

### 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

		the Treasury nue Service		ole to use a copy of this ret			urements	Open to Public Inspection
		dar year 2012 or tax year beginni	Note The foundation may be at			te reporting requ	irenients	Open to rabite inspection
		andation	ng 0 7 / O 1 / 1 2 ,	and chaing 007	30/13	A Emple	oyer identification number	
		KS HEALTH ADVOCAC		N			-1551131	
		d street (or P O box number if mail is not deliv	ered to street address)		Room/suite	1 '	hone number (see instructior $7-866-4374$	ns)
		s, state, and ZIP code						
S	PRI	NGFIELD	MO 65808			C If exer	mption application is pending	check here
G	heck	all that apply Initial return	n Initial retu	rn of a former public	charity	D 1 Fc	oreign organizations, check h	ere 🕨 🗌
		Fınal returr	n 🗓 Amended	return		2 Fc	oreign organizations meeting	the
		Address ch	nange 🔲 Name cha	ange		85	% test, check here and attac	h computation
нс	heck t	type of organization X Section 5	501(c)(3) exempt private	foundation		E If priva	ate foundation status was ter	minated under
	Section	n 4947(a)(1) nonexempt charitable	trust Other taxab	le private foundation		sectio	n 507(b)(1)(A), check here	<b>&gt;</b>
1 Fa	air mai	ket value of all assets at	Accounting method	X Cash A	ccrual		foundation is in a 60-month to	
	-	ear (from Part II, col (c),	Other (specify)			under	section 507(b)(1)(B), check	here
	e 16)		Part I, column (d) must	be on cash basis)	<del> </del>		·	(d) Disbursements
Pa	art I	Analysis of Revenue and Experiments in columns (b) (c), and (d) may no		(a) Revenue and expenses per	1 ' '	investment	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions		books	in.	come	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc, receiv		1,05	0			
	2	Check ► X if the foundation is no	t required to attach Sch B					
	3	Interest on savings and temporar		13,16		13,168		
	4	Dividends and interest from secu	47,88	87	47,887			
	5a	Gross rents						
ne	b 6a	Net rental income or (loss)  Net gain or (loss) from sale of assets not on line	34,35	.7				
Revenue	b	Gross sales price for all assets on line 6a		· ·				
Şe,	7	Capital gain net income (from Pa	34,357			0		
_	8	Net short-term capital gain	, <b>2</b> /				C	
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold				•••••		
	С	Gross profit or (loss) (attach sche	edule)					137 733
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		96,46	0	61,055	į C	1
ධ Ses	13	Compensation of officers, directo			<u> </u>			
Sus	14 15	Other employee salaries and wag Pension plans, employee benefit:						
jg.	16a	Legal fees (attach schedule)	•					
되니 옵션 사이 여러 (Haring and Administrative Expen	b	Accounting fees (attach schedule	Stmt 2	1,60	0			1,600
<u> </u>	С	Other professional fees (attach schedu	•	20,08		16,371		3,710
rat	17	Interest	•					
S	18	Taxes (attach schedule) (see instruction	ons)					
<u>`</u> ,.į̇̀	19	Depreciation (attach schedule) and de	pletion					
ट्रॅंट	20	Occupancy						
<u>~~</u>	21	Travel, conferences, and meeting	js	59	02			592
끍	22	Printing and publications	C+m+ 1	10 21				10 310
ing	23	Other expenses (att sch.)	Stmt 4	10,31				10,310
rat	24	Total operating and administra Add lines 13 through 23	uve expellaca.	32,58	3	16,371	c	16,212
bel	25	Contributions, gifts, grants paid		97,95		_3,3,1		97,956
0	26	Total expenses and disbursements	s. Add lines 24 and 25	130,53		16,371	C	<del></del>
-	27	Subtract line 26 from line 12	The most arrow as			,		
	a	Excess of revenue over expenses	and disbursements	-34,07	7			
	b	Net investment income (if nega				44,684		
	c	Adjusted net income (if negative	e, enter -0-)				C	)

	David II	Balance Sheets Attached schedules and amounts in the description column		Beginning of year		End of	year
1	Part II	should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book Value	_	(c) Fair Market Value
T	1	Cash – non-interest-bearing		25,894	45,	559	45,559
Ì	2	Savings and temporary cash investments				1	
	3	Accounts receivable ▶					
-	•	Less allowance for doubtful accounts ▶		]		- 1	
1	4	Pledges receivable ▶					
	•	Less allowance for doubtful accounts		1		j	
1	5	Grants receivable				<u> </u>	
-	-					$\dashv$	
- {	6	Receivables due from officers, directors, trustees, and other				- 1	
ı		disqualified persons (attach schedule) (see					
-		instructions)					
	7	Other notes and loans receivable (att schedule)	^	1		ŀ	
		Less allowance for doubtful accounts ▶	0	<u> </u>			
2	8	Inventories for sale or use					<del></del>
Assets	9	Prepaid expenses and deferred charges	_				100 700
∛	10a	Investments – U S and state government obligations (attach schedule) Stmt		1,052	183,		183,793
1	b	Investments – corporate stock (attach schedule) See Stmt	6	2,081,818	1,968,	497	1,968,497
-	С	Investments – corporate bonds (attach schedule)					
١	11	Investments – land, buildings, and equipment basis		1		1	
ı		Less accumulated depreciation (attach sch.)					
l	12	Investments – mortgage loans					
I	13	Investments – other (attach schedule)					
-	14	Land, buildings, and equipment basis					
1		Less accumulated depreciation (attach sch.)					
	15	Other assets (describe ▶	)				
Į	16	Total assets (to be completed by all filers – see the	,				
		instructions Also, see page 1, item I)		2,108,764	2,197,	849	2,197,849
$\dashv$	17	Accounts payable and accrued expenses			······································		
ľ	18	Grants payable				$\neg \neg$	
ဖွ		Deferred revenue				$\neg$	
띒	19						
回	20	Loans from officers, directors, trustees, and other disqualified persons		<del></del>		$\dashv$	
Liabilities	21	Mortgages and other notes payable (attach schedule)	,				
_	22	Other liabilities (describe	)	0		0	
4	23	Total liabilities (add lines 17 through 22)	<b>\</b> [32]	<del> </del>		$\dashv$	
-		Foundations that follow SFAS 117, check here	► X				
Jces		and complete lines 24 through 26 and lines 30 and 31.			2 12		
핅	24	Unrestricted		2,108,764	2,197,	849	
Net Assets or Fund Balar	25	Temporarily restricted					
뭐	26	Permanently restricted	-				
틸		Foundations that do not follow SFAS 117, check here					
Ę		and complete lines 27 through 31.					
000	27	Capital stock, trust principal, or current funds					
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
SS	29	Retained earnings, accumulated income, endowment, or other funds					
t A	30	Total net assets or fund balances (see instructions)		2,108,764	2,197,	849	
Ň	31	Total liabilities and net assets/fund balances (see					
		instructions)		2,108,764	2,197,	849	
_	Part I		ces				
		net assets or fund balances at beginning of year – Part II, column (a), line		ust agree with			
•		of-year figure reported on prior year's return)	•	-		1	2,108,764
2		r amount from Part I, line 27a				2	-34,077
		r increases not included in line 2 (itemize) > See Statement	7			3	126,028
		lines 1, 2, and 3	-			4	2,200,715
		eases not included in line 2 (itemize) See Statement 8				5	2,866
		net assets or fund balances at end of year (line 4 minus line 5) – Part II,	column	(b) line 30		6	2,197,849
_6	<u> 10ta</u>	Het assets of futio balances at end of year (line 4 fillings line 5) - Fatt II,	COIGITIII	(0), 1110 00		لئ	

