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Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

# 2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2010 calendar year, or tax year beginning** 04/01, 2010, and ending 03/31, 2011

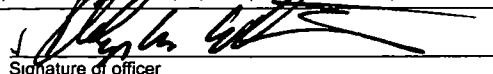
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization OZARK CENTER		<b>D</b> Employer identification number 43-0821959
	Doing Business As		<b>E</b> Telephone number (417) 347-7600
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 29,098,002.
	1105 E. 32ND STREET		
City or town, state or country, and ZIP + 4 JOPLIN, MO 64803		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer PHILIP M. WILLCOXON 1105 E. 32ND STREET JOPLIN, MO 64803		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J</b> Website: WWW.FREEMANHEALTH.COM/OZARKCENTER			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1965	<b>M</b> State of legal domicile MO

## Part I Summary

<b>1</b> Briefly describe the organization's mission or most significant activities OZARK CENTER PROVIDES BEHAVIORAL HEALTH SERVICES THAT SPAN A FULL CONTINUUM OF CARE INCLUDING PSYCHIATRIC, SUBSTANCE ABUSE AND AUTISM SPECTRUM DISORDERS. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		9.
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		4.
<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>		566.
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		29.
<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		0.
		<b>Prior Year</b>	<b>Current Year</b>
<b>8</b> Contributions and grants (Part VIII, line 1h)		1,315,026.	638,952.
<b>9</b> Program service revenue (Part VIII, line 2g)		23,741,920.	25,913,122.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		355,097.	274,070.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2,255.	-2,099.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,409,788.	26,824,045.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		14,638,260.	16,150,650.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		0.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		6,608,475.	6,984,912.
<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		21,246,735.	23,135,562.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		4,163,053.	3,688,483.
		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b> Total assets (Part X, line 16)		26,645,396.	30,994,577.
<b>21</b> Total liabilities (Part X, line 26)		2,291,636.	2,155,126.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		24,353,760.	28,839,451.

## 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.

<b>Sign Here</b>		<input checked="" type="checkbox"/> 2-13-12			
	Signature of officer	Date			
	Philip M Willcoxon, CEO				
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Brian D Todd	Preparer's signature Brian D Todd, CPA	Date 2/19/12	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name BKD, LLP	Firm's EIN		Phone no 417 865-8701	
	Firm's address 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

SCANNED MAR 12 2012

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 8,057,072 including grants of \$ ) (Revenue \$ 8,612,935 )

OUTPATIENT PSYCHIATRIC SERVICES AND THE PHARMACY PROVIDE SERVICES TO 9,343 INDIVIDUALS ANNUALLY. SERVICES ARE PROVIDED BY PSYCHIATRISTS, NURSE PRACTITIONERS, LICENSED PSYCHOLOGISTS, LICENSED CLINICAL SOCIAL WORKERS, AND COUNSELORS. SERVICES INCLUDE PSYCHIATRIC ASSESSMENT AND EVALUATION, MEDICATION MANAGEMENT, INDIVIDUAL, FAMILY, AND GROUP THERAPY AND TESTING. THE OZARK CENTER PHARMACIST SPECIALIZES IN FILLING PSYCHOTROPIC PRESCRIPTIONS AND EXPLAINING POTENTIAL SIDE EFFECTS TO OUR PATIENTS.

4b (Code: ) (Expenses \$ 3,618,205 including grants of \$ ) (Revenue \$ 5,146,978 )

THE COMMUNITY CARE PROGRAM FOCUSES ON SERVICES TO INDIVIDUALS IN OUR COMMUNITY DIAGNOSED WITH A CHRONIC MENTAL ILLNESS. 1,116 INDIVIDUALS WERE SERVED THIS YEAR. WE STRIVE TO ASSIST THEM IN MAINTAINING A LIFE OF DIGNITY IN THE LEAST RESTRICTIVE ENVIRONMENT POSSIBLE. LIVING ARRANGEMENTS MAY SPAN FROM LIVING IN AN APARTMENT IN THE COMMUNITY TO LIVING IN A RESIDENTIAL CARE FACILITY. OZARK CENTER OPERATES A STATE OF THE ART, 30 BED RESIDENTIAL CARE FACILITY IN JOPLIN. AREAS OF ASSISTANCE INCLUDE: TEACHING PATIENTS COPING SKILLS, DAILY LIVING SKILLS, BUDGETING, & HOW TO ACCESS SUPPORTS AVAILABLE IN OUR COMMUNITY.

