74,569.	41,532.	14,658.	18,993.	176,038.
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)	247,318.	212,360.	120,758.	230,592.	315,961.	1126989.
11 Total support. Add lines 7 through 10						15773764.
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	91.74	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	91.00	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy..., 9 In Part XIII, describe how the organization reports...

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	441,124.	415,585.	390,781.	372,944.	392,367.
b Contributions					
c Net investment earnings, gains, and losses	21,363.	29,934.	26,859.	21,699.	-15,569.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	4,425.	4,395.	2,056.	3,862.	3,854.
g End of year balance	458,062.	441,124.	415,585.	390,781.	372,944.

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

- a Board designated or quasi-endowment ▶ 100.00 %
- b Permanent endowment ▶ .00 %
- c Temporarily restricted endowment ▶ .00 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,000.		50,000.
b Buildings		550,000.	46,139.	503,861.
c Leasehold improvements		885,552.	53,199.	832,353.
d Equipment		138,216.	94,319.	43,897.
e Other		1,800.	1,800.	0.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 1,430,111.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMUNITY FOUNDATION		
(B) ENDOWMENT FUND	458,062.	END-OF-YEAR MARKET VALUE
(C) CFO CAPACITY BUILDING		
(D) FUND	104,528.	END-OF-YEAR MARKET VALUE
(E) CFO EARLY CHILD INITATIVE		
(F) FUND	50,760.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	613,350.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	6,059,695.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	13,416.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	18,356.	
e	Add lines 2a through 2d	2e		31,772.
3	Subtract line 2e from line 1	3		6,027,923.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		6,027,923.

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	4,894,559.
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	18,355.	
e	Add lines 2a through 2d	2e		18,355.
3	Subtract line 2e from line 1	3		4,876,204.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		4,876,204.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 18,355.
 ROUNDING 1.
 TOTAL TO SCHEDULE D, PART XI, LINE 2D 18,356.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 18,355.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		VARIOUS FUNDRAISING (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	94,580.		94,580.
	2	Less Contributions			
	3	Gross income (line 1 minus line 2)	94,580.		94,580.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	18,355.		18,355.
	10	Direct expense summary Add lines 4 through 9 in column (d)			18,355.
	11	Net income summary Subtract line 10 from line 3, column (d)			76,225.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LESLIE PECK	CPO DIRECTOR	351,422.	SEE BELOW		X
BRIDGET DIERKS	CPO DIRECTOR	458,062.	SEE BELOW		X
BRIDGET DIERKS	CPO DIRECTOR	155,288.	SEE BELOW		X
JASON GAGE	CPO DIRECTOR	308,620.	SEE BELOW		X
CARL ROSENKRANZ	CPO DIRECTOR	6,480.	SEE BELOW		X
JOHN JUNGSMANN	CPO DIRECTOR	11,293.	SEE BELOW		X
SCOTT MEIER	CPO DIRECTOR	16,685.	SEE BELOW		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: LESLIE PECK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 351,422.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW INSURANCE

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BRIDGET DIERKS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 458,062.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW GRANTS

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

(A) NAME OF PERSON: BRIDGET DIERKS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 155,288.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

GRANTS

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JASON GAGE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 308,620.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CARL ROSENKRANZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 6,480.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW

EMPLOYED BY

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN JUNGSMANN

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 11,293.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW EMPLOYED

BY SPRINGFIELD PUBLIC SCHOOLS AS SUPERINTENDENT WITH WHOM CPO HAS A CONTRACT FOR FARM TO SCHOOL. THESE ARE THE EXPENSES FOR THE YEAR.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SCOTT MEIER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CPO DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 16,685.

(D) DESCRIPTION OF TRANSACTION: SEE BELOW EMPLOYED

BY MID-WEST FAMILY BROADCASTING AS PRESIDENT WITH WHOM CPO HAS A VENDOR RELATIONSHIP. THIS IS THE AMOUNT PAID TO MID-WEST FAMILY BROADCASTING FOR THE YEAR.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number
43-1830026

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

THE MISSION OF COMMUNITY PARTNERSHIP IS TO FACILITATE AND PROMOTE THE BUILDING OF RESILIENT CHILDREN, HEALTHY FAMILIES AND STRONG NEIGHBORHOODS IN A 21 COUNTY AREA IN SOUTHWEST MISSOURI THROUGH COLLABORATION, PROGRAMMING AND RESOURCE DEVELOPMENT. COMMUNITY PARTNERSHIP IS ABOUT DESIGNING NEW WAYS TO USE RESOURCES TO HELP CHILDREN, FAMILIES AND NEIGHBORHOODS IN A HOLISTIC MANNER, PROVIDING PROGRAMMING THAT DELIVERS MEASURABLE AND COST EFFECTIVE OUTCOMES. WHEN COMMUNITIES COME TOGETHER, SCHOOLS SUCCEED, NEIGHBORHOODS ARE SAFER, RESIDENTS ARE HEALTHIER, ADULTS AND CHILDREN FEEL CONNECTED, AND YOUNG PEOPLE CAN REALIZE THEIR FULL POTENTIAL.

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

IN THE AREA.

