

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Treated as a Private Foundation

OMB No 1545-0052 2010

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2010, or tax year beginning 07/01/10, and ending 06/30/11

		70 2010, 01 70 20	<u> </u>					
G	Check a		urn of a former public c		_	Final return		
	Amended return Address change Name change Name of foundation A Employer Identification number							
Na	me of for	undation		A Employer identification number 43-1551131				
O	ZARF	S HEALTH ADVOCACY FOUNDATION		B Telephone number (see page 10 of the instructions)				
		d street (or P O box number if mail is not delivered to street address		om/suite		7-866-4374	51 110 1101 3010113/	
		X 3195			mption application is per	nding, check here		
		n, state, and ZIP code	<u> </u>		1	oreign organizations, che	· —	
S	PRIN	NGFIELD MO 65808			2. Fo	reign organizations mee	eting the	
н (Check ty	ype of organization X Section 501(c)(3) exempt private	foundation		85	6% test, check here and	attach computation 🕨 🔲	
	Section	4947(a)(1) nonexempt charitable trust Other taxable	e private foundation		1 '	rate foundation status wa	- L	
		tet value of all assets at J Accounting method	X Cash Accr	ual	sectio	on 507(b)(1)(A), check h	ere 🕨 📋	
	_	ar (from Part II, col. (c), University Other (specify)				foundation is in a 60-mo		
	ne 16) 🕨				under	r section 507(b)(1)(B), cl		
Þ	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and expenses per	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable	
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))	books	inco	1	income	purposes	
	14			. ,			(cash basis only)	
	1 2	Contributions, gifts, grants, etc , received (attach schedule) Check K if the foundation is not required to attach Sch B					1237/25	
	3	Interest on savings and temporary cash investments	12,674		12,674		- HONING	
	4	Dividends and interest from securities	36,275		36,275	101 007		
	5a	Gross rents				13 OCL	3 1 2011 S	
Revenue	Ь	Net rental income or (loss) -16,265				1	1 Pr	
	6a	Net gain or (loss) from sale of assets not on line 10	260,963			- OGn	da iin	
	b	Gross sales price for all assets on line 6a 474,400		:			# W 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
	7	Capital gain net income (from Part IV, line 2)		2	60,963			
	8	Net short-term capital gain					0	
	9	Income modifications						
	10a	Gross sales less returns & allowances						
	b	Less Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)	05.000		05 000			
	11	Other income (attach schedule) Stmt 1	25,000		25,000			
	12	Total. Add lines 1 through 11	334,912	3	34,912		0	
S	13	Compensation of officers, directors, trustees, etc						
JS(14	Other employee salaries and wages Pension plans, employee benefits						
xpenses	16a	Legal fees (attach schedule)					*	
		Accounting fees (attach schedule) Stmt 2	4,850				4,850	
' %	°	Other professional fees (attach schedule) Stmt 3	14,768		14,768			
ati	17	Interest						
<u>15</u>	18	Taxes (attach schedule) (see page 14 of the instructions)						
בַּיִּכ	19	Depreciation (attach schedule) and depletion Stmt 4						
5	20	Occupancy	14,457		14,457			
*	21	Travel, conferences, and meetings	392					
ĕ	22	Printing and publications						
Operating and Administrative E	23	Other expenses (att. sch) Stmt 5	15,648		3,728		12,839	
ati.	24	Total operating and administrative expenses.			20 255			
ğ		Add lines 13 through 23	50,115		32,953		0 17,689	
o	25	Contributions, gifts, grants paid	87,735		22 052		87,735 0 105,424	
_	26	Total expenses and disbursements. Add lines 24 and 25	137,850		32,953		0 105,424	
	27	Subtract line 26 from line 12 Excess of revenue over expenses and disbursements	197,062	1			•	
	a	Net investment income (if negative, enter -0-)	137,002		301,959			
	b	Adjusted net income (if negative, enter -0-)					0	
_			<u> </u>	•				