4c (Code: ) (Expenses \$ 3,056,467 including grants of \$ ) (Revenue \$ 4,168,937 )

TURNAROUND RANCH IS A YOUTH RESIDENTIAL PROGRAM PROVIDES A SAFE ENVIRONMENT FOR CHILDREN AND ADOLESCENTS BETWEEN THE AGES OF 9-18 WHO ARE EXPERIENCING PSYCHIATRIC PROBLEMS. MANY OF THESE CHILDREN HAVE BEEN ABUSED OR NEGLECTED AND ARE SERIOUSLY EMOTIONALLY DISTURBED. LICENSED THERAPISTS COUNSEL THE CHILDREN AND THEIR FAMILIES IN AN EFFORT TO RETURN THE CHILD TO A HOME ENVIRONMENT THAT IS SAFE. 131 CHILDREN WERE SERVED THIS YEAR. THE TURNAROUND RANCH HAS THE CAPACITY TO SERVE 72 CHILDREN PER DAY.

4d Other program services. (Describe in Schedule O )

(Expenses \$ 5,512,051 including grants of \$ ) (Revenue \$ 7,984,272 )

4e Total program service expenses 20,243,795.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, loans, contributions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
[ ] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MARY PARRIGON 1105 E. 32ND STREET JOPLIN, MO 64803 417-347-7600

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

Check if Schedule O contains a response to any question in this Part VII. . . . .  X

**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 (describe hours for related organizations in Schedule O)	(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			
(1) DOUG DOLL CHAIRMAN	2.50	X		X			0.	0.	0.	
(2) RICHART V. DEMIER VICE CHAIRMAN	2.50	X		X			0.	0.	0.	
(3) DR. CHARLES BENTLAGE SECRETARY/TREASURER	2.50	X		X			0.	0.	0.	
(4) DOROTHY B. WILLCOXON DIRECTOR ENDING 8/2010	2.50	X					0.	0.	0.	
(5) GARY D. DUNCAN DIRECTOR	2.50	X					0.	902,465.	55,248.	
(6) DR. CHARLES GRAVES DIRECTOR	50.00	X					214,685.	0.	22,865.	
(7) RICHARD RUESTMAN DIRECTOR	2.50	X					0.	0.	0.	
(8) CHARLES KEETER DIRECTOR	2.50	X					0.	0.	0.	
(9) KENNETH BATEMEN DIRECTOR ENDING 1/2011	2.50	X					0.	0.	0.	
(10) PAULA F. BAKER DIRECTOR	6.00	X					48,931.	279,966.	58,047.	
(11) PHILIP WILLCOXON CEO BEGINNING 9/2010	15.00	X		X			61,699.	193,259.	42,847.	
(12) MARY PARRIGON CHIEF FINANCIAL OFFICER	60.00			X			200,436.	0.	27,165.	
(13) STEVEN GOAD MD PHYSICIAN	45.00					X	221,851.	0.	14,776.	
(14) ASADULLAH AHMED MD PHYSICIAN	45.00					X	230,234.	0.	11,033.	
(15) JOHN WADE III MD PHYSICIAN	45.00					X	190,809.	0.	13,438.	
(16) MODASER SHAH MD PHYSICIAN	45.00					X	215,329.		11,857.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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				
(17) MARK STEWART MD PHYSICIAN	45.00					X		228,903.	0.	22,084.	
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
(26)											
(27)											
(28)											

<b>1b Sub-total</b> . . . . .	1,612,877.	1,375,690.	279,360.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>d Total (add lines 1b and 1c)</b> . . . . .	1,612,877.	1,375,690.	279,360.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **14**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
<b>Contributions, gifts, grants and other similar amounts</b>	1a	Federated campaigns . . . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	47,827.				
	d	Related organizations . . . . .	1d	216,000.				
	e	Government grants (contributions) . . . . .	1e	53,986.				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	321,139.				
	g	Noncash contributions included in lines 1a-1f \$ . . . . .		54,985.				
	h	<b>Total.</b> Add lines 1a-1f . . . . .		638,952				
<b>Program Service Revenue</b>			<b>Business Code</b>					
	2a	PATIENT SERVICES	624100	25,148,729.	25,148,729			
	b	OTHER	624100	764,393	764,393			
	c							
	d							
	e							
	f	All other program service revenue . . . . .						
	g	<b>Total.</b> Add lines 2a-2f . . . . .		25,913,122				
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		331,038.		331,038		
	4	Income from investment of tax-exempt bond proceeds . . . . .		0.				
	5	Royalties . . . . .		0				
	6a	Gross Rents . . . . .	(i) Real					
			(ii) Personal					
			b	Less rental expenses . . . . .				
			c	Rental income or (loss) . . . . .				
	d	Net rental income or (loss) . . . . .		0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	2,214,660.	230			
			(ii) Other					
			b	Less cost or other basis and sales expenses . . . . .	2,271,557	301		
			c	Gain or (loss) . . . . .	-56,897.	-71		
	d	Net gain or (loss) . . . . .		-56,968.		-56,968.		
	8a	Gross income from fundraising events (not including \$ <u>47,827.</u> of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
	b	Less direct expenses . . . . .	b	2,099				
	c	Net income or (loss) from fundraising events . . . . .		-2,099.		-2,099		
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a					
	b	Less direct expenses . . . . .	b					
c	Net income or (loss) from gaming activities . . . . .		0					
10a	Gross sales of inventory, less returns and allowances . . . . .	a						
b	Less cost of goods sold . . . . .	b						
c	Net income or (loss) from sales of inventory . . . . .		0.					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
11a								
b								
c								
d	All other revenue . . . . .							
e	<b>Total.</b> Add lines 11a-11d . . . . .		0					
12	<b>Total revenue.</b> See instructions . . . . .		26,824,045.	25,913,122		271,971.		