Part IV Capital Gains and	d Losses for Tax on Investr	nent Incon	ne	15 1551151			1 age
	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 (mo , d		(d) Date sold (mo , day yr )
1a N/A							
b							
С					ļ		<u></u>
d	·				<del> </del>		-
_e		<del></del>		<del></del>	<del> </del>		1
(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or plus exper				n or (loss) f) minus (g)
a		ļ					
b							·
<u>c</u>		_			ļ <u> </u>		
<u>d</u>				<del></del>			
Complete only for assets showing	gain in column (h) and owned by the	foundation of	n 12/21/6	<u> </u>			<del></del>
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	s louridation of	(k) Excess	of col (i)		(k), but not	(h) gain minus t less than -0-) or rom col (h))
					<del></del> -		
аb							
c		<u> </u>					
d				<del></del>	<u> </u>		·
e				.,			
2 Capital gain net income or (net cap	oital loss)  If gain, also enter If (loss), enter -0-				2		
3 Net short-term capital gain or (loss			′				
If gain, also enter in Part I, line 8, o	column (c) (see instructions) If (loss)		7				
Part V Qualification Und	der Section 4940(e) for Red	and Tarre			3		
(For optional use by domestic private f					<u> </u>		
If section 4940(d)(2) applies, leave this Was the foundation liable for the section		unt of any yea	ır ın the b	ase period?			Yes X No
f "Yes," the foundation does not qualif	<u> </u>	<del></del>					
1 Enter the appropriate amount in ea	ach column for each year, see the in	structions befo	ore makın	g any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distribution	ons	Net value	(c) of noncharitable-use asse	ets		(d) tribution ratio divided by col (c))
2011		7,422		2,151,			0.04529
2010		5,424		2,187,			0.04819
2009		0,739		1,965,			0.07158
2008		4,076		2,132,			0.04879
2007	13	2,747		2,923,	173		0.04541
2 Total of line 1, column (d)					2		0.25928
3 Average distribution ratio for the 5- number of years the foundation ha	year base period – divide the total o s been in existence if less than 5 yea	•	or by the		3		0.05185
4 Enter the net value of noncharitable	e-use assets for 2012 from Part X, li	ine 5			4		2,121,00
5 Multiply line 4 by line 3					5		109,98
6 Enter 1% of net investment income	e (1% of Part I, line 27b)				6		44
7 Add lines 5 and 6					7		110,43
8 Enter qualifying distributions from	Part XII line 4				8		114,16
	line 7, check the box in Part VI, line	1b, and comp	lete that p	part using a 1% tax			112/10

	1990-PF (2012) OZARKS HEALTH ADVOCACY FOUNDATION 43-1551131			P	age 4
<u>Pa</u>	Irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				447
	here ▶ X 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				447
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-				447
6	Credits/Payments				
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 1,600				
b	Exempt foreign organizations – tax withheld at source 6b				
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 See Statement 9 (810) 7				<u> 790</u>
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached.				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				343
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ 0 Refunded ▶ 11				343
Pa	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			Yes	No
	participate or intervene in any political campaign?		1a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the 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				
С	Did the foundation file Form 1120-POL for this year?		1c		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		X
	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		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	1/A [	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	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				
	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	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶				
	MO				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation See Stmt 10		8b		х
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	Ì			
	names and addresses		10		Х

Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

foundation had excess business holdings in 2012)

X Form 990-PF (2012)