ANOTHER STRENGTHS-BASED PARENT SUPPORT PROGRAM CPO PROVIDES IS PARENT CAFES, WHICH USES THE WORLD CAFE MODEL. PARENT CAFES USES A PEER-TO-PEER LEARNING PROCESS COMMITTED TO INTRODUCING PARENTS TO FIVE PROTECTIVE FACTORS THAT KEEP FAMILIES STRONG. PARENT CAFES BUILD RESILIENCY AND FOSTERS MEANINGFUL RELATIONSHIPS AMONG THOSE WHO PARTICIPATE IN CAFES. PARENT CAFES SUPPORTS FAMILIES IN A HOST OF SITUATIONS FROM FOSTER PARENTS, TO NEW PARENTS, TO AT-RISK PARENTS, TO SURVIVORS OF DOMESTIC VIOLENCE. CAFES ARE PROVIDED IN ENGLISH, SPANISH, CONGOLESE, AND BURMESE LANGUAGES. WE HOLD REGULAR CAFES IN ELEMENTARY SCHOOLS, CHILDCARE SETTINGS, PUBLIC LIBRARIES, AND IN CHURCHES IN GREENE COUNTY. WE HAVE TRAINED AN ADDITIONAL 64

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

FACILITATORS IN PARTNERSHIP WITH AREA ORGANIZATIONS, WHICH ALLOWS US TO
EXTEND PARENT CAFES LONG AFTER THE LIFE OF CURRENT FUNDING.

IN A LONG-STANDING COMMITMENT TO SUPPORTING THOSE WHO CARE FOR
CHILDREN, CPO HAS PARTNERED WITH OUR LOCAL PROSECUTING ATTORNEY'S
OFFICE, CHILDREN'S DIVISION, AND THE CHILD ADVOCACY CENTER TO PROVIDE
REGULAR MANDATED REPORTER TRAINING TO OUR COMMUNITY, SERVING 500 IN
THIS REPORTING PERIOD.

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

THIS YEAR, OUR FIRST BIRTHDAY SAFE SLEEP PROGRAM HELPED FAMILIES IN 25
SOUTHWEST COUNTIES BY PROVIDING SAFE SLEEP EDUCATION AND PACK N' PLAYS.
FAMILIES ELIGIBLE FOR TANF WITHOUT CRIBS OR OTHER SAFE SLEEP
ENVIRONMENTS ARE GIVEN A PACK N' PLAY, CRIB SHEETS, PACIFIERS, SLEEP
SACKS AND INFORMATION ON HOW TO KEEP THEIR BABY SAFE WHILE SLEEPING.
PRE VERSUS POST TESTS SERVE TO ENSURE PARENTS UNDERSTAND WHAT IS
APPROPRIATE TO KEEPING BABIES SAFE. WE HAVE DISTRIBUTED 575 CRIBS THUS
FAR.

CPO HOSTS ANNUAL EVENTS SUCH AS COMMUNITY WIDE PLAY DAY AND BIG RIG
NIGHT TO PROMOTE CONNECTIONS BETWEEN LOCAL AGENCIES AND FAMILIES WITH

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

YOUNG CHILDREN. MORE THAN 4,000 INDIVIDUALS PARTICIPATED IN CPO EARLY CHILDHOOD EVENTS FOCUSED ON STRENGTHENING FAMILIES AND BUILDING EARLY LITERACY.

OUR EDUCARE PROGRAM SERVES PROGRAMS THAT WORK WITH CHILDREN AND FAMILIES WHO RECEIVE CHILDCARE SUBSIDY. THE GOAL IS TO HELP PREPARE CHILDREN FOR SCHOOL AND INCREASE HEALTH AND SAFETY. THE EDUCARE PROGRAM SERVED 60 DVN'S AND 75 CHILDCARE PROFESSIONALS THROUGH MONTHLY VISITS, COACHING, CLASSROOM EQUIPMENT LOANS, AND NETWORKING OPPORTUNITIES. CLASS ASSESSMENTS AND SUPPORT WERE PROVIDED TO 45 PROVIDERS IN GREENE, CHRISTIAN, TANEY, POLK, STONE, LAWRENCE AND WEBSTER COUNTIES. ADDITIONALLY, MORE THAN 1,200 PROVIDERS RECEIVED REQUIRED TRAINING ON HEALTH AND SAFETY, RECORD-KEEPING AND DISASTER PREPAREDNESS.

THE EVERY CHILD PROMISE PROVIDED SCHOLARSHIPS TO 75 CHILDREN WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD QUALITY PRESCHOOL. ONE HUNDRED PERCENT OF CHILDREN WHO RECEIVED THE SCHOLARSHIP ASSISTANCE WERE "READY FOR KINDERGARTEN" ACCORDING TO A SOCIAL EMOTIONAL ASSESSMENT. THROUGH A COMPREHENSIVE APPROACH TO SYSTEMIC CHANGE, WITH SEAMLESS TRANSITION TO KINDERGARTEN AND BEYOND, WE DEVELOPED A PROGRAM WITH FUNDING FROM DARR FAMILY FOUNDATION TO INCREASE THE QUALITY OF EARLY CARE AND EDUCATION IN SPRINGFIELD. THE PROGRAM, STEPS TO EXCELLENCE, IS A FIVE-YEAR PROPOSAL DESIGNED TO ENGAGE PUBLIC, PRIVATE, FAITH-BASED AND COLLEGES TO INCREASE THE PROFESSIONAL DEVELOPMENT AND SHARED LEARNING NETWORKS. PROFESSIONAL DEVELOPMENT OFFERINGS FOCUS ON DECA SOCIAL AND EMOTIONAL ASSESSMENTS, CLASS TEACHER CHILD INTERACTION ASSESSMENTS AND CONSCIOUS DISCIPLINE TRAINING. 950 EARLY EDUCATORS RECEIVED EXTENSIVE TRAINING AND COACHING IN THE FIRST YEAR OF STEPS TO EXCELLENCE.