**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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	576,252.	237,550.	338,702.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	56,282.	56,282.		
7 Other salaries and wages . . . . .	12,978,044.	11,435,111.	1,542,933.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	109,322.	109,322.		
9 Other employee benefits . . . . .	1,470,071.	1,277,851.	192,220.	
10 Payroll taxes . . . . .	960,679.	830,465.	130,214.	
11 Fees for services (non-employees)				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	23,227.		23,227.	
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees . . . . .	2,196.		2,196.	
g Other . . . . .	323,897.	274,452.	49,445.	
12 Advertising and promotion . . . . .	37,504.		37,504.	
13 Office expenses . . . . .	1,328,325.	1,175,427.	152,898.	
14 Information technology . . . . .	82,626.	73,136.	9,490.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	892,282.	803,439.	88,843.	
17 Travel . . . . .	577,889.	515,959.	61,930.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	43,483.	38,489.	4,994.	
20 Interest . . . . .	2,805.		2,805.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	230,661.	204,169.	26,492.	
23 Insurance . . . . .	146,262.	129,463.	16,799.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a <u>BAD DEBT</u> . . . . .	295,945.	295,945.		
b <u>DUES &amp; SUBSCRIPTIONS</u> . . . . .	29,479.		29,479.	
c <u>RECRUITING &amp; RETENTION</u> . . . . .	92,244.	37,368.	54,876.	
d <u>MEDICAL SUPPLIES &amp; DRUGS</u> . . . . .	2,579,621.	2,579,621.		
e <u>PHARMACY TAX</u> . . . . .	110,875.	110,875.		
f All other expenses . . . . .	185,591.	58,871.	126,720.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	23,135,562.	20,243,795.	2,891,767.	0.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	62,100.	<b>1</b>	5,440.
	<b>2</b> Savings and temporary cash investments . . . . .	11,229,804.	<b>2</b>	10,310,694.
	<b>3</b> Pledges and grants receivable, net . . . . .	416,112.	<b>3</b>	255,410.
	<b>4</b> Accounts receivable, net . . . . .	2,213,211.	<b>4</b>	2,720,882.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .			<b>6</b>
	<b>7</b> Notes and loans receivable, net . . . . .			<b>7</b>
	<b>8</b> Inventories for sale or use . . . . .	163,798.	<b>8</b>	180,448.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	276,576.	<b>9</b>	301,607.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 7,672,012.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 4,487,934.	3,181,590.	<b>10c</b> 3,184,078.
	<b>11</b> Investments - publicly traded securities . . . . .	9,081,600.	<b>11</b>	14,036,018.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	20,605.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	26,645,396.	<b>16</b>	30,994,577.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,531,370.	<b>17</b>	1,557,263.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	107,334.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	561,993.	<b>24</b>	520,827.
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	90,939.	<b>25</b>	77,036.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,291,636.	<b>26</b>	2,155,126.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	23,910,580.	<b>27</b>	28,606,429.
	<b>28</b> Temporarily restricted net assets . . . . .	415,761.	<b>28</b>	233,022.
	<b>29</b> Permanently restricted net assets . . . . .	27,419.	<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	24,353,760.	<b>33</b>	28,839,451.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	26,645,396.	<b>34</b>	30,994,577.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	26,824,045.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	23,135,562.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,688,483.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	24,353,760.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	797,208.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	28,839,451.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b>	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	
<b>2d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2010)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

<b>Name of the organization</b> OZARK CENTER	<b>Employer identification number</b> 43-0821959
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
<b>11g(ii)</b>		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
<b>11g(iii)</b>		
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

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

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2010; 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2010; 16b 33 1/3 % support test - 2009; 17a 10%-facts-and-circumstances test - 2010; 17b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

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

(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	851,607	1,197,444	810,446	1,350,687	638,952	4,849,136
<b>2</b> 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	19,970,942	22,328,408	23,635,203	23,741,920	25,913,122	115,589,595
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	20,822,549	23,525,852	24,445,649	25,092,607	26,552,074	120,438,731
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	741,219	512,905	799,414	827,555	731,620	3,612,713
<b>b</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						
<b>c</b> Add lines 7a and 7b	741,219	512,905	799,414	827,555	731,620	3,612,713
<b>8 Public support</b> (Subtract line 7c from line 6)						116,826,018

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	20,822,549	23,525,852	24,445,649	25,092,607	26,552,074	120,438,731
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	332,664	523,662	358,121	319,595	331,038	1,865,080
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	332,664	523,662	358,121	319,595	331,038	1,865,080
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	21,155,213	24,049,514	24,803,770	25,412,202	26,883,112	122,303,811
<b>14 First five years.</b> 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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	95.52 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	95.90 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1.53 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	1.46 %

- 19a 33 1/3 % support tests - 2010.** 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 - 2009.** 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

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**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

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**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization is described below.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization OZARK CENTER	Employer identification number 43-0821959
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV.
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ▶ \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2010

JSA  
0E1264 0 040

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV	X		
<b>j</b> Total. Add lines 1c through 1i			
<b>2 a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i.