X

3b

4a

N/A

So During the year of the foundation pay or much ay amount to  (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any votar registration drive?  (3) Provide a grant to an andividual for travel, such, or other smaller purposes?  (4) Provide a grant to an endould for travel, such, or other smaller purposes?  (5) Provide for any purpose other than a charitable, etc., organization described in section 59(3)(1), (2), or (3), or section 4940(x)(2) get endituations)  (6) Provide for any purpose other than the iligious, charitable, scendic, literary, or educational purposes, or for the prevention of curely to children or animals?  (6) Provide for any purpose other than the iligious, charitable, scendic, literary, or educational purposes, or for the prevention of curely to children or animals?  (7) Provide for any purpose other than the iligious, charitable, scendic, literary, or educational purposes, or for the prevention of curely to children or animals?  (8) Provide for any purpose other than the iligious, charitable, scendic, literary, or educational purposes, or for the prevention of curely to children or animals?  (9) Provide for any purpose other than the iligious disaster assistance (see instructions)?  (9) Provide for any purpose of the prevention of cure exception form the tax because of manufacture expending disaster assistance (see instructions)?  (8) Did the foundation, during the year, recover any funds, divertly or indirectly, on a personal benefit contract?  (8) Did the foundation, during the year, recover any funds, divertly or indirectly, on a personal benefit contract?  (9) A Previous Science of the foundation approach of the previous Science of the foundation and the previous	_	990-PF (2012) OZARKS HEALTH ADVOCACY FOUNDATI		551131			Pa	ge <b>6</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		,	4720 May Be F	Required (con	inued)			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directive, or indirective, any other registrous of mixes?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide for any purpose other than a charitable, etc., organization described in section 596(q)(1), (2), or (5), or section 4840(q)(2)? (see instructions)  (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the provision of cruely to children or annihing purposes, or for the provision of cruely to children or annihing purposes, or for the provision of cruely to children or annihing purposes, or for the provision of cruely to children or annihing purposes, or for the provision of cruely to the distinction of the companies of the	5a	· · · · · · · · · · · · · · · · · · ·						
directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel study, or other similar purposes?  (4) Provide a grant to an ordination of the study of the similar purposes?  (5) Provide for any purpose other than a charitable, etc., organization described in section 59(a)(1), (2), or (3) or section 494(d)(2)? (see instructions)  (5) Provide for any purposes, or for the prevention of cruelty to children or animals?  (6) Provide for any purposes, or for the prevention of cruelty to children or animals?  (7) If any naview is "Ves" to Sul'), (-6), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  (8) Provide for any purposes, or for the prevention of cruelty to children or animals?  (9) Granting the section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  (9) Granting the section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  (1) If "Yes" to question 54(4), does the foundation claim exemption from the tax because it managers along the foundation during the year, reserve any processor and particular the statement required by Regulations section 53 4945–5(d)  (8) Did the foundation, during the year, reserve any proceeds or have any neith more attributable to the transaction?  (9) If "Yes" (10) Foundation to the foundation during the year, reserve any proceeds or have any neith more attributable to the transaction?  (9) If the size decrease of the foundation research and t				$\Box$ ,	Yes X No			
(3) Provide a grant to an ingrantation of the third as charable, (cit, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)° (see instructions)  (5) Provide for any purpose other than religious, charable, scendic, literary, or educational purposes. Or for the prevention of cruelty to chiefer or animals purposes. Or for the prevention of cruelty to chiefer or animals purposes. Or for the prevention of cruelty to chiefer or animals section 509(a)(1), (2), or (3), or section 549(4), (30 m) or the transactions fail to qualify under the exceptions described in Regulations section 53 (4), 40 m to transactions fail to qualify under the exceptions described in Regulations section 53 (4), 40 m to transactions fail to qualify under the exceptions described in Regulations section 53 (4), 40 m to a construction of the fail of the f			to carry on,	_				
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(4)(1); (2) or, 430, or section 4940(2)(2) (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answer is "Yes" to \$40,0 did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A 55  S56  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A 76  N/A 77  N/A 78 No  If "Yes," attach the statement required by Regulations section 53 4945–5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Regulations section 53 4945–5(d)  5a Did the foundation, during the year, receive any premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Regulations section 59 4945–5(d)  5b Did the foundation, during the year, receive any premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Regulations a party to a prohibited tax sheller transaction?  N/A 7b S6  N/A 7b S7  N/A 7b If Yes 100, 100, 100, 100, 100, 100, 100, 100								
section 595(a)(1), (2), or (3), or section 4940(d)(2) (see instructions)		(3) Provide a grant to an individual for travel, study, or other similar purposes?						
(6) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals?  b If any answer is "Ses" to Sa(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section \$3.4945 or in a current notice regarding disaster assistance check here  c If the answer is "Ses" to question \$4(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section \$3.4945-5(d)  B Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a parsonal benefit contract?  b Did the foundation during the year, pay premiums, directly or indirectly, to pay premiums on a parsonal benefit contract?  b Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  b Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  b Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  b Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes "X No B, life Form 8870"  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  b If "Yes "C B, life Form 8870"  7b If "Yes "C B, life Form 8870"  7c If "Yes "C B, life Form 8870"  8c Statement 11  2c Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none		(4) Provide a grant to an organization other than a charitable, etc., organization	described in					
burposes, or for the prevention of cruelty to children or animals?  b If any answer is "Yes" to Sa(I)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$3.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  If "Yes" attach the statement required by Regulations section 53.4945–5[d]  Do the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 85, file Form 8570  A tain time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes X No  If "Yes" do the foundation. during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" do the foundation as year, was the foundation aparty to a prohibited tax shelter transaction?  Yes X No  N/A 75  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (a) Nane and address of which is a state of the transaction (see instructions).  (a) Nane and address of each employee paid mixe than \$50,000  N/A 75  Different diff		section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)			Yes X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  I 'res' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant of the statement required by Regulations section 53 4945-5(d)  Do the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Do the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  The state during the tax year, was the foundation a party to a prohibited tax shelter transaction?  The third of the foundation receive any proceeds or have any relinement entitivalable to the transaction?  N/A 70  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address foundation managers and their compensation (see instructions).  (b) Tide, and average floor parage. (c) Compensation (e) Com		(5) Provide for any purpose other than religious, charitable, scientific, literary, or	r educational	_				
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  I 'res' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant of the statement required by Regulations section 53 4945-5(d)  Do the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Do the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  The state during the tax year, was the foundation a party to a prohibited tax shelter transaction?  The third of the foundation receive any proceeds or have any relinement entitivalable to the transaction?  N/A 70  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address foundation managers and their compensation (see instructions).  (b) Tide, and average floor parage. (c) Compensation (e) Com		purposes, or for the prevention of cruelty to children or animals?			res X No			
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  N/A yes No If "Yes," attach the statement required by Regulations section 53 4945–5(d)  5a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 8b, file Form 8870  A tan it med during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  List all officers, directors, trustees, foundation managers and their compensation (see instructions)  (a) Name and address  (a) Name and address  (b) Title, and purage hours and purpose to left position (see instructions). If none, enter  NONE:  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions), If none, enter  NONE:  (a) Name and address of each employee pad more than \$50,000  (b) Title and purage hours per week, decided by position (see instructions). If none, enter  NONE:  (b) Title and purage hours per week, decided by position (see instructions). If none, enter  (c) Compensation (see instructions). If none, enter  NONE:  (d) Compensation (see instructions). If none, enter  (d) Compensation (see instructions). If none, enter  NONE:  (e) Expense account, interest and enterprocess and enterprocess process and enterprocess process and enterprocess and enterprocess and enterprocess and	b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions of	lescribed in				
Organizations relying on a current notice regarding disaster assistance check here  c if the answer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945–5(d)  B Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  D Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 66, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average, but she provided to provide the provided to provide to provide the provided to provide the foundation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  (a) Name and address of each employee pad more than \$50,000  NONE  (a) Name and address of each employee pad more than \$50,000  NONE  Total number of other employees paid over \$50,000		Regulations section 53 4945 or in a current notice regarding disaster assistance	(see instructions)	>	N/A	5b		