	D-PF (2010) OZARKS HEALTH ADVOCACY FOUNDATION	43-155113 Beginning of year	End o	Page 2
Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cashnon-interest-bearing	13,251	47,152	47,152
2	Savings and temporary cash investments	13,231	47,152	41,152
3	Accounts receivable			
"	Less allowance for doubtful accounts	1		
4	Pledges receivable			
*	Less allowance for doubtful accounts			
5	Grants receivable		-	* ***
6	Receivables due from officers, directors, trustees, and other			
	· · · · · · · · · · · · · · · · · · ·		-	
	disqualified persons (attach schedule) (see page 15 of the			
_	instructions)			
7	Other notes and loans receivable (att. schedule) ► Less allowance for doubtful accounts ► 0			
"			-	
Assets 9 10a	Inventories for sale or use			·····
9	Prepaid expenses and deferred charges	00.000	20.000	
1 .	Investments—U S and state government obligations (attach schedule) Stmt 6	28,282	28,282	26,243
b	Investments—corporate stock (attach schedule) See Stmt 7	1,931,388	2,269,607	2,185,949
C	Investments—corporate bonds (attach schedule)			
11	Investments—land, buildings, and equipment basis			
	Less accumulated depreciation (attach sch.)			· · · · · · · · · · · · · · · · · · ·
12	Investments—mortgage loans			
13	Investments—other (attach schedule)			·····
14	Land, buildings, and equipment. basis			
	Less accumulated depreciation (attach sch) ▶ Stmt 8	171,921		
15	Other assets (describe ▶)		 	
16	Total assets (to be completed by all filers—see the			
-	instructions Also, see page 1, item I)	2,144,842	2,345,041	2,259,344
17	Accounts payable and accrued expenses			
ري 18	Grants payable			
19	Deferred revenue			:
Liabilities 20 21 22	Loans from officers, directors, trustees, and other disqualified persons			
<u>.rg</u> 21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ▶)			
23	Total liabilities (add lines 17 through 22)	0	0	
	Foundations that follow SFAS 117, check here			
S	and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted			
<u>ख</u> 25	Temporarily restricted			
<u>m</u> 26	Permanently restricted			
일	Foundations that do not follow SFAS 117, check here ▶ 🗓			
리	and complete lines 27 through 31.			
o 27	Capital stock, trust principal, or current funds			
Net Assets or Fund Balances 22	Paid-in or capital surplus, or land, bldg , and equipment fund			
හි 29	Retained earnings, accumulated income, endowment, or other funds	2,144,842	2,345,041	
₹ 30	Total net assets or fund balances (see page 17 of the			
<u>듛</u>	instructions)	2,144,842	2,345,041	
~ 31	Total liabilities and net assets/fund balances (see page 17			
	of the instructions)	2,144,842	2,345,041	
Part I				·
	net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a	gree with		
	of-year figure reported on prior year's return)		1	2,144,842
2 Enter	r amount from Part I, line 27a		2	197,062
	r increases not included in line 2 (itemize) ▶ See Statement 9		3	8,044
	ines 1, 2, and 3		4	2,349,948
	eases not included in line 2 (itemize) See Statement 10		5	4,907
6 Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b),	ine 30	6	2,345,041