Also, complete this part for any additional information.

OTHER LOBBYING ACTIVITIES

SCHEDULE C, PART II-B, LINE 1(I)

THE ORGANIZATION PAYS DUES TO THE COALITION OF COMMUNITY MENTAL HEALTH

CENTERS. A PORTION OF THESE DUES MAY BE ATTRIBUTABLE TO LOBBYING.

**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990).

Supplemental Financial Statements

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

OZARK CENTER

Employer identification number

43-0821959

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to 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 contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

JSA OE1268 1 000

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 XIV.

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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?

b If "Yes," explain the arrangement in Part XI V and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XI V.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g Balance and expense items

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %, b Permanent endowment %, c Term endowment %

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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a-1e Land, Buildings, Leasehold improvements, Equipment, Other

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO RELATED PARTIES	77,036.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25)	77,036.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (26,824,045); Line 2: Total expenses (23,135,562); Line 3: Excess or (deficit) for the year (3,688,483); Line 4: Net unrealized gains (797,208); Line 5: Donated services and use of facilities; Line 6: Investment expenses; Line 7: Prior period adjustments; Line 8: Other; Line 9: Total adjustments (net) (797,208); Line 10: Excess or (deficit) for the year per audited financial statements (4,485,691).

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for revenue reconciliation. Line 1: Total revenue (27,623,653); Line 2: Amounts included on line 1 but not on Form 990 (2a: 797,208); Line 3: Subtract line 2e from line 1 (26,826,445); Line 4: Amounts included on Form 990 but not on line 1 (4b: -2,400); Line 5: Total revenue (26,824,045).

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation. Line 1: Total expenses (23,137,962); Line 2: Amounts included on line 1 but not on Form 990 (2d: 2,400); Line 3: Subtract line 2e from line 1 (23,135,562); Line 4: Amounts included on Form 990 but not on line 1; Line 5: Total expenses (23,135,562).

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV Supplemental Information (continued)**

## INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT SUPPORTED THE OPERATIONS OF OZARK CENTER'S TURNAROUND RANCH AND AUTISM PROGRAMS. IN FY11, THE DONOR OF THE PERMANENT ENDOWMENT NOTIFIED THE ORGANIZATION THAT THE FUNDS WERE NO LONGER RESTRICTED.

## UNCERTAIN TAX POSITIONS

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

## OTHER RECONCILING ITEMS

SCHEDULE D, PART XII, LINE 4B AND PART XIII, LINE 2D

THE FOLLOWING ITEMS WERE INCLUDED WITH EXPENSES ON THE AUDIT REPORT; HOWEVER, HAVE BEEN MOVED TO BE PROPERLY INCLUDED ON THE STATEMENT OF REVENUE ON THE TAX RETURN:

\$ 2,099 SPECIAL EVENTS EXPENSE

301 GAIN ON DISPOSAL OF ASSETS

-----

\$ 2,400



**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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	
		AUTISM WALK (event type)	HOME GRDN TOUR (event type)	0. (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	24,603.	20,915.	45,518.	
	2	Less: Charitable contributions	24,603.	20,915.	45,518.	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	193.	867.	1,060.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 1,060.)
	11	Net income summary. Combine line 3, column (d), and line 10				-1,060.

**Part III Gaming.** Complete if the organization answered "Yes" to 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				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
	8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J  
(Form 990).**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

OZARK CENTER

Employer identification number

43-0821959

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** X
- b** Any related organization? **5b** X

If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** X
- b** Any related organization? **6b** X