c If the answer is "Yes" to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  N/A					<b>▶</b> 🗂			
because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945–5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tile and perage (b) Tile and perage (c) Compensation (see instructions).  (a) Name and address  (b) Tile and perage (c) Compensation (see instructions).  (a) Name and address of each employee pad more than \$50.000  (b) Tile, and overage house, seek (c) Compensation (c)	C							
Fire   State				N/A 🗆 🔻	res No			
On the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?    Yes				• 🗀				
on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 66, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part Vill  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tile, and average hours per week devoted to position  (a) Name and address (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tile, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plants and deferred bours per week devoted to position (e) Compensation (e) C	6a	, , ,	av premiums					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 8b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  N/A 7b  If "Yes" did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (a) Name and address  (a) Name and address of each employee paid more than \$50,000  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Tills and average hours and selected to position and the position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tills and average hours and each employee benefit plans and deferred correcession  (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tills and average hours and each employee benefit plans and deferred correcession  (c) Compensation employee benefit plans and deferred correcession  (d) Contributions to employee benefit plans and deferred correcession  (e) Compensation  (e) Compensation  (e) Compensation  (f) Compensation  (e) Compensation  (e) Compensation  (f) Compensation  (e) Compensation  (f) Compensation  (e) Compensation  (f) Compensat			ay promisino		/os X No			
If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  8c Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE"  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  (c) Compensation of five highest-paid employees paid more than \$50,000  (e) Expense account, other allowances of each employee paid more than \$50,000  NONE  (a) Name and address of each employee paid more than \$50,000	b	·	rsonal henefit conti	L	103 22 110	en l	Í	Y
Total number of other employees paid over \$50,000 \$   Yes   X   No   N/A   76   N/A   N/A   76   N/A   N	-		rsonar benefit conti	act		00		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (a) Name and address  (a) Name and address  (b) Tile, and average devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE."  (a) Name and address of each employee pad more than \$50,000  (b) Tile, and average hours per week devoted to position of employee benefit plans and deferred or employe	7a	·	oltor transaction?		/ 🔽 N-			
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) (a) Name and address of each employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position (c) Compensation employee therefit plans and deefined (compensation) employees pland more than \$50,000  NONE  Total number of other employees paid over \$50,000				لسيسا		7.	ł	
A List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address (a) Name and address (a) Name and address (b) Tille, and average (d) Compensation (find padd, enter -0-) (ex) Tille, and average (d) Compensation (find padd, enter -0-) (ex) Tille, and average (d) Compensation (find padd, enter -0-) (ex) Tille, and average (ex) Tille, and average (ex) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  (a) Name and address of each employee pad more than \$50,000 (b) Tille, and average hours prevent devoted to position (c) Compensation (d) Compensation (ex) Expense account, other allowances  (c) Compensation (ex) Compen								
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoled to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee paid more than \$50,000  (e) Expense account, other allowances  (f) Compensation  (d) Contributions to employee paid and softens of each employee paid more than \$50,000  NONE  Total number of other employees paid over \$50,000	x ¢	, , , , , , , , , , , , , , , , , , , ,	unuation man	agers, mignity	raiu Ellipioy	ees,		
(a) Name and address  (b) Tifle, and average hours par week devoted to position  See Statement 11  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Tifle, and average hours par week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee paid more than \$50,000  (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other allowances  (find typid, enter -0-)  (e) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Tifle, and average hours part week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and telerate compensation  (d) Contributions to employee benefit plans and telerate compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (c) Compensation  (d) Contributions to employee benefit plans and telerate compensation  (e) Expense account, other allowances  (find typid)  (h) Find and average plant and average p	1 1		ation (see instruc	tions)				—
(a) Name and address  (b) Title, and average hours per week devoted to position  (a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Compensation  (f) Compensation  (e) Compensation  (f) Compensation  (g) Title, and average hours per week devoted to position  (e) Compensation  (f) Contributions to employee benefit plans and deferred compensation  (g) Expense account, other allowances  (e) Compensation  (f) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Compensation  (f) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Compensation  (f) Contributions to employee benefit plans and deferred to position  (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Title, and average hours plans and deferred to position  (e) Expense account, other allowances  (e) Title, and average hours plans and deferred to position  (e) Expense account, other allowances  (e) Title, and average hours plans and deferred to position  (e) Expense account, other allowances  (e) Title, and average hours plans and deferred to position  (e) Expense account, other allowances  (e) Title, and average hours plans and deferred to position  (e) Expense account, other allowances  (e) Title, and average hours plans and deferred to position  (e) Expense account, other allowances  (e) Title, and average hours plans and deferred to position  (e) Expense account,		mercal officers, an octors, a doctors, roundadon managers and their compens	ation (see manue	tions).	CD Contributions to			
See Statement 11  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and defered compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Title, and average hours per week devoted to position  (e) Expense account, other allowances  (f) Total number of other employees paid over \$50,000		(a) Nome and address				(e) Expense accor		ount.
See Statement 11  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and defered compensation  (e) Expense account, other allowances  (or persistion of five highest-paid employee paid more than \$50,000 or persistion or properties and defered compensation or paid to the plans and defered compensation or persistion o		(a) Name and address						
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter  "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Hours per week devoted to position  (e) Expense account, other allowances  (e) Expense acco		- Ct-t			compensation			
**NONE.**  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000	- ગ્લ	e Statement II						
**NONE.**  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000			<del></del>			<del> </del>		
**NONE.**  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000								
**NONE.**  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000			-					
**NONE.**  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000								
**NONE.**  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000						ļ <u>.</u>		
**NONE.**  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000								
**NONE.**  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000			L		L	<u> </u>		
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Compensation  (h) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Compensation  (g) Compensation  (h) Title, and average hours per week devoted to position  (g) Expense account, other allowances  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other per week devoted to position  (e) Expense account, other per week devoted to position  (e) Expense account, other per week devoted to position  (e) Expense account, other per week devoted to position  (e) Expense account, other per week devoted to position  (e) Expense account, other per week devoted to position  (e) Expense account, other per week devoted to position  (e) Expense account, other per week devoted to position  (e) Expense account, other per week devoted to position  (e) Expense account, other per week devoted to position  (e) Expense account, other per week devoted to position  (e) Expense account, other per week devoted to position  (e) Expense account, other p	2		on line 1 – see ins	tructions). If non	e, enter			
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Tirtue, and average hours per week devoted to position  (c) Compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Compensation  (h) Tirtue, and average hours per week devoted to position  (g) Compensation  (h) Tirtue, and average hours per week devoted to position  (h) Tirtue, and average hours per week devoted to position  (h) Tirtue, and average hours per week devoted to position  (h) Tirtue, and average hours per week devoted to position  (h) Tirtue, and average hours per week devoted to position  (h) Tirtue, and average hours per week devoted to position  (h) Tirtue, and average hours per week devoted to position  (h) Tirtue, and average hours per week devoted to position  (h) Tirtue, and average hours per week devoted to position  (h) Tirtue, and average hours per week devoted to position  (h) Tirtue, and average hours per week devoted to position  (h) Tirtue, and average hours per week devoted to position  (h) Tirtue, and average hours per week devoted to position  (h) Tirtue, and average hours per week devoted to position  (h) Tirtue, and average hours per week devoted to position  (h) Tirtue, and average hours per week devoted to position  (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other per week devoted to position  (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other per week devoted to position  (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other per week devoted to position  (e) Expense account, other per week devoted to position  (e) Expense account, other per week devoted to position  (e) Expense account, other per week devoted to position  (e) Expense account, other per week devoted to position  (e) Expense account, other per week devoted to position  (e) Expense account, other per week d		"NONE."						
NONE    Compensation   Plans and deferred compensation   Plans and deferre			(b) Title, and average	1				
NONE  Total number of other employees paid over \$50,000  Compensation  C		(a) Name and address of each employee paid more than \$50,000		(c) Compensation				
Total number of other employees paid over \$50,000			devoted to position					
	МО	NE						
			<u> </u>					
								_
			[			[		
			]					_
			<b> </b>					
								—
	Total	number of other employees paid over \$50,000				<u> </u>	1	0
					F	<u> </u>	0-PF (	