Form 990-PF (2010) OZARKS HEALTH ADVOCACY FOUNDATION

orm 990-PF (2010) OZARKS I	HEALTH ADVOCACY FOUN	DATION	43-1551131		Page 3
Part IV Capital Gains an	d Losses for Tax on Investmer	nt Income			
(a) List and describ 2-story brick ware	e the kind(s) of property sold (e.g., real estate, house, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquire (mo , day, yr)	
1a SALE OF BUILDING		P	Various	01/10/11	
b			P	Various	Various
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		Gain or (loss) us (f) minus (g)
a 474,400	72,972	······	271,999		275,373
b			14,410		-14,410
С					
d					
е					
Complete only for assets showing (i) F M V as of 12/31/69	gain in column (h) and owned by the foun- (j) Adjusted basis		s of col (ı)	col (k), but	(Col (h) gain minus t not less than -0-) or
	as of 12/31/69	over ∞l	(j), if any	LOSSE	275,373
b b					-14.410
C				······································	17,110
d					
e					
	If gain, also enter in P	Part I, line 7			
2 Capital gain net income or (net cap	oital loss) If (loss), enter -0- in P	•		2	260,963
, , ,	s) as defined in sections 1222(5) and (6) column (c) (see pages 13 and 17 of the ins	_			
If (loss), enter -0- in Part I, line 8	Sidnin (c) (see pages 15 and 17 of the inc	311 dello(13)		3	260,963
	der Section 4940(e) for Reduce	ed Tax on Net I	nvestment Incor		
	oundations subject to the section 4940(a)				
	-	tax of the miles and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
f section 4940(d)(2) applies, leave this	s part blank				
	on 4942 tax on the distributable amount of y under section 4940(e) Do not complete		e period?		X Yes No
1 Enter the appropriate amount in ea	ach column for each year, see page 18 of	the instructions befo	ore making any entries	<u> </u>	
(a)	(b)	T	(c)	1	(d)
Base period years Calendar year (or tax year beginning i	``'	s Net value	of noncharitable-use ass	ets (col	Distribution ratio (b) divided by col (c))
2009				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3.4
2008					
2007					
2006					
2005					
2 Total of line 1, column (d)				2	
3 Average distribution ratio for the 5	-year base period—divide the total on line	2 by 5, or by the			
number of years the foundation ha	is been in existence if less than 5 years			3	
4 Enter the net value of noncharitable	le-use assets for 2010 from Part X, line 5			4	
				1_1	
5 Multiply line 4 by line 3				5	
6 Fatas 40/ af ant second second	- (40) - f D- + 1 line - 27h)				
6 Enter 1% of net investment income	e (1% of Part I, line 2/b)			6	
7 Add lines 5 and 6				7	
	B (W)				
8 Enter qualifying distributions from If line 8 is equal to or greater than	Part XII, line 4 line 7, check the box in Part VI, line 1b, ai	nd complete that par	rt using a 1% tax rate	8 See the	.
Part VI instructions on page 18	· ,		=		

43-1551131

<u> Form</u>	990-PF (2010) OZARRS HEALTH ADVOCACY FOUNDATION 43-1351131			<u>Pa</u>	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruction	ns)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 ☐				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			6,0	039
	here ▶ ☐ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
3	Add lines 1 and 2			6,0	039
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			6,0	039
6	Credits/Payments				
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 1,006				
b	Exempt foreign organizations—tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d 7			1,0	006
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			5,0	033
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶ 11				
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		T 1	Yes	No
	participate or intervene in any political campaign?	Ī	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
	of the instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	- [
	published or distributed by the foundation in connection with the activities	Ī		- 1	
С	Did the foundation file Form 1120-POL for this year?		1c	1	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
•	on foundation managers > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	- [2	1	х
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	İ	3	1	x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	F	4a		X
b		/a	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	` 	5		X
-	If "Yes," attach the statement required by General Instruction T		·		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	ŀ			
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X	
8а	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	<u> </u>			
va	instructions) ► MO				
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	•			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	-	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page				
	27)? If "Yes," complete Part XIV	L	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X

Form 990-PF (2010)

Form 990-PF (2010) OZARKS HEALTH ADVOCACY FOUNDAT	ION 43-	1551131	<u>-</u>		Page 6
Part VII-B Statements Regarding Activities for Which Form	4720 May Be R	equired (conti	nued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	1945(e))?	Π,	Yes 🗓 No		
(2) Influence the outcome of any specific public election (see section 4955), or	o carry on,	_			
directly or indirectly, any voter registration drive?		Π,	Yes 🗓 No		ı
(3) Provide a grant to an individual for travel, study, or other similar purposes?		T,	Yes 🗓 No		1
(4) Provide a grant to an organization other than a charitable, etc., organization	described in				ı
section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the inst			Yes X No		I
(5) Provide for any purpose other than religious, charitable, scientific, literary, or	="				Ī
purposes, or for the prevention of cruelty to children or animals?		Π,	Yes X No		I
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions des	cribed in	. — -		I
Regulations section 53 4945 or in a current notice regarding disaster assistance			N/A	5b	Ť
Organizations relying on a current notice regarding disaster assistance check he		·,	▶ []		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from			· 🗆		ł
because it maintained expenditure responsibility for the grant?	an the tax	N/A 🗍	Yes No		Ī
If "Yes," attach the statement required by Regulations section 53 4945-5(d)		517 55 [.03		ł
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pa	v premirime				1
on a personal benefit contract?	ly premiums	\Box	Yes X No		-
b Did the foundation, during the year, pay premiums, directly or indirectly, on a per	conal bonofit contrac		165 25 110	6b	x
If "Yes" to 6b, file Form 8870	Sonai beneni contrac	.,		80	
	alter transaction?	П,	Yes X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax sh			Yes X No N/A		Ť
b If Yes, did the foundation receive any proceeds or have any net income attributa				7b	
Part VIII Information About Officers, Directors, Trustees, F	oungation wana	igers, nignly i	Paid Employe	es,	
and Contractors	ation (and many 22 of	f the instructions			
List all officers, directors, trustees, foundation managers and their compens	ation (see page 22 t	T the instructions	i ·	Γ	
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expen	se account,
(a) Name and address	hours per week devoted to position	(if not paid, enter	plans and deferred		lowances
			compensation		
See Statement 11					
				<u> </u>	
		<u> </u>		<u> </u>	
				<u> </u>	
				ŀ	
			<u> </u>	<u> </u>	
2 Compensation of five highest-paid employees (other than those included	on line 1 — see page	23 of the instruc	tions).		
If none, enter "NONE."		· · · · · · · · · · · · · · · · · · ·		,	
	(b) Title, and average		(d) Contributions to	(a) Evaca	
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		se account, lowances
	devoted to position		compensation	<u> </u>	
NONE					
		1			
		<u> </u>			
			1		
	1				
<u> </u>			<u> </u>	†——	
	1				
	1	<u> </u>	<u> </u>	t	
	1			1	
Total number of other employees paid over \$50,000				<u> </u>	C

