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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

Ford	alenda	ar year 2009, or tax year beginning $07/01/09$,	and ending 06/3	0/10			
G C	heck al	Il that apply. Initial return Initial re	turn of a former public of	hanty	[Final return	
		Amended return Add	ress change	Name	change		
Use	the IRS	Name of foundation				oyer identification num	ber
la	abel.				43	-1551131	
Oth	erwise,	OZARKS HEALTH ADVOCACY FOU	NDATION		B Telep	hone number (see page 1	0 of the instructions)
ŗ	rint	Number and street (or P O box number if mail is not delivered	to street address)	Room/suite	41'	7-866-4374	
OL	type.	PO BOX 3195			C If exe	mption application is pend	ling, check here
	Specifi	ony or town, state, and zin code			D 1. Fo	reign organizations, check	k here
Instr	uctions	DININGI IIIID 110	65808		2. Fo	reign organizations meetii	ng the
<u>H</u> C	heck ty	pe of organization X Section 501(c)(3) exempt private	foundation		85	% test, check here and at	tach computation
	Section	4947(a)(1) nonexempt charitable trust Other taxable	le private foundation			ate foundation status was	L I I
I Fa	ıır mark	tet value of all assets at end	X Cash	rual	section	on 507(b)(1)(A), check her	e ▶ ∐
of	year (fr	rom Part II, col. (c), Uther (specify)			F If the	foundation is in a 60-mont	th termination
	e 16) 🕨	\$ 1,606,531 (Part I, column (d) must I	be on cash basis)		under	section 507(b)(1)(B), che	ck here
Pa	irt I	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net inv		(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see page 11 of the instructions))	500.05			moorne	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	35				
	2	Check ► X if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	12,054		12,054		<u> </u>
	4	Dividends and interest from securities	25,897		25,897		
	5a	Gross rents	47,500		47,500		
0	b	Net rental income or (loss) 21,931					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1	-40,895			Pre-Ami	4 (11/4 11/4 11/4 11/4 11/4 11/4 11/4 11
Š	b	Gross sales price for all assets on line 6a 344,885				VENEV	
æ	7	Capital gain net income (from Part IV, line 2)			0	45.	70
	8	Net short-term capital gain				国 DCT 29 0	2010 8
	9	Income modifications RECEIVED					(g)
	10a	Gross sales less returns & allowarices	UI			() () () () () () () ()	J <u>&</u>
	b	Less Cost of goods sold C OCT 2 9 2010	<u> </u>			UOUEN	UT
	С	Gross profit or (loss) (attach/schedule)	<u> </u>				***************************************
	11	Other moorne (attach scriedule)	21				
	12	Total. Add lines 1 through 11 OGDEN UT	44,591		85,451	0	
S	13	Compensation of officers, directors, trustees, etc	1/				
sesued	14	Other employee salaries and wages					
e e	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule)					
Ф	I	Accounting fees (attach schedule) Stmt 2	4,600				4,600
Ę	I .	Other professional fees (attach schedule) Stmt 3	13,202		13,202		
tra	17	Interest		<u> </u>			
<u>==</u> :	18	Taxes (attach schedule) (see page 14 of the instructions)					
	19	Depreciation (attach schedule) and depletion Stmt 4			00 00:		
4 2		Occupancy	22,231		22,231		
<u>_</u> ₽	21	Travel, conferences, and meetings	626	ļ	-		_
SCAMNED NOV 01 2010 SCAMNED NOT BE SCAMINISTRATIVE EX	22	Printing and publications	25 050	 -	2 222		11 222
Şg.	l.	Other expenses (att. sch) Stmt 5	35,050	<u> </u>	3,338		11,032
Z	24	Total operating and administrative expenses.			20 555		
Ξě	i e	Add lines 13 through 23	75,709		38,771		15,632
150	i .	Contributions, gifts, grants paid	125,107		20 ===		125,107
=	26	Total expenses and disbursements. Add lines 24 and 25	200,816	<u> </u>	38,771	0	140,739
S	27	Subtract line 26 from line 12	150 000	Ī			!
ଊ	a .	Excess of revenue over expenses and disbursements	-156,225		16 606		
	b	Net investment income (if negative, enter -0-)			46,680		
	-	Adjusted net income (if negative, enter -0-) Act and Paperwork Reduction Act Notice, see page 30	<u></u>	<u> </u>		0	Form 990-PF (2009)