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

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

ARE MORE LIKELY TO SUCCEED ACADEMICALLY WHEN THEY ATTEND SCHOOL REGULARLY. WE SUPPORTED ATTENDANCE INITIATIVES AT 7 ELEMENTARY AND 2 MIDDLE SCHOOLS. THESE EFFORTS SERVED 2,500 STUDENTS. WE PROVIDED SUPPORT FOR 90 AFTER-SCHOOL CLUBS IN 9 ELEMENTARY SCHOOLS AND 3 MIDDLE SCHOOLS IN SPRINGFIELD AND 1 ELEMENTARY SCHOOL IN WILLARD. APPROXIMATELY 1,000 STUDENTS PARTICIPATED IN THESE AFTER-SCHOOL CLUBS. AFTER-SCHOOL CLUBS IMPROVE SKILLS, ENCOURAGE DAILY ATTENDANCE, AND IMPROVE ACADEMIC SUCCESS. WE ALSO IMPACTED FAMILIES THROUGH CRISIS INTERVENTION AND SUPPORT SERVICES AND CONNECTION TO RESOURCES THAT HELP LIFT FAMILIES OUT OF POVERTY. THERE WERE 381 FAMILY CONTACTS AND 317 COMMUNITY REFERRALS PROVIDED, SERVING A TOTAL OF 173 FAMILIES. THERE WERE ALSO 113 FAMILIES SERVED THROUGH EMERGENCY ASSISTANCE BY PROVIDING FOOD, HYGIENE ITEMS, BUS PASSES AND EMERGENCY FUNDS. WE SUPERVISED 5 SOCIAL WORK PRACTICUM STUDENTS, WHO PROVIDED 2,631 HOURS OF SERVICE HELPING FAMILIES. THEY ASSISTED WITH AFTER-SCHOOL CLUBS, PARENTS ENGAGEMENT EVENTS, AND NEIGHBORHOOD EVENTS, WHILE ALSO MENTORING STUDENTS AND PROVIDING SKILL BUILDING GROUPS.

WE PARTNERED WITH SPRINGFIELD PUBLIC SCHOOLS (SPS) TO OFFER THE FARM 2 SCHOOL PROGRAM, WHICH PROVIDES LOCAL FOODS TO ALL SPS STUDENTS, EDUCATES STUDENTS AND FAMILIES ON THE FOOD SYSTEM, MODELS HEALTHY EATING, AND SUPPORTS OUR LOCAL PRODUCERS, SUPPLIERS AND CONSUMERS. THE 3RD ANNUAL JUNIOR CHEF COMPETITION WAS HELD. THERE WERE 23 TEAMS TOTALING 77 STUDENTS FROM 10 ELEMENTARY SCHOOLS IN THE 3RD-5TH GRADE CATEGORY AND 13 MIDDLE SCHOOLS IN THE 6TH-8TH GRADE CATEGORY. THESE STUDENTS CREATED THEIR DISHES WITH AN ASIAN FUSION THEME, EACH FEATURING LOCALLY SOURCED INGREDIENTS PURCHASED DURING A TRIP TO THE FARMERS MARKET OF THE OZARKS. THE TEAMS HAD ONE HOUR TO PREPARE THEIR

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

DISHES, PLATE AND PRESENT THEIR CREATIONS TO THE GUEST JUDGES.

MAKING SENSE OF MONEY FINANCIAL LITERACY PROGRAM SERVED 240 PEOPLE PROVIDING OVER 226 HOURS OF FINANCIAL LITERACY EDUCATION. ONLY 25% OF THOSE ENTERING THE PROGRAM REPORT SAVING OR BUDGETING MONEY. ALMOST 50% OF NEW PARTICIPANTS REPORT BORROWING MONEY TO MEET BASIC NEEDS. OVER 80% OF PARTICIPANTS ARE LOW TO -MODERATE- INCOME WITH ANNUAL INCOME OF LESS THAN \$48,000 PER YEAR. TWELVE PEOPLE MET THEIR \$100 SAVINGS GOAL MATCH AND MORE THAN 50% OF PARTICIPANTS COMPLETED ALL FOUR WEEKS OF THE BASIC BUDGETING SERIES. WE PARTNERED WITH 17 OTHER ORGANIZATIONS AND BUSINESSES TO PROVIDE FINANCIAL LITERACY EDUCATION.

WE PROVIDED SUPPORTIVE SERVICES TO FIVE AFFORDABLE HOUSING DEVELOPMENTS: FULBRIGHT SPRINGS, OAKWOOD PLACE, PLYMOUTH LANDING, WOODFIELD PARK AND WESTPORT PARK. THESE DEVELOPMENTS ARE DESIGNED TO PROVIDE SAFE, AFFORDABLE, AND QUALITY HOUSING THAT INCLUDE SERVICES TO STRENGTHEN THE COMMUNITY. THE PARTNERSHIP HAS ALLOWED US TO OFFER SUPPORTIVE SERVICES THAT EQUIP FAMILIES WITH TOOLS TO ATTAIN STABILITY, CONNECT TO THE COMMUNITY, AND IMPROVE HEALTHY FAMILY FUNCTIONING. EVENTS ARE COORDINATED TO ENCOURAGE THE COMMUNITY TO COME TOGETHER AND CARE FOR EACH OTHER, GET TO KNOW EACH OTHER, AND GROW TOGETHER. THERE WERE MORE THAN 100 ENGAGEMENT EVENTS HELD THIS PAST YEAR.