Form **990-PF** (2010)

Form 990-PF (2010) OZARKS HEALTH ADVOCACY FOUNDATION	43-1551131	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation	ion Managers, Highly Paid Emp	
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see page 23 o		
(a) Name and address of each person paid more than \$50,000 NONE	(b) Type of service	(c) Compensation
NONE .		
		
		-
Total number of others receiving over \$50,000 for professional services	•	>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical info organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ormation such as the number of	Expenses
1 N/A		
,,		
2		
2	-	
3		
4		
The state of the s	4 - 5 th throat	
Part IX-B Summary of Program-Related Investments (see page 24 Describe the two largest program-related investments made by the foundation during the tax year on lines 1		A
1 N/A	and 2	Amount
2		
All other program-related investments See page 24 of the instructions		
3		

Form **990-PF** (2010)

•

Total. Add lines 1 through 3

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

Form 990-PF (2010)

105.

6

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

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Pa	rt XIII Undistributed Income	(see page 26 of the	ne instructions)		<u> </u>	
			(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI	,	Corpus	Years pnor to 2009	2009	2010
	line 7					103,332
2	Undistributed income, if any, as of the end	of 2010			•	. ,
а	Enter amount for 2009 only					
b	Total for prior years: 20 , 20	_ , 20				
3	Excess distributions carryover, if any, to 20)10				
а	From 2005					
b	From 2006	,				
С	From 2007					
d	From 2008					
е	From 2009	29,576				
f	Total of lines 3a through e		29,576			
4	Qualifying distributions for 2010 from Part	XII,				
	line 4 ▶ \$ 105,424					
а	Applied to 2009, but not more than line 2a					
b	Applied to undistributed income of prior year	ars				
	(Election required—see page 26 of the ins	tructions)				
С	Treated as distributions out of corpus (Elec	ction				
	required—see page 26 of the instructions)					
d	Applied to 2010 distributable amount					103,332
8	Remaining amount distributed out of corpu	ıs	2,092			
5	Excess distributions carryover applied to 2	010				
	(If an amount appears in column (d), the sa	ame				
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract	line 5	31,668			
þ	Prior years' undistributed income Subtract	t .				
	line 4b from line 2b					
C	Enter the amount of prior years' undistribut	ted				
	income for which a notice of deficiency has	5				
	been issued, or on which the section 4942	(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount—see page 27 of the instructions					
9	Undistributed income for 2009 Subtract lin	ne				
	4a from line 2a Taxable amount—see pag	je				
	27 of the instructions					
f	Undistributed income for 2010 Subtract lin	nes			·	
	4d and 5 from line 1 This amount must be					
	distributed in 2011				·····	0
7	Amounts treated as distributions out of cor	pus				‡
	to satisfy requirements imposed by section	ı	•			
	170(b)(1)(F) or 4942(g)(3) (see page 27 of	fthe				‡
	instructions)	1				
8	Excess distributions carryover from 2005 r	not				!
	applied on line 5 or line 7 (see page 27 of	the				ŧ
	instructions)			,	<u></u>	
9	Excess distributions carryover to 2011.					Į.
	Subtract lines 7 and 8 from line 6a	ļ	31,668			
10	Analysis of line 9.			·	•	•
а	Excess from 2006					1
b	Excess from 2007					[
C	Excess from 2008					1
d	Excess from 2009	29,576				1
е	Excess from 2010	2,092				I