Part VI instructions on page 18

_	990-PF (2009) OZARKS HEALTH ADVOCACY FOUNDATION 43-1551131		Р	age 4
P'a	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			934
	here ▶ ☐ and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
3	Add lines 1 and 2			934
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			934
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,940			
b	Exempt foreign organizations—tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			
đ	Backup withholding erroneously withheld 6d 6d		_	
7	Total credits and payments Add lines 6a through 6d		1,	940
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,	006
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 1,006 Refunded ▶ 11			_
<u>Pa</u>	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	┡	Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		ļ	
	of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			•
	published or distributed by the foundation in connection with the activities			٠.
С	Did the foundation file Form 1120-POL for this year?	1c	ļ	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			1
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			Ī
	on foundation managers \$			٠.
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	 	X
_	If "Yes," attach a detailed description of the activities			1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
4-	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	-	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4a	-	┝┻
ь 5	•	—		X
J	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	<u> </u>	1
6				
0	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			l
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that 			
	conflict with the state law remain in the governing instrument?	6	x	Ī
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
, 8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	ļ .	 	<u> </u>
va	instructions) ► MO			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1
J	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	x	Ť
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	100	-	\vdash
•	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page	Ī		İ
	27)? If "Yes," complete Part XIV	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	- <u>-</u> -	 	† <u> </u>
	names and addresses	10	L	X

Form	990-PF (2009) OZARKS HEALTH ADVOCACY FOUNDATION 43-1551131				Pa	<u>age 5</u>
Pa	art VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)		ļ	11		<u> </u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before					
	August 17, 2008?			12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	•	Į	13	X	
	Website address ► N/A					_
14		none no 🕨	417-8	89-	255	0
	4650 S NATIONAL, SUITE A-1					
	Located at ► SPRINGFIELD, MO	ZIP+4 ▶	65810			_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		1			▶
	and enter the amount of tax-exempt interest received or accrued during the year	<u> </u>	15			
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a					
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for					Ė
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or to employ the official for a period after	п.,	₩			
	termination of government service, if terminating within 90 days)	Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		N/A	41.		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?		. —	1b		
	Organizations relying on a current notice regarding disaster assistance check here					
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		N/A	4.		Ī
	were not corrected before the first day of the tax year beginning in 2009?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and	Yes	X No			
	6e, Part XIII) for tax year(s) beginning before 2009? If "Yes," list the years ▶ 20 , 20 , 20 , 20	☐ 163	22 100			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					
	all years listed, answer "No" and attach statement—see page 20 of the instructions)		N/A	2b		Ī
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		•			
•	► 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
	at any time during the year?	Yes	X No			ŧ
ь	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or		_			I
-	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the					l
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of					•
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the					I
	foundation had excess business holdings in 2009)		N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its					1
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009	?		4b		X