WE COORDINATED A RECORD NUMBER OF NEIGHBORHOOD CLEAN-UPS--18 THAT COLLECTED BULKY ITEMS, YARD WASTE, OLD FURNITURE, CONSTRUCTION DEBRIS AND OLD APPLIANCES. THESE EVENTS SERVED A TOTAL OF 1,432 HOUSEHOLDS. OVER 218 TONS OF WASTE AND 32 DUMPSTERS OF YARD WASTE WERE REMOVED FROM NEIGHBORHOODS AND OVER 22 TONS OF SCRAP METAL WAS ALSO RECYCLED. WITH FUNDING FROM THE OZARKS HEADWATER RECYCLING DISTRICT, OVER 384 TELEVISIONS WERE RECYCLED AND DIVERTED FROM THE LANDFILL. WE HAD 293 VOLUNTEERS PROVIDE 1,200 HOURS FOR THESE EVENTS.

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

THE 7TH ANNUAL NATIONAL NIGHT OUT, A COMMUNITY-WIDE SAFETY, HEALTH AND CRIME PREVENTION EVENT, WAS ANOTHER SUCCESS. THIS EVENT IS HELD IN PARTNERSHIP WITH THE SPRINGFIELD POLICE DEPARTMENT, SPRINGFIELD FIRE DEPARTMENT, SPRINGFIELD-GREENE COUNTY PARKS DEPARTMENT AND THE CITY OF SPRINGFIELD. APPROXIMATELY 1,800 PEOPLE ATTENDED, 209 VOLUNTEERS PROVIDED MORE THAN 750 HOURS OF SERVICE, 30 VENDORS OFFERED INFORMATIONAL BOOTHS WITH ACTIVITIES FOR KIDS, AND OVER \$15,000 WORTH OF IN-KIND WAS DONATED.

THE COMMUNITY COLLABORATIVE INITIATIVE INCLUDES SIX COLLABORATIVE GROUPS FOCUSED ON CHILD ABUSE AND NEGLECT, FOOD, ENVIRONMENT, HOUSING, TRANSPORTATION AND EARLY CARE AND EDUCATION. EACH GROUP CONSISTS OF COMMUNITY AGENCIES, LEADERS AND GRASSROOT CITIZENS THAT COME TOGETHER TO CREATE DIALOGUE, ACTION, AND COORDINATION TO ADDRESS ISSUES IN A BROAD COMMUNITY CONTEXT. THE COLLABORATIVE INITIATIVE IS OVERSEEN BY THE COUNCIL OF COLLABORATIVES, WHICH IS COMPRISED OF LEADERSHIP FROM EACH COLLABORATIVE. THERE ARE MORE THAN 500 INDIVIDUALS THAT PARTICIPATE IN THESE GROUPS.

THE GREATER SPRINGFIELD AREA CRIME STOPPERS PROGRAM ENCOURAGES MEMBERS OF THE COMMUNITY TO ASSIST LOCAL LAW ENFORCEMENT AGENCIES IN THE FIGHT AGAINST CRIME OVERCOMING THE TWO KEY ELEMENTS THAT INHIBIT COMMUNITY INVOLVEMENT: FEAR AND APATHY. THE PROGRAM RELIES ON COOPERATION BETWEEN THE POLICE, MEDIA, AND CITIZENS TO PROVIDE ANONYMOUS INFORMATION ABOUT CRIME AND CRIMINALS IN THE GREENE COUNTY AREA WITH A MAJOR FOCUS ON CRIME WITHIN THE SPRINGFIELD CITY LIMITS. LAST YEAR, THE PROGRAM RECEIVED 1,563 TIPS AND THESE TIPS LED TO \$73,713 OF DRUGS, WEAPONS AND CASH BEING RECOVERED.

WE OFFER THE SPRINGFIELD TOOL LIBRARY, A PROGRAM THAT WORKS LIKE A TRADITIONAL LIBRARY, BUT PROVIDES ACCESS TO TOOLS RATHER THAN BOOKS.

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

WITH MORE THAN 220 ITEMS IN THE INVENTORY, THE SPRINGFIELD TOOL LIBRARY HELPED MORE THAN 50 MEMBERS COMPLETE A VARIETY OF DO-IT-YOURSELF PROJECTS, INCLUDING STARTING NEW GARDENS, INSTALLING DOORS AND WINDOW TRIM, AND PRESSURE WASHING SIDING AND DECKS. WE HAD AN INCREASE IN MEMBERSHIP THIS PAST YEAR, ADDING 31 NEW MEMBERS. THE SPRINGFIELD TOOL LIBRARY CONTINUES QUARTERLY FIX-IT-FAIRS, IN PARTNERSHIP WITH THE SPRINGFIELD-GREENE COUNTY LIBRARY. WE HELPED FIX ITEMS FOR MORE THAN 60 PEOPLE.