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

Page 11

3 Grants and Contributions Paid During the Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
	any foundation manager	status of recipient	contribution	Amount
Name and address (home or business) a Paid during the year	or substantial contributor	· · · · · · · · · · · · · · · · · · ·		
See Statement 12				
				87,735
		_		
		:		
Total	·	-	▶ 3a	87,735
b Approved for future paymentN/A				
M/A				
Total			▶ 3b	
DAA				Form 990-PF (2016

		0) OZARKS HEALTH ADVOCAC		MOI	43-1	<u>5511</u>	31	Page 12
Part X		Analysis of Income-Producing Ac	tivities					
Enter gros	ss amou	nts unless otherwise indicated.	Unrelate	d business inc	come	Exclude	d by section 512, 513, or 514	(e)
	•		(a) Business code		o) ount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
_		ce revenue						the instructions)
a							+	
			-					
ď			-					
ŭ			-					
f -			-	-				
		contracts from government agencies	-					·
_		lues and assessments						
	-	vings and temporary cash investments				14	12,674	-
		I interest from securities				14	36,275	
5 Net re	ental inco	ome or (loss) from real estate						
a De	ebt-finar	nced property						
		financed property						-16,265
6 Net re	ental inco	ome or (loss) from personal property						
7 Other	ınvestm	ent income	<u> </u>					
8 Gain d	or (loss)	from sales of assets other than inventory						260,963
9 Net in	come or	(loss) from special events						
		r (loss) from sales of inventory						
11 Other			-	ļ <u>-</u>				
ь_ <u>к</u>	EIMB	URSEMENT FOR CARPET	_					25,000
			-					
	 		-					
42 Subbal	4-1 0-1-1				0		48,949	260 600
		columns (b), (d), and (e) e 12, columns (b), (d), and (e)	L	!			46,949 <u> </u> 13	269,698 318,647
		line 13 instructions on page 29 to verify calculatio	ne \				13	318,047
Part X		Relationship of Activities to the A		ent of Ex	emnt Pu	rnose		
Line N		Explain below how each activity for which income accomplishment of the foundation's exempt purpoinstructions)	is reported in col	lumn (e) of F	Part XVI-A c	ontribute	ed importantly to the	he
N/A	<u> </u>	indudence y						
	-		····					
							·	
	İ							
		•						
								
							· · · · · · · · · · · · · · · · · · ·	
							·	
							·	
								
		· · · · · · · · · · · · · · · · · · ·						
	+							
		···						

Pa	rt XVII	Information Regardate Exempt Organiza	_	nsfers To and	d Transaction	ns and Relat	ionships With	Noncharitable			
1	Did the ora	anization directly or indir		in any of the follow	ving with any other	er organization o	lescribed		Ty	es l	No
•		01(c) of the Code (other							<u> </u>	-	
	organization			00 1(0)(0) 01901.12	a	on 027, rolating	to pontious			I	
а	•		ition to a non	charitable exempt	organization of						
a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash									a(1)	Ī	X
	(2) Other a	esets							a(2)		$\frac{1}{x}$
h	Other trans							ļ.	0(2)		
		of assets to a noncharita	hia avamnt a	raanization					5/4	ŧ	X
		ses of assets from a noi							b(1)	\dashv	$\frac{\mathbf{x}}{\mathbf{x}}$
	• •	of facilities, equipment,		. •	1			_	b(2)		$\frac{\mathbf{x}}{\mathbf{x}}$
		ursement arrangements	oi otilei asse	ıs				_	b(3)		$\frac{\mathbf{x}}{\mathbf{x}}$
		or loan guarantees						_	b(4)		X
		nance of services or me	mborobin or i	fundrajojna policito	tions			<u> </u>	b(5)		X
_	-	facilities, equipment, ma	•	•				ř.	b(6)	\dashv	$\frac{\mathbf{x}}{\mathbf{x}}$
	_		-	•		(b) abould abus	ura abaur tha fair m	L	1c		
u		er to any of the above is		=			=				
		e goods, other assets, or y transaction or sharing	_								
1:	a) Line no	(b) Amount involved		of noncharitable exer				nsactions, and sharing a	rangem	onte	
1/2		(b) Amount involved	(C) Name	or nonarantable exer	npt organization	(d) Desci	ipuon or transiers, tra	insactions, and snaring a	rangem	ents	
1/2	<u> </u>	 									
		 									