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** X

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** X

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>	X	
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GARY D. DUNCAN	(i)	0.	0.	0.	0.	0.	
	(ii)	562,393.	101,100.	238,972.	36,394.	957,713.	112,006.
2 DR. CHARLES GRAVES	(i)	206,010.	0.	8,675.	6,923.	237,550.	
	(ii)	0.	0.	0.	0.	0.	
3 PAULA F. BAKER	(i)	30,396.	7,145.	11,390.	7,553.	57,567.	
	(ii)	191,209.	22,087.	66,670.	43,213.	329,377.	33,181.
4 MARY PARRIGON	(i)	158,257.	23,063.	19,116.	19,806.	227,601.	17,015.
	(ii)	0.	0.	0.	0.	0.	
5 STEVEN GOAD MD	(i)	219,804.	1,000.	1,047.	6,890.	236,627.	
	(ii)	0.	0.	0.	0.	0.	
6 ASADULLAH AHMED MD	(i)	230,234.	0.	0.	7,027.	241,267.	
	(ii)	0.	0.	0.	0.	0.	
7 JOHN WADE III MD	(i)	190,809.	0.	0.	5,948.	204,247.	
	(ii)	0.	0.	0.	0.	0.	
8 MODASER SHAH MD	(i)	215,329.	0.	0.	6,643.	227,186.	
	(ii)						
9 MARK STEWART MD	(i)	226,403.	2,500.	0.	7,310.	250,987.	
	(ii)	0.	0.	0.	0.	0.	
10 PHILIP WILLCOXON	(i)	61,699.	0.	0.	8,169.	72,068.	
	(ii)	126,760.	37,843.	28,656.	25,588.	225,737.	24,027.
11							
12							
13							
14							
15							
16							

Part III Supplemental Information

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS

SCHEDULE J, PART I, LINE 4B

THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN THROUGH OZARK CENTER OR FREEMAN HEALTH SYSTEM, A RELATED

PARTY OF THE ORGANIZATION:

\$ 43,416 PAULA BAKER

29,045 GARY DUNCAN

28,201 PHILIP WILLCOXON

15,425 MARY PARRIGON

THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM A SUPPLEMENTAL

NONQUALIFIED RETIREMENT PLAN:

\$ 112,006 GARY DUNCAN

33,181 PAULA BAKER

24,027 PHILIP WILLCOXON

17,015 MARY PARRIGON

**Part III Supplemental Information**

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

COMPENSATION CONTINGENT ON THE NET EARNINGS OF THE ORGANIZATION

SCHEDULE J, PART I, LINE 6

FREEMAN HEALTH SYSTEM, A RELATED PARTY OF THE ORGANIZATION, PROVIDES MANAGEMENT THE POTENTIAL TO RECEIVE AN AT-RISK PAYMENT BASED ON THE PROFITABILITY OF THE ORGANIZATION. IN FISCAL YEAR 2011 SUCH ACCRUALS WERE MADE. THE AMOUNT OF COMPENSATION IS BASED UPON A PERCENTAGE OF THE EMPLOYEE'S ANNUAL COMPENSATION AND IS SUBJECT TO BOARD APPROVAL.

COMPENSATION REPORTED IN PRIOR FORM 990

SCHEDULE J, PART II, COLUMN F

COMPENSATION IS REPORTED ON THE FORM 990 IN THE YEAR THAT THE COMPENSATION IS EARNED BY OR AWARDED TO AN INDIVIDUAL, EVEN IF THE COMPENSATION IS NOT PAID TO THE INDIVIDUAL, IS NOT FULLY VESTED, OR IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE. IF COMPENSATION IS EARNED OR AWARDED IN ONE YEAR BUT PAID IN A LATER YEAR, THEN THE COMPENSATION IS REPORTED A SECOND TIME ON THE FORM 990 IN THE YEAR THE COMPENSATION IS VESTED OR PAID TO THE INDIVIDUAL.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization

OZARK CENTER

Employer identification number

43-0821959

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Correct?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	(1)									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
<b>Total</b> . . . . . ▶				\$						

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KELLY BOKAY	STEP-DAUGHTER DR BENTLAGE	56,282.	WAGES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization

OZARK CENTER

Employer identification number

43-0821959

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		315.	FMV
6 Cars and other vehicles . . . . .	X	1.	53,986.	FMV
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>VARIOUS OTHER</u> )	X	3.	684.	FMV
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 0.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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NUMBER OF CONTRIBUTIONS

SCHEDULE M, PART I, COLUMN B

THE NUMBER OF CONTRIBUTIONS IS REPRESENTED BY THE NUMBER OF CONTRIBUTORS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

OZARK CENTER

**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.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

43-0821959

ORGANIZATION'S VISION

FORM 990, PART I, LINE 1

VISION - THOSE EXPERIENCING MENTAL ILLNESS, ADDICTION, OR THE PAIN OF  
ABUSE WILL DEVELOP SKILLS ESSENTIAL TO A LIFE WITH DIGNITY AND PURPOSE.