FREE VOLUNTEER INCOME TAX ASSISTANCE (VITA) CLINICS WERE OFFERED AS PART OF THE ACROSS THE LIFE SPAN (ATLS) COALITION. IN TOTAL, ATLS PREPARED 9,171 FEDERAL TAX RETURNS LAST YEAR, RETURNING \$3,898,508 IN TOTAL REFUNDS AND \$703,880 IN EARNED INCOME CREDIT. THERE WERE EIGHT TRADITIONAL VITA TAX CLINICS AND EIGHT FACILITATED SELF-ASSISTED SITES THROUGH MYFREETAXES.COM. THE SECOND ANNUAL TAX-A-PALOOZA EVENT WAS HELD IN PARTNERSHIP WITH THE SPRINGFIELD DREAM CENTER. THIS EVENT PROVIDED 10-HOURS OF FREE TAX PREPARATION IN ONE LOCATION FOR ONE DAY. THE PURPOSE OF THIS EVENT WAS TO OFFER A SPECIAL TAX FILING EVENT TO PROMOTE TAX CLINICS, OFFER INTEGRATED FINANCIAL SERVICES, SERVE MORE EARNED INCOME CREDIT RECIPIENTS, ENGAGE VOLUNTEERS, AND GARNER MEDIA COVERAGE FOR FREE TAX PREPARATION EFFORTS. THERE WERE MORE THAN 150 TAX RETURNS FILED THAT DAY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PRESCRIPTION DRUG MISUSE AND EDUCATED ON HOW TO ASSIST FRIENDS WHO MAY BE STRUGGLING WITH OPIOID MISUSE. WE DEVELOPED, PRODUCED AND RELEASED NINE NEW HELPING EVERYONE LEARN PREVENTION (HELP) VIDEOS, REACHING A TOTAL OF 1,588 VIEWS ON YOUTUBE (TOTAL OF 7,269 FOR ALL 30 HELP VIDEO SEGMENTS). WE ASSISTED COMMUNITIES IN IMPLEMENTING 70 MEDICATION TAKE

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

BACK EVENTS THAT COLLECTED 10,951 POUNDS OF EXPIRED AND/OR UNUSED MEDICATIONS WHILE DISSEMINATING AN ADDITIONAL 5,300 DRUG DISPOSAL BAGS FOR SAFE AND PROPER DISPOSAL OF MEDICATIONS. WE ASSISTED 25 COALITIONS IN ASSESSING THEIR COMMUNITY'S SUBSTANCE USE ISSUES, THEN DEVELOPED AND IMPLEMENTED STRATEGIC PLANS TO ADDRESS THOSE ISSUES. ONE OF OUR COALITION LEADERS WAS AWARDED THE CHAMPION FOR CHANGE AWARD PROVIDED AT THE STATEWIDE PREVENTION CONFERENCE. WE WERE AWARDED A 3-YEAR MENTAL HEALTH AWARENESS TRAINING GRANT FROM SAMHSA. WE PROVIDED 10 YOUTH AND ADULT MENTAL HEALTH FIRST AID (Y/MHFA) TRAININGS TO FOR 219 PEOPLE IN 20 COUNTIES, OUTSIDE OF GREENE COUNTY, WHILE COORDINATING AN ADDITIONAL 38 YMHFA TRAININGS FOR 776 PEOPLE IN GREENE COUNTY AS PART OF A 3-YEAR FEDERAL GRANT. Y/MHFA EDUCATES PARTICIPANTS ON MENTAL HEALTH LITERACY TO DECREASE STIGMAS ASSOCIATED WITH THOSE ISSUES, AS WELL AS HOW TO IDENTIFY AND ASSIST A PERSON EXPERIENCING A MENTAL HEALTH CHALLENGE OR CRISIS AND HAS RESULTED IN 7,991 GREENE COUNTY YOUTH AND ADULTS REFERRED TO MENTAL HEALTH PROFESSIONAL, SELF-HELP OR OTHER SUPPORT STRATEGIES AS PART OF THAT FEDERAL GRANT PROJECT. WE WERE SELECTED AS ONE OF 8 SITES IN THE U.S. TO PILOT TEEN MENTAL HEALTH FIRST AID (TMHFA), A TRAINING LIKE Y/MHFA BUT FOR HIGH SCHOOL STUDENTS. TMHFA HELPS PARTICIPANTS IDENTIFY AND SUPPORT A PEER WHO MAY BE EXPERIENCING A MENTAL HEALTH OR SUBSTANCE USE CHALLENGE OR CRISIS, INCLUDING THOUGHTS OF SUICIDE, AND HOW TO CONNECT THEM TO A TRUSTED ADULT. WE PROVIDED THIS TRAINING TO MORE THAN 400 STUDENTS IN PHASE 1 OF THE PILOT, WITH PLANS TO TRAIN MORE THAN 2,000 STUDENTS IN NEXT YEAR'S PHASE 2 BEFORE THE PROGRAM LAUNCHES NATIONALLY IN JUNE 2020. WE ALSO PROVIDED SIGNS OF SUICIDE 6-HOUR IMPLEMENTER TRAINING TO 46 STAFF FROM 19 SCHOOL DISTRICTS, TEACHING THEM HOW TO FACILITATE BOTH THE ADULT TRAINING AND CLASSROOM PRESENTATION COMPONENTS OF THIS PROGRAM. SIGNS

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

OF SUICIDE HAS BEEN SHOWN TO DECREASE TEEN SUICIDE ATTEMPTS 40%-62%. WE WERE RECRUITED BY THE MISSOURI DEPARTMENT OF MENTAL HEALTH TO REPRESENT THE STATE'S 10 PREVENTION RESOURCE CENTERS AS A FOUNDING MEMBER OF THE MISSOURI SUICIDE PREVENTION COALITION AND PARTICIPATE ON ITS SCHOOL SUICIDE PREVENTION COMMITTEE. AS A MEMBER OF THE GREENE COUNTY SUBSTANCE ABUSE AND MENTAL HEALTH TASK FORCE, WE ASSISTED WITH THE DEVELOPMENT OF A COUNTY MENTAL HEALTH AND SUBSTANCE ABUSE ASSESSMENT.