Form 990-PF (2012) OZARKS HEALTH ADVOCACY FOUNDATION 43-155113:	
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hi and Contractors (continued)	ghly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "I	NONE."
(a) Name and address of each person paid more than \$50,000 (b) 1	ype 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 charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 Isabel's House- for direct care staff wages	
	15,000
2 Care to Learn- To provide dental care to children	
	7,500
3 Ozarks Food Harvest- To provide food filled backpacks	for
50 children for the 2012-2013 school year	7,500
4 Doula Foundation of Mid-America- To provide support to	
single, teen mothers and their babies.	
Part IV D. Cummons of Drogger Deleted Investments (see instructions)	6,974
Part IX-B Summary of Program-Related Investments (see instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	711104.11
2	
All other program-related investments. See instructions	
3	

Form **990-PF** (2012)

Total. Add lines 1 through 3

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

·	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foun	dations
Pa		ii ioun	ualions,
4	see instructions.)  Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
1			
_	purposes	1	2,117,580
a	Average monthly fair market value of securities	1a	35,727
b	Average of monthly cash balances	1b	<u> </u>
C	Fair market value of all other assets (see instructions)	1c	2,153,307
d	Total (add lines 1a, b, and c)	10	2,133,307
е	Reduction claimed for blockage or other factors reported on lines 1a and  1c (attach detailed explanation)  1e 0	l i	
_		1 1	0
2	Acquisition indebtedness applicable to line 1 assets	2	2,153,307
3	Subtract line 2 from line 1d	3	2,155,507
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	1.1	20 200
	instructions)	4	32,300
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,121,007
6	Minimum investment return. Enter 5% of line 5	6	106,050
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here   and do not complete this part )		106 050
1	Minimum investment return from Part X, line 6	1	106,050
2a	Tax on investment income for 2012 from Part VI, line 5	1 1	
b	Income tax for 2012 (This does not include the tax from Part VI )	1 1	4.45
С	Add lines 2a and 2b	2c	447
3	Distributable amount before adjustments Subtract line 2c from line 1	3	105,603
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	105,603
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	105,603
Pa	art XII Qualifying Distributions (see instructions)		
		1 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1a	114,168
a	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1b	114,100
р	Program-related investments – total from Part IX-B	10	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	_	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	111 160
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	114,168
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		4 4 17
	Enter 1% of Part I, line 27b (see instructions)	5	447
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	113,721
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	ation	

Form **990-PF** (2012)