VALUES - OZARK CENTER IS COMMITTED TO CONTINUOUS QUALITY IMPROVEMENT AND  
THEREFORE STRIVES TO:

- ACCEPT ALL PEOPLE AS EQUAL CITIZENS IN OUR COMMUNITY,
- TREAT ALL PEOPLE WITH RESPECT AND DIGNITY,
- PROVIDE CONFIDENTIAL AND TIMELY TREATMENT,
- SUPPORT THE CHOICES OF OUR CUSTOMERS WITH THE REALIZATION OF THEIR HOPES  
AND DREAMS,
- CONSISTENTLY ANTICIPATE AND EXCEED THE EXPECTATIONS OF OUR CUSTOMERS,
- USE COMPREHENSIVE, COMMUNITY-BASED, AND GOVERNED RESOURCES,
- PRIORITIZE THE RESOURCES NECESSARY TO PROVIDE PRIMARY PREVENTION AND  
EARLY INTERVENTION,
- COMMUNICATE OPENLY, MAINTAINING A TRUSTING PARTNERSHIP BETWEEN CUSTOMER,  
STAFF, AND COMMUNITY,
- ENCOURAGE INTENSIVE, ONGOING TRAINING AND HIGH STANDARDS,
- RECOGNIZE EACH EMPLOYEE AS ITS MOST VALUABLE ASSET,
- EXPECT EMPLOYEES TO REPRESENT OZARK CENTER IN A PROFESSIONAL MANNER,  
AND
- SUPPORT EMPLOYEES IN THE OWNERSHIP AND RESOLUTION OF PROBLEMS.

Name of the organization OZARK CENTER	Employer identification number 43-0821959
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## ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

WHILE OZARK CENTER DOES NOT HAVE A FORMAL MISSION STATEMENT RATIFIED BY THE BOARD OF DIRECTORS, THE ORGANIZATION EMBRACES THE MISSION OF FREEMAN HEALTH SYSTEM, A RELATED PARTY, WHO CONTROLS OZARK CENTER.

FREEMAN HEALTH SYSTEM'S MISSION - TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE THROUGH CONTEMPORARY, INNOVATIVE, QUALITY HEALTHCARE SOLUTIONS.

## OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

OTHER PROGRAMS INCLUDE THE FOLLOWING: NEW DIRECTIONS SUBSTANCE ABUSE PROGRAM PROVIDES A RANGE OF SERVICES INCLUDING OUTPATIENT, RESIDENTIAL, MODIFIED MEDICAL DETOX, AND SATOP (TRAFFIC OFFENDER PROGRAM) SERVICES. AUTISM SERVICES INCLUDE APPLIED BEHAVIORAL ANALYSIS INTENSIVE AND OUTPATIENT PROGRAMS. OZARK CENTER ALSO OPERATES A 24 HOUR CRISIS HOTLINE. OVER 5,000 CALLS ARE HANDLED BY THE CRISIS TEAM EACH YEAR. THE FAMILY PRESERVATION PROGRAM FOCUSES ON YOUTH OUTPATIENT SERVICES, OUTPATIENT AND INTENSIVE OUTPATIENT SERVICES ARE AVAILABLE. A TOTAL OF 13,242 INDIVIDUALS WERE SEEN BY OZARK CENTER THIS YEAR.

## FAMILY AND BUSINESS RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

GARY DUNCAN AND DOUG DOLL HAVE A BUSINESS RELATIONSHIP.

Name of the organization OZARK CENTER	Employer identification number 43-0821959
--	--

PHILIP WILLCOXON AND DOROTHY WILLCOXON HAVE A FAMILY RELATIONSHIP.

MEMBERS/STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 6, 7A, & 7B

THE SOLE MEMBER OF OZARK CENTER SHALL BE FREEMAN HEALTH SYSTEM.

THE BOARD SHALL INCLUDE THE PRESIDENT OF FREEMAN HEALTH SYSTEM AND THE CEO OF OZARK CENTER AS EX OFFICIO WITH VOTE. EACH DIRECTOR SHALL BE APPOINTED BY THE MEMBER OF THE CORPORATION AND THE MEMBER MAY ESTABLISH LIMITATIONS OF TIME OF SERVICE REGARDING POSITIONS ON THE BOARD.

VACANCIES SHALL BE FILLED BY THE MEMBER OF THE CORPORATION. THE MEMBER MAY REMOVE ANY DIRECTOR FROM OFFICE AT ANY TIME, WITH OR WITHOUT CAUSE.

ALL POWERS OF THE CORPORATION SHALL BE EXERCISED BY AND UNDER THE AUTHORITY OF THE BOARD OF DIRECTORS, AND THE PROPERTY, BUSINESS AND AFFAIRS OF THE CORPORATION SHALL BE MANAGED UNDER THE DIRECTION OF THE BOARD. PROVIDED, THAT THE FOLLOWING ACTIONS SHALL REQUIRE APPROVAL OF THE MEMBER OF THE CORPORATION: ALL GOVERNANCE DECISIONS OF INTEREST TO THE MEMBER AFFECTING THE OPERATION OF THE CORPORATION; APPOINTMENT, REVIEW AND REMOVAL OF THE CEO; DEVELOPMENT AND ADOPTION OF STRATEGIC PLANS; ADOPTION OF BUDGET AND FISCAL POLICY FOR THE CORPORATION; APPROVAL OF ANY FINANCING OR REFINANCING PLANS FOR THE CORPORATION OR ITS SUBSIDIARIES; APPOINTMENT AND REMOVAL OF DIRECTORS OR SUBSIDIARIES; AMENDMENT OF THE ARTICLES OF INCORPORATION AND THE BYLAWS; THE SALE, LEASE OR EXCHANGE OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY OR ASSETS OF THIS CORPORATION; DISSOLUTION OF THIS CORPORATION AND DISTRIBUTION OF ASSETS PURSUANT