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

THE GUIDING MISSION OF CPO'S AFFORDABLE HOUSING AND HOMELESS PREVENTION DIVISION IS TO HELP ENSURE EQUAL ACCESS TO SAFE, DECENT, ACCESSIBLE AND AFFORDABLE HOUSING ACROSS SPRINGFIELD/GREENE, CHRISTIAN AND WEBSTER COUNTIES IN MISSOURI. THIS NEED FOR A COLLECTIVE FOCUS ON FAIR AND EQUAL ACCESS TO QUALITY HOUSING WAS A GOAL INCLUDED IN THE CITY OF SPRINGFIELD'S VISION 2020 STRATEGIC PLAN AND THE CITY'S FIELD GUIDE 2030. THIS FUELED THE ESTABLISHMENT OF THE SPRINGFIELD AFFORDABLE HOUSING CENTER IN 2013 IN PARTNERSHIP WITH THE CITY OF SPRINGFIELD. THE HOUSING CENTER PROVIDES RESIDENTS OF OUR TRI-COUNTY REGION WITH DIRECT ACCESS TO MULTIPLE AGENCIES; A ONE-STOP DIRECT SERVICE CENTER CO-LOCATING CPO'S ANCHOR PROGRAMS ONE DOOR AND THE SPRINGFIELD COMMUNITY LAND TRUST ALONG WITH AARP, BURRELL BEHAVIORAL HEALTH, CATHOLIC CHARITIES OF SOUTHERN MISSOURI, DIVISION OF SOCIAL SERVICES, HABITAT FOR HUMANITY, AND MISSOURI STATE UNIVERSITY'S NURSING PROGRAM. THE SPRINGFIELD AFFORDABLE HOUSING CENTER RECEIVES OVER 39,000 WALK-IN AND PHONE CALL CONTACTS.

ONE KEY HIGHLIGHT FROM THE LAST YEAR WAS OUR WORK TO LEAD A COLLABORATIVE RESPONSE TO A MASS FORECLOSURE OF ONE OF OUR COMMUNITY'S LARGEST LOW-INCOME RENTAL PROPERTY OWNERS. WITH OVER 400 HOUSEHOLDS

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

FACING POTENTIAL EVICTION THROUGH THIS FORECLOSURE PROCESS, WE CREATED A COMMUNITY RESPONSE TO PROVIDE EDUCATION AND SUPPORT TO FAMILIES. THIS COORDINATED RESPONSE AND PARTNERSHIPS INCLUDED: A PARTNERSHIP WITH LEGAL SERVICES OF SOUTHERN MISSOURI TO HOST A LEGAL CLINIC AND MULTI-AGENCY RESOURCE CENTER AT THE DREAM CENTER TO HELP RENTERS WHO WERE FACING HOMELESSNESS. THE EVENT WELCOMED 50 HOUSEHOLDS WHO WERE CONNECTED WITH 2-1-1, PROPERTY MANAGEMENT COMPANIES, HOUSING AUTHORITY OF SPRINGFIELD, CITY UTILITIES OF SPRINGFIELD, ONE DOOR, OACAC, SPRINGFIELD PUBLIC SCHOOLS AND SPRINGFIELD COMMUNITY LAND TRUST. COMMUNITY FOUNDATION OF THE OZARKS CONTRIBUTED \$20,000 TO ASSIST WITH EMERGENCY RELOCATION OF HOUSEHOLDS RESIDING IN THE IDENTIFIED FORECLOSED PROPERTIES. FUNDING WAS FLEXIBLE TO MEET THE NEEDS OF HOUSEHOLDS AND INCLUDED UTILITY ARREARS, RENT AND UTILITY DEPOSITS, MOVING FEES AND OTHER EXPENSES ASSOCIATED WITH RELOCATING. WISHING WELL AND OAK REST PROPERTIES WERE INCLUDED IN THIS FORECLOSURE PROCESS. OVER 25 EXTREMELY LOW-INCOME FAMILIES WERE LIVING IN THESE WEEKLY STAY MOTELS. OUR ONE DOOR PROGRAM AND OACAC TEAMED UP TO PROVIDE ON-SITE ASSESSMENTS AND HOUSING NAVIGATION SERVICES. MOST HOUSEHOLDS HAD MULTIPLE BARRIERS TO MAINSTREAM HOUSING REQUIRING INTENSIVE CASE MANAGEMENT TO HELP LOCATE AND SECURE HOUSING. THESE HOUSEHOLDS RECEIVED CASE MANAGEMENT AND FINANCIAL SUPPORT TO OBTAIN HOUSING STABILITY. THE AFFORDABLE HOUSING AND HOMELESS PREVENTION DIVISION NOT ONLY ADDRESSES THE DAY-TO-DAY NEEDS OF HOUSEHOLDS FACING A HOUSING CRISIS, BUT ALSO IS INTEGRAL IN PROVIDING COMMUNITY WIDE SOLUTIONS TO THE ROOT CAUSES OF THESE CRISES. TO INCREASE ACCESS TO AFFORDABLE HOMEOWNERSHIP, CPO COLLABORATED WITH THE CITY OF SPRINGFIELD AND THE SPRINGFIELD COMMUNITY LAND TRUST (SCLT) TO OFFER A UNIQUE AND INNOVATIVE PROGRAM TO THE COMMUNITY. THE SCLT IS

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

A LOCAL LEADER IN CREATING SAFE, DECENT, AFFORDABLE HOMEOWNERSHIP

OPPORTUNITIES IN SPRINGFIELD. THROUGH NEW DEVELOPMENT AND RENOVATION OF

SPRINGFIELD'S AGING HOUSING STOCK, THE SCLT CAN OFFER HOMES TO

QUALIFYING HOUSEHOLDS THAT MEET FANNIE MAE INCOME AND CREDIT

THRESHOLDS. HOUSEHOLDS CAN PURCHASE A HOME WITH \$1,000 DOWN AND

MORTGAGES TYPICALLY LOWER THAN FAIR MARKET RENT RATES. FURTHER, EACH

NEW HOME INCORPORATES UNIVERSAL DESIGN PRINCIPLES.