om	1990-PF (2009) OZARKS HEALTH ADVOCACY FOUNDAT	<u> 10N 43-</u>	1551131	_		P	age 6
P	art VII-B Statements Regarding Activities for Which Form	4720 May Be I	Required (conti	nued)			
5a	During the year did the foundation pay or incur any amount to		_				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	945(e))?	<u> </u>	res 🔀 No			
	(2) Influence the outcome of any specific public election (see section 4955), or to	carry on,					
	directly or indirectly, any voter registration drive?		Цì	res X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		\ \	res 🛚 X No			
	(4) Provide a grant to an organization other than a charitable, etc., organization of	described in					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instr	uctions)	۱ 📋	res X No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	educational					
	purposes, or for the prevention of cruelty to children or animals?		<u> </u>	res X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	r the exceptions de	scribed in	4-			
	Regulations section 53 4945 or in a current notice regarding disaster assistance	(see page 22 of the	instructions)?	N/A	5b		
	Organizations relying on a current notice regarding disaster assistance check he			▶ ∐			
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	m the tax	/- □				
	because it maintained expenditure responsibility for the grant?		N/A 🗌	Yes ∐ No			
	If "Yes," attach the statement required by Regulations section 53 4945-5(d).						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to page	y premiums					
	on a personal benefit contract?		_	Yes 🗶 No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pers	sonal benefit contra	ct?		6b		X
	If "Yes" to 6b, file Form 8870.			6 9			
	At any time during the tax year, was the foundation a party to a prohibited tax she			Yes X No			
	If yes, did the foundation receive any proceeds or have any net income attributab			N/A	7b		<u> </u>
P	Information About Officers, Directors, Trustees, Fo	oundation Mar	nagers, Hignly I	aid Employe	es,		
4	and Contractors List all officers, directors, trustees, foundation managers and their compensi	otion (see ness 22	of the instructions				
	cist all officers, directors, trustees, roundation managers and their compens	T See page 22	Of the maducating	(d) Contributions to	Τ		
	(a) Name and address	(b) Title, and average hours per week	e (c) Compensation (If not paid, enter	employee benefit		pense a	
	(a) Name and address	devoted to position		plans and deferred compensation	othe	r allowa	nces
Se	ee Statement 12		-	·	<u> </u>		
•		i	l				
	· · · · · · · · · · · · · · · · · · ·						
		1		ļ			
		1					
		1					
2	Compensation of five highest-paid employees (other than those included of	n line 1—see pag	e 23 of the instruct	ions).			
	If none, enter "NONE."						
		(b) Title, and average	ne l	(d) Contributions to	l.,_		
	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		pense a r allowa	
		devoted to position	<u>' </u>	compensation			
N	ONE						
			1				
				 	-		
				 	-		
					₩		
Tak	al number of other employees paid over \$50,000	<u> </u>		L	<u> </u>	1	
ı Uli	II HUHIDEL OLOUIEL EHIDIOVEES DAIG OVEL 330.000					1	

Form 990-PF (200		43-1551131	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	on Managers, Highly Paid Emp	loyees,
3 Five highes	st-paid independent contractors for professional services (see page 23 of t	he instructions). If none, enter "NONE	."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	· ···		
Total number of o	others receiving over \$50,000 for professional services		
Part IX-A	Summary of Direct Charitable Activities		
	's four largest direct chantable activities during the tax year. Include relevant statistical inform other beneficianes served, conferences convened, research papers produced, etc.	nation such as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see page 24		
1 N/A	argest program-related investments made by the foundation during the tax year on lines 1 an	10 2	Amount
1 21/22			
2			
All other program-	related investments See page 24 of the instructions		
Total. Add lines 1	through 3	•	

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2009)

5

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Page	1	0

	rt XIV Private Operating Fou		age 27 of the instr	uctions and Part \	/II-A guestion 9)	Fage N
	If the foundation has received a ruling or o			• •	ducation of	
	foundation, and the ruling is effective for 2			•		
b	Check box to indicate whether the founda			d in section 1	942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	5+2(J/(5) 6) 1 454	<u> </u>
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	investment return from Part X for		(,	(0) = 00	(4, 233	
	each year listed			1		
ь	85% of line 2a					
c	Qualifying distributions from Part XII,				·	
_	line 4 for each year listed					
d	Amounts included in line 2c not used directly		· · · · · · · · · · · · · · · · · · ·			
	for active conduct of exempt activities					
e	Qualifying distributions made directly	* *. *				
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					•
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3				1	
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)		 			
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)		l			
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
P	ert XV Supplementary Inform	nation (Complete	this part only if t	the foundation ha	d \$5,000 or more	in assets at
	any time during the y	ear—see page 28	of the instructio	ns.)		
1	Information Regarding Foundation Ma	nagers:				
а	List any managers of the foundation who	have contributed more	than 2% of the total co	ntributions received by	the foundation	
	before the close of any tax year (but only	f they have contributed	d more than \$5,000) (S	See section 507(d)(2))		
	N/A				<u>-</u>	
b	List any managers of the foundation who		·		ortion of the	
	ownership of a partnership or other entity)	of which the foundation	on has a 10% or greate	r interest.		
	N/A					
2	Information Regarding Contribution, G					
	_		•	e organizations and doe		
	unsolicited requests for funds. If the found		· · · · =	of the instructions) to inc	lividuals or	
	organizations under other conditions, com			—		
а	The name, address, and telephone numb		om applications should	be addressed		
	MARY PILANT 417-885-		20 2105			
	PO BOX 3195 SPRINGFI	····				
b	The form in which applications should be	submitted and informa	tion and materials they	should include:		
	N/A					
	Any submission deadlines N/A					
d	Any restrictions or limitations on awards, N/A	such as by geographic	al areas, charitable field	ds, kinds of institutions,	or other factors	
	,					