Name of the organization OZARK CENTER	Employer identification number 43-0821959
--	--

THERETO; ADOPTION OR AMENDMENT OF ANY BYLAWS, POLICIES, RULES AND REGULATIONS PERTAINING TO THE PROFESSIONAL STAFF; ADOPTION OR AMENDMENT OF ANY CORPORATE COMPLIANCE PROGRAM; ANY OTHER MATTER THAT BY LAW REQUIRES THE APPROVAL OF MEMBERS OF A NONPROFIT CORPORATION; AND ANY INVESTMENT OF THE FUNDS OF THIS CORPORATION.

REVIEW OF FORM 990

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION. PRIOR TO FILING, A TENTATIVE DRAFT OF THE 990 IS REVIEWED BY MEMBERS OF TOP MANAGEMENT. ONCE A FINAL DRAFT IS READY, A COPY IS AVAILABLE FOR REVIEW BY THE BOARD MEMBERS PRIOR TO SUBMISSION. IN ADDITION, THE AUDIT COMMITTEE REVIEWS THE REPORT PRIOR TO SUBMISSION. THE AUDIT COMMITTEE CHAIRMAN PRESENTS A REPORT TO THE FULL BOARD AT THE NEXT REGULAR SCHEDULED MEETING.

CONFLICT OF INTEREST POLICY

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

THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY AND EACH MEMBER REPORTS ANY KNOWN CONFLICTS OF INTEREST IN WRITING TO THE BOARD. THESE ARE KEPT AT THE OZARK CENTER ADMINISTRATIVE OFFICE FOR FUTURE REFERENCE AND ARE AVAILABLE TO THE MEMBERS OF THE BOARD. APPROPRIATELY, THE BOARD MEMBERS ABSTAIN FROM VOTING ON ISSUES THAT PRESENT A CONFLICT OF INTEREST.

Name of the organization OZARK CENTER	Employer identification number 43-0821959
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IN ADDITION, CORPORATE OFFICERS AND DIRECTORS ARE REQUIRED TO ANNUALLY DISCLOSE CONFLICTS OF INTEREST.

#### COMPENSATION REVIEW

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

THE COMPENSATION FOR THE CEO OF OZARK CENTER IS DETERMINED BY A FORMAL PROCESS OF THE BOARD OF DIRECTORS. AN EXECUTIVE COMPENSATION COMMITTEE OF THE FREEMAN HEALTH SYSTEM BOARD OF DIRECTORS ENGAGES THE SERVICES OF AN INDEPENDENT CONSULTANT TO REVIEW SALARIES AND BENEFITS OF SYSTEM ADMINISTRATIVE PERSONNEL. THE CONSULTANT PROVIDES A MINIMUM OF THREE SALARY BENCHMARKING STUDIES FROM DIFFERENT SOURCES TO PROVIDE THE BOARD WITH BLENDED EXECUTIVE SALARY RANGES FOR THE SYSTEM. THE CEO OF THE FREEMAN HEALTH SYSTEM PRESENTS A SUMMARY OF THE GOAL-BASED PERFORMANCE REVIEW, THE CONSULTANT REPORT AND THE CURRENT SALARY AND BENEFITS OF THE OZARK CENTER CEO TO THE OZARK CENTER'S BOARD COMPENSATION COMMITTEE WITH RECOMMENDED CHANGES. THE RECOMMENDATIONS OF THE OZARK CENTER BOARD ARE THEN TAKEN INTO CONSIDERATION IN THE FINAL DECISION BY THE FREEMAN HEALTH SYSTEM COMPENSATION COMMITTEE.

THE FISCAL YEAR 2011 CEO COMPENSATION REVIEW OCCURRED IN SEPTEMBER 2010 AND WAS DOCUMENTED IN BOARD MINUTES OF THE COMPENSATION COMMITTEE.

#### DOCUMENT DISCLOSURE

FORM 990, PART VI, SECTION C, LINE 19

ALL GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE FOR A LEGITIMATE BUSINESS PURPOSE. ALL REQUESTED DOCUMENTS

Name of the organization

OZARK CENTER

Employer identification number

43-0821959

WOULD BE MADE AVAILABLE TO BE VIEWED AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE.