		 			 		·	-			
		 									
		-									
		-			-			· · · · · · · · · · · · · · · · · · ·			
						-		· · · · · · · · · · · · · · · · · · ·			
		 	<u> </u>								
		-									
			_								
		1.				<u> </u>					
2a		dation directly or indirect	•				ons	_	_		,
	described i	n section 501(c) of the C	ode (other th	nan section 501(c)	(3)) or in section	527?		L	Yes	X	No
b		mplete the following sch	edule			,		 -			
		a) Name of organization		(b) Type of o	organization		(c) Descript	tion of relationship			
1	I/A						 				
											
		· · · · · · · · · · · · · · · · ·				<u> </u>	<u></u> .				
	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										
igr	belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge										
_	ere 1 Charle 2 Muc (Be 1/10-29-11 Board Besident										
	Sig	nature of officer or trustee		200	Date) 	Title				
	Print/	Type preparer's name			Preparer's signa	ture	- I	Date	T	Check	_ d
aid self-employ											
rep	arer Thon	as J Everett			Non	1/	vent,	10/18			
se (Only Firm's	s name ► Ellic		binson ar				PTIN POO			
	Firm's			unshine,		.3		Firm's EIN ▶ 43-1			
	Springfield, MO 65804 Phone no 417-887-058							585			

OHAF OZARKS HEALTH ADVOCACY FOUNDATION 43-1551131 FYE: 6/30/2011

ncome
=
- Other
$\overline{}$
ine 1
<u> </u>
Ĭ
۵
_
990-PF.
ユ
8
6
Form 990-PF
.0
Щ.
Ξ
Statement

Adjusted Net Income	\$ \$		Charitable Purpose	\$ 4,850	\$ 4,850		Charitable Purpose	0 0 0
Net Investment Income	\$ 25,000	ting Fees	Adjusted Net	\$	\$	ssional Fees	Adjusted Net	o o o
Revenue per Books	\$ 25,000 \$ 25,000	orm 990-PF, Part I, Line 16b - Accounting Fees	Net Investment	\$	\$	990-PF, Part I, Line 16c - Other Professional Fees	Net Investment	\$ 14,768
		Statement 2 - Form 990-PF, F	Total	\$ 4,850	\$ 4,850	Statement 3 - Form 990-PF, Part	Total	\$ 14,768 \$ 14,768
Description	REIMBURSEMENT FOR CARPET Total	Stat	Description	ACCOUNTING FEES	Total	Stateme	Description	INVESTMENT MANAGEMENT FEES Total

OHAF OZARKS HEALTH ADVOCACY FOUNDATION 43-1551131 FYE: 6/30/2011

preciation
. De
<u>6</u>
; Part I, Line 19 - Depr
Ξ
art
۳.
rm 990-PF, F
9
Form
4
Statement
10

	Description						-	
Date Acquired	Cost Basis	Prior Year Depreciation	2	Method	Life	Current Year Depreciation	Net Investment Income	nt Adjusted Net Income
LAND 7/28/95 \$	94,515 \$				\$		•	φ.
501LDING 7/28/95	130,200	52,794	S/L		39		-	
CARPET 6/18/02	18,370	18,370	200DB		ري		-	1
Total \$	243,085 \$	71,164			 "	0	w	\$ 0
		Statement 5 - Fo	- Form 990	orm 990-PF, Part I, Line 23 - Other Expenses	e 23 - Othe	r Expenses		
Desc	Description		Total	<u>c</u>	Net Investment	Adju N	Adjusted Net	Charitable Purpose
		 		ا س		ا س	· σ	
ST JOHN'S Investment Depreciation	preciation	•	1,808		1,808		-	
Expenses HONORARIUMS AFP LUNCHEON AND AW ADMINISTRATIVE FEES OFFICE SUPPLIES TELEPHONE	AND AWARD YE FEES ES		300 600 10,000 272 672	000000				300 600 10,000 272 672
E ~	PENSES CASH		24 24 1,00	1 2 c	1,920			245
Total		,	15,64	_ω	3,728	w.	· \$	12,839
							-	
							_	