Pa	art XIII Undistributed Income (see instructions)				
		(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part XI,	Corpus	Years prior to 2011	2011	2012
	line 7				105,603
2	Undistributed income, if any, as of the end of 2012				
а					1
b	·				
3	Excess distributions carryover, if any, to 2012				
а		ĺ			!
b	From 2008				1
С	From 2009 <b>20,197</b>				
d	From 2010 2,092				
е	From 2011				
f	Total of lines 3a through e	22,289			;
4	Qualifying distributions for 2012 from Part XII,				
	line 4 ▶ \$ 114,168				: •
а	Applied to 2011, but not more than line 2a				· }
b	Applied to undistributed income of prior years				
	(Election required – see instructions)				i
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2012 distributable amount		· · · · · · · · · · · · · · · · · · ·		105,603
	Remaining amount distributed out of corpus	8,565			
5	Excess distributions carryover applied to 2012				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a) )			-	i
6	Enter the net total of each column as			]	i
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	30,854			
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				;
d	Subtract line 6c from line 6b Taxable		• ••		
	amount – see instructions				
е	Undistributed income for 2011 Subtract line				
	4a from line 2a Taxable amount – see				•
	instructions				
f	Undistributed income for 2012 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2013				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				1
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2007 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013.				
	Subtract lines 7 and 8 from line 6a	30,854			
10	Analysis of line 9				
а	Excess from 2008				
b	Excess from 2009 20,197				ı
С	Excess from 2010 2,092				ı
d	Excess from 2011				,
	Excess from 2012 8,565				,

D	2	_	e	1	ſ
_	◿	u	٠.		٠.

	art XIV Private Operating Fou	indations (see in	structions and Pa	rt VII-A. guestion 9	)	1 age 10	
	If the foundation has received a ruling or				[		
	foundation, and the ruling is effective for 2012, enter the date of the ruling						
b	Check box to indicate whether the found		-	ribed in section 4	942(J)(3) or 4942	?(j)(5)	
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	1.50/(5/ 5.	- 4/19/	
	income from Part I or the minimum	(a) 2012	<b>(b)</b> 2011	(c) 2010	(d) 2009	(e) Total	
	investment return from Part X for	(.,,, -,	(-/	(5) 20 10	(4)2555		
	each year listed						
b	85% of line 2a	<del></del>					
C	Qualifying distributions from Part XII,						
_	line 4 for each year listed						
d	Amounts included in line 2c not used directly	··· ·· · · · · ·					
-	for active conduct of exempt activities						
е	Qualifying distributions made directly						
•	for active conduct of exempt activities						
	Subtract line 2d from line 2c						
3	Complete 3a, b, or c for the						
-	alternative test relied upon						
а	"Assets" alternative test – enter						
-	(1) Value of all assets						
	(2) Value of assets qualifying under	<del>.</del>					
	section 4942(j)(3)(B)(i)						
b	"Endowment" alternative test – enter 2/3						
	of minimum investment return shown in						
	Part X, line 6 for each year listed						
C	"Support" alternative test – enter				-		
	(1) Total support other than gross						
	investment income (interest,						
	dividends, rents, payments on						
	securities loans (section						
	512(a)(5)), or royalties)						
	(2) Support from general public and 5 or more exempt						
	organizations as provided in						
	section 4942(j)(3)(B)(iii)						
	(3) Largest amount of support from						
	an exempt organization						
	(4) Gross investment income						
Pa	ort XV Supplementary Inform			the foundation h	ad \$5,000 or more	in assets at	
	any time during the ye		tions.)				
1	Information Regarding Foundation Ma	-					
а	List any managers of the foundation who				=		
	before the close of any tax year (but only	if they have contribut	ed more than \$5,000)	(See section 507(d)(2)	))		
	N/A	<del></del>		<u> </u>			
b	List any managers of the foundation who				portion of the		
	ownership of a partnership or other entity	) of which the foundat	tion has a 10% or grea	ater interest			
	N/A						
2	Information Regarding Contribution, G		• • • • •				
	<del></del>			ble organizations and d	•		
	unsolicited requests for funds. If the found	= =	ants, etc (see instruc	tions) to individuals or d	organizations under		
	other conditions, complete items 2a, b, c				<del> </del>	<del>-</del>	
а	The name, address, and telephone number HEATHER LANDWER 417-	•	rson to whom applicat	tions should be address	ed		
			00_2105				
	PO BOX 3195 SPRINGFI						
b	The form in which applications should be N/A	submitted and inform	ation and materials th	ney should include			
	Any submission deadlines						
Ü	N/A						
	Any restrictions or limitations on awards,	such as by geography	cal areas, charitable f	ields kinds of institution	as or other	<del></del>	
u	factors	Sacinas by geograpin	our areas, chantable i	icias, kinas or mstitutioi	15, OI OIIIDI		
	N/A						

Page **11** 

Part XV Supplementary Information (co 3 Grants and Contributions Paid During the	Year or Approved for F	Future Payment		
Recipient	If recipient is an individual show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	SSTATE SALEST	
a Paid during the year				
See Statement 12				
				97,956
				31,330
			i l	
Total			▶ 3a	97,956
b Approved for future payment				
N/A				
Total		1	▶ 3b	

Part XVI-A	Analysis of Income-Producing A	ctivities				
nter gross am	ounts unless otherwise indicated		d business income	Excluded	by section 512, 513, or 514	(a)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program se	rvice revenue			code		(See instructions )
a		_				
b		_				
с						
		_				
		-				
f		-				
•	nd contracts from government agencies	<u> </u>				
	dues and assessments	-		14	12 160	
	savings and temporary cash investments	<del>                                     </del>		14	13,168 47,887	
	and interest from securities			1 4	47,007	
	ncome or (loss) from real estate					
	nanced property	<del></del>				
	ot-financed property ncome or (loss) from personal property					
7 Other inves		<del></del>				
				18	34,357	
•	s) from sales of assets other than inventory or (loss) from special events			10	34,337	
	or (loss) from sales of inventory					<del></del>
	nue a			-		
		-				
		-				
		-		_		
e		_				
	dd columns (b), (d), and (e)			0	95,412	(
	line 12, columns (b), (d), and (e)				13	95,412
	in line 13 instructions to verify calculations)					
Part XVI-B	Relationship of Activities to the	Accomplishme	ent of Exempt	Purpose	S	
Line No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt pur					ons )
N/A		P + 1 - 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u></u>		poodoo) (000o.u.u.u.u.u.	
•						
				•		
				-		
				-		
					1	