CEO

FORM 990, PART VII, SECTION A, COLUMN A

THE ORGANIZATION DID NOT HAVE A CEO BETWEEN APRIL 2010 THROUGH AUGUST 2010. THE ORGANIZATION INSTEAD PROMOTED MARY PARRIGON TO INTERIM COO TO SERVE AS THE TOP MANAGEMENT OFFICIAL DURING THIS TIME. PHILIP WILLCOXON WAS SUBSEQUENTLY HIRED AS CEO AND BEGAN IN SEPTEMBER 2010.

RELATED HOURS

FORM 990, PART VII, SECTION A, COLUMN B

BOARD MEMBER GARY D. DUNCAN WORKS APPROXIMATELY 60 HOURS PER WEEK FOR RELATED ENTITIES FREEMAN HEALTH SYSTEM AND FREEMAN NEOSHO HOSPITAL. BOARD MEMBER DR. CHARLES GRAVES WORKS APPROXIMATELY 50 HOURS PER WEEK FOR OZARK CENTER AS A PSYCHIATRIST. BOARD MEMBER PAULA F. BAKER WORKS APPROXIMATELY 60 HOURS PER WEEK BETWEEN OZARK CENTER AND FREEMAN HEALTH SYSTEM. PHILIP M. WILLCOXON, CEO, WORKS APPROXIMATELY 60 HOURS PER WEEK BETWEEN OZARK CENTER (INCLUDING MAGNOLIA HEIGHTS HOUSING CORPORATION, CEDAR HILL HOUSING CORPORATION, AND POPLAR PLACE HOUSING CORPORATION) AND FREEMAN HEALTH SYSTEM.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 5

\$ 797,208 NET UNREALIZED GAINS

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
OZARK CENTER

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Employer identification number  
43-0821959

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FREEMAN HEALTH SYSTEM 1101 W 32ND ST JOPLIN, MO 64803 43-1704371	HOSPITAL	MO	501(C)(3)	3	N/A		X
(2) FREEMAN NEOSHO HOSPITAL 113 W HICKORY NEOSHO, MO 64850 43-1240629	HOSPITAL	MO	501(C)(3)	3	N/A		X
(3) MAGNOLIA HEIGHTS HOUSING CORPORATION 3006 MCCLELLAND BLVD JOPLIN, MO 64804 47-0950622	HUD HOUSING	MO	501(C)(3)	11 A I	N/A	X	
(4) CEDAR HILL HOUSING CORPORATION 3006 MCCLELLAND BLVD JOPLIN, MO 64804 47-0943557	HUD HOUSING	MO	501(C)(3)	11 A I	N/A	X	
(5) POPLAR PLACE HOUSING CORP 3006 MCCLELLAND BLVD JOPLIN, MO 64804 90-0462595	HUD HOUSING	MO	501(C)(3)	11 A I	N/A	X	
(6) -----							
(7) -----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	X
<b>b</b> Gift, grant, or capital contribution to other organization(s)	X	X
<b>c</b> Gift, grant, or capital contribution from other organization(s)	X	X
<b>d</b> Loans or loan guarantees to or for other organization(s)	X	X
<b>e</b> Loans or loan guarantees by other organization(s)	X	X
<b>f</b> Sale of assets to other organization(s)	X	X
<b>g</b> Purchase of assets from other organization(s)	X	X
<b>h</b> Exchange of assets	X	X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)	X	X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)	X	X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)	X	X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)	X	X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets	X	X
<b>n</b> Sharing of paid employees	X	X
<b>o</b> Reimbursement paid to other organization for expenses	X	X
<b>p</b> Reimbursement paid by other organization for expenses	X	X
<b>q</b> Other transfer of cash or property to other organization(s)	X	X
<b>r</b> Other transfer of cash or property from other organization(s)	X	X

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

	(a) Name of other organization	(b) Transaction type (e-f)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or migrating partner?	
				Yes	No		Yes	No		Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											

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**Part VII** **Supplemental Information**

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

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

<b>Type or print</b>  File by the due date for filing your return See instructions	Name of exempt organization OZARK CENTER	Employer identification number 43-0821959
	Number, street, and room or suite no. If a P O box, see instructions 3006 MCCLELLAND	
	City, town or post office, state, and ZIP code For a foreign address, see instructions JOPLIN, MO 64804	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ MARY PARRIGON

Telephone No. ▶ 417 347-7600 FAX No. ▶ \_\_\_\_\_

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning 04/01, 20 10, and ending 03/31, 20 11.

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

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b> File by the extended due date for filing your return. See instructions.	Name of exempt organization <b>OZARK CENTER</b>	Employer identification number <b>43-0821959</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3006 MCCLELLAND</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>JOPLIN, MO 64804</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of  **MARY PARRIGON**  
Telephone No.  **417 347-7600** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 02/15, 2012 .

5 For calendar year \_\_\_\_\_, or other tax year beginning 04/01, 2010, and ending 03/31, 2011 .

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b> \$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b> \$	0.
<b>c</b> <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b> \$	0.

**Signature and Verification**

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

Signature  Brian A Todd Title  CPA Date  7/8/11