⋝
矼
4
S
Ò
_
_
0
Ō
$\widetilde{\omega}$
Z
0
~

OHAF OZARKS HEALTH ADVOCACY FOUNDATION 43-1551131 FYE: 6/30/2011

	Fair Market Value	5 26,243	26,243		Fair Market Value	750,545	\$ 2,185,949		Net FMV	ూ	\$	
		∽	‹ ›	_		·	O,		ated			_
ent Investments	Basis of Valuation	Cost		vestments	Basis of Valuation	Market Cost		Equipment	End Accumulated Depreciation	_የ	S	
State Governme	End of Year	28,282	28,282	rporate Stock In	End of Year	750,545 1,519,062	2,269,607	d, Building, and	End Cost / Basis		0	
US and		<i>ۍ</i>	ς,	0p - Co		ۍ پ	ς, l	4 - Lan	S	ഗ	က္	
Part II, Line 10a - I	Beginning of Year	28,282	28,282	Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments	Beginning of Year	890,443 1,040,945	1,931,388	PF, Part II, Line 14	Beginning Net Book	77,406	171,921	
90-PF, F		/ የ	· ν	rm 990.	j	် က	က္ [။]	rm 990-		တ	က္	
Statement 6 - Form 990-PF, Part II, Line 10a - US and State Government Investments	Description	US GOVERNMENT AGENCIES	Total	Statement 7 - For	Description	COMMUNITY FOUNDATION MUTUAL FUNDS ITI FINANCIAL MANAGEMENT MUTUAL FUND	Total	Statement 8 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment	Description		Total	

OHAF OZARKS HEALTH ADVOCACY FOUNDATION

Federal Statements

FYE: 6/30/2011

43-1551131

Statement 9 - Form 990-PF, Part III, Line 3 - Other Increases

Description		Amount
ACCRUED GRANTS AND AWARDS ACCRUAL TO CASH ADJUSTMENT	\$	7,043 1,001
Total	<u> </u>	8,044

Statement 10 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	 Amount
BOOK/TAX DEPRECIATION DIFFERENCE	\$ 4,907
Total	\$ 4,907

10/18/2011 2:24 PM

10/18/2011 2:24 PM			
OHAF OZARKS HEALTH ADVOCACY FOUNDATION	43-1551131 Federal Statements	EVE: 6/30/3041	T E: 0/30/2011

Statement 11 - Form	Statement 11 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,	1 - List of Office	ers, Directors, Trustee	.a1	
Name and Address	Title	Average Hours Co	Compensation B	Benefits	Expenses
SUZANNE DOLLAR PO BOX 3195 SPRINGFIELD MO 65808	PRESIDENT	l	0	0	0
SARAH MUEGGE PO BOX 3195 SPRINGFIELD MO 65808	VICE-PRES	2.00	0	O	0
CINDY WAITES PO BOX 3195 SPRINGFIELD MO 65808	SECRETARY	2.00	0	o -	0
JEFF ALLEN PO BOX 3195 SPRINGFIELD MO 65808	TREASURER	2.00	0	0	0
MARY PILANT PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	• -	0
GREG WATKINS PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	O 	0
SUSAN KIRKMAN PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	O	0
KIT CARSON PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	O	0
HAROLD BENGSCH PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	O	0

_
₹
4
24
ä
$\overline{}$
$\overline{}$
0
ŏ
∞
5
Õ
$\overline{}$

OHAF OZARKS HEALTH ADVOCACY FOUNDATION Federal Statements

FYE: 6/30/2011

0 0 0 0 0 0 Benefits Statement 11 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, 0 0 0 0 0 Compensation Average Hours 2.00 2.00 2.00 2.00 2.00 2.00 Etc. (continued) Title MEMBER MEMBER MEMBER MEMBER MEMBER MEMBER Name and Address ELLEN HAMMOCK PO BOX 3195 SPRINGFIELD MO 65808 SPRINGFIELD MO 65808 SPRINGFIELD MO 65808 SPRINGFIELD MO 65808 SPRINGFIELD MO 65808