3 Grants and Contributions Paid During the		iture Payment		
	If recipient is an individual.	Foundation	Barrana	
Recipient	show any relationship to any foundation manager	status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	reupient		
a Paid during the year				
See Statement 13				125,107
		,		125,10
			1 1	
Total	<u> </u>	1	, , ▶ 3a	125,10
b Approved for future payment				
N/A				
Total	<u>. </u>		25	
Total			▶ 3b	

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Form **990-PF** (2009)

Part XVI-A	Analysis of Income-Producing Act	ivities				
	ounts unless otherwise indicated		d business income	Exclude	d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program ser						the instructions)
				+		- :
						<u> </u>
ď				1		
				- 		
f						
	d contracts from government agencies	T				-
-	dues and assessments			İ		
	savings and temporary cash investments			14	12,054	
	nd interest from securities			14	25,897	
5 Net rental in	come or (loss) from real estate:					
	anced property					
b Not deb	t-financed property					21,931
6 Net rental in	come or (loss) from personal property					
7 Other invest						
8 Gain or (los	s) from sales of assets other than inventory					-40,895
9 Net income	or (loss) from special events			<u> </u>		
10 Gross profit	or (loss) from sales of inventory			_		
11 Other reven	ue a					,
				_		··-
d						
е				_		
	ld columns (b), (d), and (e)			0	37,951	
	ine 12, columns (b), (d), and (e)				13	18,987
	in line 13 instructions on page 28 to verify calculation		4 .65			
Part XVI-B						
Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purposinstructions.)					he
N/A	indications y					
						:
					 	