Springfield, MO 65809-2809

Form 990-PF	(2012) OZARKS H	EALTH :	ADVOCACY	FOUNDATION	43-1551131	Page <b>13</b>
Part XVII	_	_	ansfers To a	nd Transactions	and Relationships W	ith Noncharitable
4 5 10	Exempt Organiz					l lyal va
	organization directly or inc		-		-	Yes No
	ion 501(c) of the Code (oth	er than secti	on 501(c)(3) orga	inizations) or in section	on 527, relating to political	
-	zations?					
	ers from the reporting found	dation to a n	oncharitable exer	npt organization of		4-44)
(1) Ca:						1a(1) X 1a(2) X
	her assets transactions					1a(2) X
	les of assets to a nonchar			A		1b(1) X
	rchases of assets from a n			tion		1b(2) X
	ntal of facilities, equipment		sets			1b(3) X 1b(4) X 1b(5) X
	imbursement arrangement	S				1b(4) X
	ans or loan guarantees					1b(5) X
	rformance of services or m					1b(6) X
-	g of facilities, equipment, n	-	•			1c   X
	=		· ·	=	(b) should always show the t	
					foundation received less that	
(a) Line no			nt, snow in columne of noncharitable exe		goods, other assets, or serv	ransactions, and sharing arrangements
N/A	(S) TURBURE WYONG	(o) itali	io or nononamable exc	mpt organization	(4) becomplied of transfers, t	Talisacions, and sharing arrangements
,						
					,	
		<del> </del>				
		+				
		+				
		<del>                                     </del>				
				-		
		-				
		<del>-</del>				
		<del> </del>			<del></del>	
0- 1-416					<del></del>	
	oundation directly or indire					
	ped in section 501(c) of the		than section 501	(c)(3)) or in section 5	2/7	Yes 🔀 No
D II Yes,	" complete the following so	nedule	(h) Tuno of	i anno anno anno anno anno anno anno ann	/-\ D	at an effective service
N/A	(a) Name of organization		(b) Type of	organization	(c) Descri	iption of relationship
II/A						
			<u> </u>		<del></del>	
				<u> </u>		
Lind	for popultion of popular I declare th	at I have ever	and this return, includ	una accompagnina sobodula	es and statements, and to the best of	for bouleds and baleful at a few
	ect, and complete Declaration of					, , , , , , , , , , , , , , , , , , , ,
<b>.</b>						May the IRS discuss this return with the preparer shown below
Sign	1	Lo				(see instructions)? Yes No
Here	$\sim$ $[1, 1, 1]$ .	17.	lo		die Die	
	N Mach	July			Tus Tus	went of the boar
	Signature of officer or trystee	/(	<del>/</del>	Date	<b>▼</b> Title	
P	rint/Type preparer s name	1	_	Preparer's signature	1 - 1	Date Check If
Paid					15 # PA	self-employed
reparer Th	omas J Everett	<del></del>	<u> </u>	1 Morres	1/20,010	11/09/15
	irm's name ► Ellic			and Company	/, LLP	PTIN P00172565
Joe Omy	um's address > 2305	S Blad	rkman Rd	Ste D		L Comp EN L 43-1189134

Phone no

# OHAF OZARKS HEALTH ADVOCACY FOUNDATION Federal Statements

FYE: 6/30/2013

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

Des	Description		How Received	T					•
Whom Sold	Date Date Acquired Sold	Date Sold	Sale Price	Cost	ш	Expense	Depreciation	U	Net Gain / Loss
ITI Financial Management Various Var COMMUNITY FOUNDATION OF THE OZARKS	nent Various Various OF THE OZARKS	Various RKS	Purchase \$ 28,494 \$ Purchase	₩.	<b>ب</b>		<i>«</i>	W-	28,494
	Various Various	Various	5,863					İ	5,863
Total			\$ 34,357	\$	\$ 0	0	\$	ω-   	34,357

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

Charitable Purpose	\$ 1,600	\$ 1,600
Adjusted Net	\$	\$
Net Investment	ጭ	\$
Total	\$ 1,600	\$ 1,600
Description	ACCOUNTING FEES	Total

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

Charitable Purpose	3,710	3,710
,	·γ·	ഗ."
Adjusted Net	ļ	0
Ac	ς.	⟨V-
Net Investment	16,371	16,371
드	ς	ψ.
Total	16,371	20,081
	φ	ς»
Description	INVESTMENT MANAGEMENT FEES AUDIT FEES	Total

# OHAF OZARKS HEALTH ADVOCACY FOUNDATION Federal Statements

FYE: 6/30/2013

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Charitable Purpose	\$ 300 532 532 10,000 383 616 750 191	\$ 10,310
Adjusted Net	€0}	0 W
Net Investment	V)-	O   O
Total	\$ 300 532 275 10,000 383 616 750	\$ 10,310
Description	Expenses HONORARIUMS AFP LUNCHEON AND AWARD ADVERTISING/PUBLIC RELATIONS ADMINISTRATIVE FEES OFFICE SUPPLIES TELEPHONE INSURANCE WEBSITE EXPENSES ACCRUAL TO CASH	Total

Government Investments	
te (	
Sta	
nd	
Sa	
<u>S</u>	
10a	
Line	
Part II	
990-PF,	
· Form (	
2	
Statement	

Fair Market Value	\$ 183,793	\$ 183,793
Basis of Valuation	Market	
End of Year	183,793	183,793
	တ	٥٠-
Beginning of Year	1,052	1,052
ă ŏ	ᡐ	ψ.
Description	US GOVERNMENT AGENCIES	Total

# Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description		Beginning of Year		End of Year	Basis of Valuation	<b>"</b>	Fair Market Value
COMMUNITY FOUNDATION MUTUAL FUNDS	ςş	724,597	ςŷ	811,116	Market	⟨V}	811,116
ITI FINANCIAL MANAGEMENT MUTUAL FUND	ŀ	1,357,221		1,157,381	Market		1,157,381
Total	ა 	2,081,818	ss.	1,968,497		∽ ∥	1,968,497