THE SCLT ALSO OFFERS LEASE-PURCHASE OPPORTUNITIES. FOR MANY,

HOMEOWNERSHIP IS NOT YET OBTAINABLE BUT IS A GOAL. THE SCLT WORKS WITH

HOUSEHOLDS TO BUILD OR REBUILD CREDIT TO BECOME INCOME QUALIFIED WHILE

RENTING A LAND TRUST HOME. THROUGH LEASE-PURCHASE, HOUSEHOLDS CAN

BENEFIT FROM LOW MONTHLY RENT RATES WHILE ENGAGING IN EDUCATION AND

FINANCIAL COUNSELING TO PURCHASE THE HOME THEY ARE LIVING IN.

AFFORDABLE RENTALS ARE ALSO AVAILABLE THROUGH THIS PROGRAM. AT THIS

TIME, THE SCLT HAS 20 RENTAL UNITS THAT ARE OFFERED TO LOW INCOME

HOUSEHOLDS. USING THE SAME PRINCIPLES OF AFFORDABLE HOUSING, THE SCLT

PURCHASES AGING HOUSING STOCK, RENOVATES TO ENSURE ENERGY EFFICIENCY,

SAFETY, AND ACCESSIBILITY, AND PROVIDES THE UNITS TO INCOME QUALIFYING

HOUSEHOLDS.

AS A 'COMMUNITY CONVENER' WE CONTRACT WITH THE CITY OF SPRINGFIELD TO

OVERSEE THE LOCAL CONTINUUM OF CARE (DBA AS THE OZARKS ALLIANCE TO END

HOMELESSNESS - OAEH). THE OAEH GOVERNS POLICIES AND PROGRAMMING FUNDED

THROUGH THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

INCLUDING CONTINUUM OF CARE (COC) AND EMERGENCY SOLUTION GRANT (ESG)

FEDERAL INITIATIVES. FUNDING THROUGH COC AND ESG TOTALS OVER \$1

MILLION DOLLARS AND SUPPORTS DIRECT SERVICE AGENCIES INCLUDING CATHOLIC

CHARITIES OF SOUTHERN MISSOURI, DEPARTMENT OF MENTAL HEALTH, GREAT

CIRCLE/EMPOWERING YOUTH, HARMONY HOUSE, COUNCIL OF CHURCH'S SAFE TO

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

SLEEP PROGRAM, THE KITCHEN INC. AND THE INSTITUTE FOR COMMUNITY ALLIANCES.

IN 2019, THE CITY OF SPRINGFIELD OPTED OUT OF THE CONSOLIDATED APPLICATION FOR EMERGENCY SOLUTION GRANT THROUGH THE MISSOURI HOUSING DEVELOPMENT CORPORATION (MHDC). AGENCIES WILL NOW APPLY DIRECTLY TO MHDC FOR ELIGIBLE HOMELESS SERVICE PROGRAMS.

RESEARCH AND PUBLIC EDUCATION IS ALSO A RESPONSIBILITY OF OUR OAEH. FACILITATED BY CPO, ANNUAL POINT IN TIME COUNTS ARE CONDUCTED FOR ADULT AND YOUTH EXPERIENCING EPISODES OF HOMELESSNESS. DATA COLLECTED THROUGH THIS PROCESS IS REPORTED DIRECTLY TO HUD TO MEET FEDERAL COMPLIANCE MANDATES. HOWEVER, THE OAEH GOES ABOVE AND BEYOND TO UNDERSTAND FACTORS LEADING TO HOMELESSNESS. PARTNERING WITH MISSOURI STATE UNIVERSITY, OUR OAEH COMPLETES AN ANNUAL ANALYSIS OF TRENDS THAT HELPS GUIDE STRATEGIC PLANNING, FEDERAL FUNDING PRIORITIZATION AND PROGRAM DEVELOPMENT.

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

TO THIS END, CPO FORMALLY LAUNCHED THE HUD MANDATED COORDINATED ENTRY SYSTEM IN FEBRUARY 2017 THROUGH OUR ONE DOOR PROGRAM. THE ONE DOOR PROGRAM NOW HOLDS THE HOMELESS BY-NAME-LIST, WHICH IS A PRIORITIZED LISTING OF ALL HOUSEHOLDS THAT ARE EXPERIENCING HOMELESSNESS. TWICE EACH MONTH, ONE DOOR FACILITATES CASE CONFERENCING WITH ALL FEDERALLY FUNDED PROGRAMS TO IDENTIFY AND REFER HOUSEHOLDS FOR ALL AVAILABLE UNITS. ONE DOOR AND ITS 6 'FRONT DOOR' ENTITIES CONDUCT ALL ASSESSMENTS FOR THOSE WHO ARE HOMELESS OR AT RISK. IN 2018, ONE DOOR STAFF COMPLETED MORE THAN 2,200 INTAKE ASSESSMENTS, AVERAGING 186

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

ASSESSMENTS PER MONTH.