						
						_
					·	
				·	····	
						
						. <u> </u>
		·				
			· · · · · · · · · · · · · · · · · · ·			
			·			

om	n 990-PF (2	2009) OZAKKS HE	SALTH A	ADVOCAC	I FOUN	IDATIC	N	43-1551	TST			Pag	ge 1.
P	art XVII	Information Reg Exempt Organiz	_	ansfers To	and Tra	nsaction	s and	d Relationshi	ps With No	onchari	table		
1	Did the o	rganization directly or indi		a in any of the	following	th any othe	or organ	nization described				Yes	No
•		1 501(c) of the Code (othe		-	_	-	-						
	organizal			., 50 ((5)(5) 6)	ganizationo,	01 111 3000	JII 027	, relating to politica	41				
а	_	s from the reporting found:	ation to a noi	ncharitable ex	empt organi	zation of							
_	(1) Cash	, •			p. 0.g						1a(1)		X
	(2) Othe										1a(2)		X
b	Other tra								•				
	(1) Sale:	s of assets to a noncharita	able exempt	organization							1b(1)		X
		hases of assets from a no	-	•	zation						1b(2)		X
	(3) Rent	al of facilities, equipment,	or other ass	ets							1b(3)		X
	(4) Rein	bursement arrangements	;								1b(4)		X
	(5) Loan	s or loan guarantees									1b(5)		X
	(6) Perfo	ormance of services or me	embership or	fundraising s	olicitations						1b(6)		X
C	Sharing of	of facilities, equipment, ma	ailing lists, otl	her assets, or	paid employ	yees					1c		X
d	If the ans	swer to any of the above is	s "Yes," com	plete the follow	ving schedu	le Column	(b) sh	ould always show	the fair marke	et			
	value of	the goods, other assets, o	r services giv	ven by the rep	orting found	lation If the	found	lation received les	s than fair ma	rket			
		any transaction or sharing					good:	s, other assets, or	services rece	eived			
	(a) Line no	(b) Amount involved	(c) Name	of nonchantabl	e exempt orga	anization		(d) Description of tra	ansfers, transac	tions, and s	sharing arrange	ments	
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20		indation directly or indirect d in section 501(c) of the 0	•	•	• • • •			organizations				es X	No
h		complete the following sch	•	man section 5	01(0)(3)) 01	iii section :	2211				U ''	*S A	. INO
	11 103	(a) Name of organization	icauic	(b) Tv	pe of organiza	ation	T		c) Description of	of relationsh	מור		
_	N/A			1	<u> </u>			`	-,		··· r		
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				1									
	· · · · · ·												
	Under per	alties of perjury, I declare that	t I have examir	ned this return, i	ncluding acco	mpanying so	hedules	and statements, and	I to the best of n	ny knowled	ge and		
	belief, it (s	rue, correct, and complete D	Dectaration of p	preparer (other t	han taxpayer	or fiduciary)	s based	on all information of	which preparer	has any kn	owledge		
	\ _ \	MZanne	_OoV(μ		1/10/2	<u> ふ/バ</u>	2 \ \ \	Meside	nt		_	
စ္	Signa	ature of officer or trustee				Date		/ †	itle				_
0		1		$\overline{}$. /			Date			Preparer's identif		
Sign Here	w s	Preparer's	y (_	ノー	eq +	ΔΛ			Check if self-employed		number (see Sig page 30 of the in		
פֿ	Paid Preparer's Use Only	signature 7 % W	<u>~~</u> ($x \propto_{j} C$	M		10/21/10	Jen-employed		P00172		
•	Pa epa se (Firm's name (or yours if		tt, Rob									
	ادَيٍّ ا	self-employed), address,		East Su						EIN ▶	43-118	913	4
		and ZIP code		ngfield		65804				Phone no	417-88	7-0	58.

65804

Springfield, MO

Phone no 417-887-0585

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OHAF OZARKS HEALTH ADVOCACY FOUNDATION Federal Statements

FYE: 6/30/2010

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

				MOH							
De	Description			Received							
Whom Sold	Date Acquired	Date Sold		Sale Price	Cost		Expense	_	Depreciation	8	Net Gain / Loss
SPRINGFIELD TRUST/CENTRAL TRUST	NTRAL TRUST			Purchase							
	Various Various	Various	ጭ	281,147 \$	321,185	ጭ		ᡐ		᠕	-40,038
COMMUNITY FOUNDATION OF THE OZARKS	OF THE OZA	RKS		Purchase							
	Various Various	Various		63,738	64,595			١			-857
Total			ᢢ	344,885 \$	385,780	S	0	Ś	0	ጭ	-40,895

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description		Total	Net Investment	Adjusted Net		Charitable Purpose	
ACCOUNTING FEES AUDIT FEES	w.	1,600	S.	· γ.	ا _ب ہ ا	1,600	
Total	ω	4,600	\$	\$	& &	4,600	

Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Charitable Purpose	S	φ.
Adjusted Net	S	\$
Net vestment	8,282 4,920	13,202
=	က	တ
Total	8,282	13,202
		l II
Description	INVESTMENT MANAGEMENT FEES INVESTMENT MANAGEMENT FEES	Total

OHAF OZARKS HEALTH ADVOCACY FOUNDATION Federal Statements

FYE: 6/30/2010

Statement 4 - Form 990-PF, Part I, Line 19 - Depreciation

	Adjusted Net Income	10.			0
	Net Investment Income	w			\$ 0
	Current Year Depreciation	v٠			\$
	Life	0	39	ß	
	Method		7.)ODB	
	Prior Year Depreciation		49,456 S,	18,370 200	67,826
Description	Cost Basis	94,515 \$	130,200	18,370	243,085 \$
	Date Acquired	LAND 7/28/95 \$	BUILDING 7/28/95	CARFEI 6/18/02	Total \$