0

Expenses

0

0

0

0

0

0

2.00

MEMBER

SPRINGFIELD MO 65808

PAT SWEENEY PO BOX 3195

DR. ANDY EVANS PO BOX 3195

JOHN RUSH PO BOX 3195

PO BOX 3195

SUSAN BARR

STEVE KEMP PO BOX 3195

DAVID KEEHN PO BOX 3195 SPRINGFIELD MO 65808

0

0

0

2.00

MEMBER

PO BOX 3195 SPRINGFIELD MO 65808

DUANE HELLAM

CY FOUNDATION	10/18/2011 2:24 PM	>
Federal Statements		

OHAF OZARKS HEALTH ADVOCAC 43-1551131 FYE: 6/30/2011

Statement 12 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year
--

	77			-	
Adress	Relationshin	Status	G G G G G G G G G G G G G G G G G G G		Amount
SEDIDOL	NGIATION IND	Olatus	peod in 1	_	
THE ARC OF THE OZARKS			PROGRAM SUPPORT	-	2,175
AREA COMMUNITY HEALTH ENT					
1 1 1			PROGRAM SUPPORT		7,090
			PROGRAM SUPPORT	-	4,500
COUNCIL OF CHURCHES OF TH			PROGRAM SUPPORT	_	2,000
GYN CANCERS ALLIANCE			MKGDOGG		<i>y</i>
ISABEL'S HOUSE				-	
			PROGRAM SUPPORT	-	15,000
OZARKS COUNSELING CENTER			PROGRAM SUPPORT		2,000
TEXAS COUNTY MEMORIAL HOS			PROGRAM SUPPORT		1.925
THE VICTIM CENTER				_	
THE CHILD ADVOCACY CENTER			PROGRAM SUPPORT	-	000.0
GORNOS COSTAS MODES TITLE			PROGRAM SUPPORT	-	175
NOTSION CANCER CENIER			PROGRAM SUPPORT	_	4,000
MCAULEY COUNSELING SERVIC			PROGRAM SUPPORT	-	4,000
CARE TO LEARN					000-6
CHILDREN'S SMILE CENTER				_	
OZARKS MEDICAL CENTER			FROGRAM SOFFORT		7,500
			PROGRAM SUPPORT		2,500
DOULA FOUNDATION OF MID-A			PROGRAM SUPPORT		000′9
COMMUNITY PARTNERSHIP			PROGRAM SUPPORT	-	2,370
SEXUAL ASSAULT NURSE EXAM			PROGRAM SUPPORT		4,000

	,
,	7:74
,	_
9	0/18//0
	<u>.</u>

OHAF OZARKS HEALTH ADVOCACY FOUNDATION 43-1551131 FYE: 6/30/2011

he	-
ring t	
d Du	
s Pai	
ıtion	
ıtribı	
I Cor	
sanc	
irant	(pan
3a - G	ontin
ine ;	ar (c
XV, I	χe
Part	
)-PF,	
n 99(
Forr	
t 12 -	
ment	
State	

	Amount	C C C C		5,000	87,735
	Status	הפטממוזים אגמיסטמת	FROGRAM SOFFONI	PROGRAM SUPPORT	
Address	Relationship				
Name	Address	CHILD ADVOCACY CENTER	DOULA FOUNDATION OF MID-A		Total

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions. ► Attach to your tax return. OMB No 1545-0172

Name(s) shown on return Identifying number OZARKS HEALTH ADVOCACY FOUNDATION 43-1551131 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 500,000 1 Maximum amount (see instructions) 1 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 5 (b) Cost (business use only) (a) Description of property (c) Elected cost 7 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions) Section A 1,809 17 17 MACRS deductions for assets placed in service in tax years beginning before 2010 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recoven placed in (a) Classification of property (business/investment use (e) Convention (f) Method (q) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property C 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs h Residential rental 27 5 yrs MM S/L property 27 5 yrs MM S/L Nonresidential real MM S/L 39 yrs property MM S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12-year 12 yrs S/L 40-year 40 yrs S/L C Part IV Summary (See instructions) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 1,809

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

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

23

22