A FOCUSED EFFORT TO PROVIDE PUBLIC EDUCATION TAKES PLACE DURING KEY MONTHS DEDICATED TO AFFORDABLE HOUSING AND HOMELESS AWARENESS. IN NOVEMBER, THE OAEH HELD AN ENTIRE MONTH OF PUBLIC EDUCATION ACTIVITIES IN HONOR OF HOMELESS AWARENESS MONTH. CPO AND OUR OAEH BEGINS THIS IMPORTANT MONTH WITH THE RELEASE OF ANNUAL REPORTS ON HOMELESSNESS. THE MONTH IS HIGHLIGHTED WITH TWO SIGNATURE EVENTS THAT BRING COMMUNITY AND COMMUNITY STAKEHOLDERS TOGETHER TO END HOMELESSNESS THE HOPE CONNECTION/VETERAN'S STAND DOWN AND THE MO DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION'S HOMELESS LIAISON WORKSHOP. IN 2018, WE COORDINATED ADDITIONAL AWARENESS ACTIVITIES MEANT TO ENGAGE CITIZENS AND TO ACKNOWLEDGE THE WORK OF LOCAL HOMELESS ADVOCATES THAT GIVE TIME, TALENT AND TREASURE TO MAKE LIFE EASIER FOR THE HOMELESS.

HOPE CONNECTION/ VETERAN'S STAND DOWN: CPO'S OAEH HOSTED ITS 10TH ANNUAL HOPE CONNECTION & VETERAN'S STAND DOWN EVENT WHICH SERVED AS A ONE-STOP SERVICE SITE CONNECTING GUESTS TO APPROXIMATELY 65 DIRECT SERVICE AGENCIES. DOZENS OF VITAL SERVICES, INCLUDING SHELTER ASSESSMENTS, STATE IDS, FLU SHOTS, VISION SCREENINGS FOR EYE GLASSES, HOUSING, EMPLOYMENT, HEALTHCARE, AND OTHER BASIC NEEDS WERE OFFERED ON-SITE. THIS YEAR'S EVENT SERVED 693 INDIVIDUALS, INCLUDING 48 CHILDREN UNDER THE AGE OF 18. 69 GUESTS SELF-IDENTIFIED AS VETERANS. APPROXIMATELY 450 COMMUNITY VOLUNTEERS SERVED AS EVENT GUIDES FOR THE DAY, HELPING GUESTS NAVIGATE SERVICES.

MO DESE TRAINING FOR PUBLIC SCHOOL HOMELESS LIAISONS: THE HOMELESS YOUTH TASK FORCE HOSTED THEIR ANNUAL TRAINING, WHICH HAD TWO COMPONENTS-ONE FOR AREA HOMELESS LIAISONS WITHIN THE PUBLIC-SCHOOL SYSTEM AND ONE FOR THE GENERAL COMMUNITY (CASE WORKERS, STUDENTS,

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

DIRECT SERVICE STAFF ETC.). THE TRAINING FOR HOMELESS LIAISONS WAS FACILITATED BY DONNA CASH, STATE HOMELESS COORDINATOR WITH DESE, AND 55 HOMELESS LIAISONS FROM SURROUNDING COMMUNITIES ATTENDED. THE TRAINING FOR DIRECT SERVICE STAFF FOCUSED ON TRAUMA INFORMED CARE AND SUICIDE PREVENTION. 75 PEOPLE ATTENDED FROM A VARIETY OF AGENCIES AND COMMUNITY SECTORS.

EXPENSES \$ 505,635. INCLUDING GRANTS OF \$ 0. REVENUE \$ 527,866.

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

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

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

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

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

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

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

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

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

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

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

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

AVAILABLE UPON REQUEST.

PART XII LINE 2C

NO CHANGES WERE MADE FROM PRIOR AUDITS

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES - CONTINUED DESCRIPTION

THE OAEH CREATED THE AHA! AWARDS (AWARD FOR HOMELESS ADVOCACY), WHICH WAS PRESENTED DURING THE CALL TO ACTION EVENT. THREE AWARDS WERE PRESENTED FOR INDIVIDUALS/ENTITIES THAT WENT ABOVE AND BEYOND TO BRING RELIEF TO THOSE LIVING IN DIRE POVERTY.

DR. DAVID PIERCE FOR HIS CONTRIBUTION TO HOPE CONNECTION. DR. PIERCE HAS CONTRIBUTED HIS VALUABLE SERVICES AT HOPE CONNECTION FOR 8 YEARS, ASSISTING NEARLY 1,000 INDIVIDUALS WITH EYE EXAMS AND

Name of the organization

COMMUNITY PARTNERSHIP OF THE OZARKS, INC

Employer identification number

43-1830026

CORRECTIVE LENSES.

GATHERING FRIENDS FOR THE HOMELESS FOR THEIR UNENDING SUPPORT FOR THOSE WITHOUT HOMES. THIS GROUP ALSO PROVIDES SUPPORT TO LOCAL HOMELESS SERVICE PROVIDERS TO ASSIST THE HOMELESS WITH CRITICAL NEEDS.

RANDY BACON FOR HIS WORK ON THE ROAD I CALL HOME - EXPANSIVE PHOTO EXHIBIT AND SHORT FILM SERIES MEANT TO TELL THE STORIES OF THE HOMELESS.

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

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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

	Yes	No
1a		X
1b		X
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p	X	
1q		X
1r		X
1s		X

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNITED WAY OF THE OZARKS	P	2,455,705.	
(2)	UNITED WAY OF THE OZARKS	C	86,198.	
(3)	UNITED WAY OF THE OZARKS	P	129,149.	
(4)				
(5)				
(6)				