Staten	Statement 5 -	Form 990-PF, Part I, Line 23 - Other Expenses	Part I, Line	23 - Other E)	xpenses				
Description		Total	Inve	Net Investment	Adjusted Net	pə	유	Charitable Purpose	
	φ.		ς.		\$		တ		
ST JOHN'S Investment Depreciation		3,338		3,338					
Expenses									
HONORARIUMS		1,100						1,100	
AFP LUNCHEON AND AWARD		607						607	
ADMINISTRATIVE FEES		7,500						7,500	
OFFICE SUPPLIES		278						278	
TELEPHONE		672						672	
INSURANCE		750						750	
WEBSITE EXPENSES		125						125	
ACCRUAL TO CASH ADJUSTMENT		20,680		1					
Total	φ	35,050	ۍ ک	3,338	\$	0	တ	11,032	

43-1551131

Federal Statements

FYE: 6/30/2010

Statement 6 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Description							
	_	Beginning of Year	_	End of Year	Basis of Valuation	_	Fair Market Value
US GOVERNMENT AGENCIES							
	\$_	28,282	\$_	28,282	Cost	\$_	27,421
Total	\$_	28,282	\$_	28,282		\$_	27,421

Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description				
	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
COMMUNITY FOUNDATION MUTUAL FUNDS \$ ITI FINANCIAL MANAGEMENT MUTUAL F	857,319	\$ 890,443	Market	\$ 640,706
	703,625	1,040,945	Cost	925,153
Total \$	1,560,944	\$ 1,931,388		\$ 1,565,859

Statement 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description						
	_	Beginning of Year	_	End of Year	Basis Valuati	Fair Market Value
FIXED INCOME FUNDS						
	\$_	374,019	\$_		_	\$
Total	\$_	374,019	\$_		<u>0</u>	\$ 0

			 ·
10/21/2010 5:59 PM	Net	w w	
10	3 Q1	\$ 71,164	
tements	Cos	\$ 148,570 94,515 \$ 243,085	
ATION Federal Stat	m 990-PF, Part II, Line 1 Beginning Net Book	\$ 80,744 94,515 \$ 175,259	
OHAF OZARKS HEALTH ADVOCACY FOUNDATION 43-1551131 FYE: 6/30/2010	Statement 9 - Forn Description	Total	

OHAF OZARKS HEALTH ADVOCACY FOUNDATION 43-1551131

Federal Statements

FYE: 6/30/2010

10/21/2010 5:59 PM

Statement 10 - Form 990-PF, Part III, Line 3 - Other Increases

Description		Amount
ACCRUED GRANTS AND AWARDS ACCRUAL TO CASH ADJUSTMENT	\$	20,353 20,680
ACCROND TO CASH ADOUSTMENT		20,000
Total	\$	41,033

Statement 11 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	 Amount
BOOK/TAX DEPRECIATION DIFFERENCE	\$ 9,392
Total	\$ 9,392