### OHAF OZARKS HEALTH ADVOCACY FOUNDATION 43-1551131 Federal Statements

FYE: 6/30/2013 '

### Statement 7 - Form 990-PF, Part III, Line 3 - Other Increases

Description	 Amount
UNREALIZED GAINS	\$ 126,028
Total	\$ 126,028

### Statement 8 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	 Amount
ACCRUAL TO CASH - INCOME TAX PAYABLE NONDEDUCTIBLE TAXES PAID	\$ 1,500 1,366
Total	\$ 2,866

### Statement 9 - Form 990-PF, Part VI, Line 7 - Amended Return Payments

Description	A	mount
Refund on original return	\$	-810
Total	\$	-810

### Statement 10 - Form 990-PF, Part VII-A, Line 8b - Not Filing with Attorney General Explanation

### Description

NO SOLICITATION OF DONATIONS IN STATE OF MISSOURI. THEREFORE NO FILING REQUIREMENT WITH MISSOURI ATTORNEY GENERAL DUE TO FOUNDATION'S INCOME GENERATED FROM INVESTMENTS ONLY AND NOT SOLICITING DONATIONS IN STATE OF MISSOURI.

OHAF OZARKS HEALTH ADVOCACY FOUNDATION 43-1551131 FYE: 6/30/2013	NDATION Federal S	Statement	S	11/	11/9/2015 4:12 PM
Statement 11 - Form 990-PF		ine 1 - List of	Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	, Trustees,	, .
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
SARAH MUEGGE PO BOX 3195 SPRINGFIELD MO 65808	PRESIDENT	2.00	0	0	0
ELLEN HAMMOCK PO BOX 3195 SPRINGFIELD MO 65808	VICE-PRES	2.00	0	0	0
CINDY FULP PO BOX 3195 SPRINGFIELD MO 65808	SECRETARY	2.00	0	0	0
RUTH SHRYACK PO BOX 3195 SPRINGFIELD MO 65808	TREASURER	2.00	0	0	0
KEVIN GIPSON PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
KIT CARSON PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
JEFF ALLEN PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
SUSAN BARR PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
SUZANNE DOLLAR PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
					11

OHAF OZARKS HEALTH ADVOCACY FOUNDATION 43-1551131 FYE: 6/30/2013	SY FOUNDATION Fede	ral Statemen	ts	11/9	11/9/2015 4:12 PM
Statement 11	Statement 11 - Form 990-PF, Part	VIII, Line 1 - List c Etc. (continued)	F, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	, Trustees,	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
STEVE KEMP PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
PAT SWEENEY PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
SUSAN KIRKMAN PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
CINDY WAITES PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
DR. DARLA HULL PO BOX 3195 SPRINGFIELD MO 65808	MEMBER	2.00	0	0	0
Statement 12 - Form 990-PF	-1	Line 3a - Grants	Part XV, Line 3a - Grants and Contributions Paid During the Year	aid During the	
Name	Address	ess			
Address	Relationship	Status	Purpose	Φ.	Amount
BOYS & GIRLS TOWN CHILDRENS MIRACLE NETWORK		PRO Car	PROGRAM SUPPORT		4,234
COMMUNITY PARTNERSHIP OF THE O	OZARKS	PRO			2,500

11-12

	7
- 2	١
_	
2	
11	
-	
_	
$\overline{}$	ı
٠,	٠
4.12	
•	٠
-	
v	
•	
	۰
ш.	9
-	•
_	
•	
_	٠
_	•
$\simeq$	
$\tilde{c}$	į
$\tilde{c}$	
$\tilde{c}$	
Z Z	
0/6	
10/6/	
10/6/	
1/9/20	
1/9/2015	
11/9/20	
11/9/20	
11/9/20	
11/9/20	
11/9/20	
11/9/20	
11/9/20	
11/9/20	
11/9/20	
11/9/20	
11/9/20	

# OHAF OZARKS HEALTH ADVOCACY FOUNDATION Federal Statements

က
$\overline{}$
0
Ō
õ
9
0
ш
$\overline{}$
Ĺ

Name	Add	Address	1	
Address	Relationship	Status	Purpose	Amount
COUNCIL CHURCHES OF THE OZARKS			המטממנוז אינטטממ	) C
COXHEALTH FOUNDATION			FNOGNAM SOFFONI	000 17
NEWFLODMENTAL CENTER OF THE OZARKS	S X X		PROGRAM SUPPORT	5,170
			PROGRAM SUPPORT	2,700
FOUNDATION OF SPRINGFIELD PUBLIC SC	C RC		PROGRAM SUPPORT	4,040
ISABEL'S HOUSE			PROGRAM SUPPORT	15,000
JORDAN VALLEU COMMUNITY HEALTH CENT	CENT			0009
OACAC				007
THE VICETM CENTED			PROGRAM SUPPORT	4,290
INE VICILE CENIER			PROGRAM SUPPORT	000'9
CARE TO LEARN			PROGRAM SUPPORT	7.500
COUNCIL OF CHURCHES-CROSSLINES				0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0
COUNCIL CHURCHES OF THE OZARKS-DAYB	DAYB		FROGRAM SUFFORT	000,5
  -  2			PROGRAM SUPPORT	3,500
			PROGRAM SUPPORT	6,974
OZARKS FOOD HARVEST			PROGRAM SHPPORT	7.500
REGIONAL GIRLS SHELTER				
SKAGGS FOLINDATION			PROGRAM SUPPORT	2,000
CINICO UNK ESCI			PROGRAM SUPPORT	3,000
LOSI AND FOUND			PROGRAM SUPPORT	2,000

Statement 12 - F	Statement 12 - Form 990-PF, Part XV	/, Line 3a - Grants and ( Year (continued)	XV, Line 3a - Grants and Contributions Paid During the Year (continued)	
Name	Adi	Address		
Address	Relationship	Status	Purpose	Amount
Total				97,956
				12