Statement 12 - Form 9 Name and Address Address 10 65808	PF. Part VIII. Line 1 -			
Address 65808 65808	Etc.	List of Officers, Dire	ctors, Trustees,	
65808	Ave Title Ho	Average Hours Compensation	tion Benefits	Expenses
65808	PRESIDENT		0	0
	VICE-PRES	2.00	0	0
PO BOX 3195 SPRINGFIELD MO 65808	SECRETARY	2.00	0	0
JEFF ALLEN PO BOX 3195 SPRINGFIELD MO 65808	TREASURER	2.00	0	0
MARY PILANT PO BOX 3195 SPRINGFIELD MO 65808	мемвек	2.00	0	0
GREG WATKINS PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0
SUSAN KIRKMAN PO BOX 3195 SPRINGFIELD MO 65808	MEMBER .	2.00	0	0
KIT CARSON PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0
HAROLD BENGSCH PO BOX 3195 SPRINGFIELD MO 65808	MEMBER .	2.00	0	0
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OHAF OZARKS HEALTH ADVOCACY FOUNDATION 43-1551131 FYE: 6/30/2010	NDATION Federal	deral Statements		10/	10/21/2010 5:59 PM
Statement 12 - Form 990-PF,	m 990-PF, Part VIII, L	Line 1 - List of O	Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	ustees,	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
SUSAN BARR PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
JOHN RUSH PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
ELLEN HAMMOCK PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
DR. ANDY EVANS PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
STEVE KEMP PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
PAT SWEENEY PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
DAVID KEEHN PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
DUANE HELLAM PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
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OHAF OZARKS HEALTH ADVOCACY FOUNDATION 43-1551131 FYE: 6/30/2010	CY FOUNDATION	deral Statements	ments	10/21/2010 5:59 PM
Statement 1	3 - Form 990-PF, Part X	.V, Line 3a - G	Statement 13 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year	
Name	Address			
Address	Relationship	Status	Purpose	Amount
AMBASSADORS FOR CHILDREN			PROGRAM SHIPPORT	6.000
THE ARC OF THE OZARKS				
THE CHILD ADVOCACY CENTER				000
AGENEO SILMS SINGACITHO			MEDICAL EQUIPMENT	5,709
			MEDICAL EQUIPMENT	6,580
COMMONII PAKINEKSHIF OF			PROGRAM SUPPORT	9,000
DOULA FOUNDATION OF MID-A			PROGRAM SUPPORT	2,000
OZARKS FOOD HARVEST			MOBILE FOOD PANTRY	7,500
GYN CANCERS ALLIANCE			PROGRAM SUPPORT	2,000
HOPE'S BRIDGE			PROGRAM SUPPORT	2,400
POLK COUNTY HOUSE OF HOPE				1 875
SPRINGFIELD VICTORY MISSI			SUFFURI	0.011
THE VICTIM CENTER, INC				4,000
JORDAN VALLEY COMMUNITY H				6,000
BOYS & GIRLS CLUBS OF SPR			PROGRAM SUPPORT	10,000
SOTH GO MINCH STATE A SYCH			PROGRAM SUPPORT	2,000
BOIS & GIKLS TOWN OF MISS			MATERIALS AND SUPPLIES	4,742
CHRISTOS HOUSE			PROGRAM SUPPORT	3,000
DEVELOPMENTAL CENTER OF T			PROGRAM SUPPORT	1,000
GOOD SAMARITAN BOYS RANCH			PROGRAM SUPPORT	5,500
				5

1												-	
10/21/2010 5:59 PM ·			Amount	4,000	4,015	4,000	5,026	3,600	2,000	4,680	2,000	125,107	£-
ements	Statement 13 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)		Purpose	PROGRAM SUPPORT	PROGRAM SUPPORT	PROGRAM SUPPORT	DENTAL CARE FOR CHILDREN	PROGRAM SUPPORT	MENTAL HEALTH TREATMENT	PROGRAM SUPPORT	PROGRAM SUPPORT		
ederal Statements	XV, Line 3a - Gi <u>Year (continu</u>		Status										
ACY FOUNDATION	3 - Form 990-PF, Part)	Address	Relationship										
OHAF OZARKS HEALTH ADVOCACY FOUNDATION 43-1551131 FYE: 6/30/2010	Statement 1	Name	Address	INSIGHT MINISTRIES	LIGHTHOUSE CHILD & FAMILY	MCAULEY COUNSELING SERVIC	OACAC	PREGNANCY CARE CENTER	REGIONAL GIRLS SHELTER	OZARKS REGIONAL YMCA	VICTIM CENTER	Total	

Form 4562

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

Identifying number

achment c=

OZARKS HEALTH ADVOCACY FOUNDATION 43-1551131 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 1 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 3,338 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (a) Classification of property placed in service (business/investment use (f) Method (g) Depreciation deduction penod only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property g 25-year property 25 yrs S/L h Residential rental 27 5 yrs S/L MM property 27 5 yrs MM S/L MM Nonresidential real S/L 39 yrs property MM S/L

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

12 yrs

40 yrs

portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice, see separate instructions.

Summary (See instructions.)

Listed property Enter amount from line 28

Form 4562 (2009)

3,338

MM

23

S/L

S/L

S/L

21

22

23

20a Class life

b 12-year

c 40-year

Part IV