

Form **990**  
 (Rev. January 2020)  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

<b>C</b> Name of organization <b>OZARKS FOOD HARVEST, INC.</b>		<b>D</b> Employer identification number <b>43-1426384</b>
Doing business as		<b>E</b> Telephone number <b>417-865-3411</b>
Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 5746</b>		
City or town, state or province, country, and ZIP or foreign postal code <b>SPRINGFIELD MO 65801</b>		

**F** Name and address of principal officer:  
**BART BROWN**  
**P.O. BOX 5746**  
**SPRINGFIELD MO 65801-5746**

**H(a)** Is this a group return for subordinates? Yes  No   
**H(b)** Are all subordinates included? Yes  No   
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) t (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.OZARKSFOODHARVEST.ORG** **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: **1986** **M** State of legal domicile: **MO**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: OZARKS FOOD HARVEST WAREHOUSES AND DISTRIBUTES FOOD PRODUCTS TO 367 ACTIVE MEMBER AGENCIES IN 28 COUNTIES			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
		<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
		<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
		<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>76</b>
		<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3068</b>
		<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0</b>	
<b>Revenue</b>			Prior Year	Current Year
		<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>32,338,561</b>	<b>42,810,021</b>
		<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,508,893</b>	<b>1,227,777</b>
		<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>151,526</b>	<b>153,094</b>
		<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>208</b>	<b>0</b>
		<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>33,999,188</b>	<b>44,190,892</b>
<b>Expenses</b>			<b>26,827,443</b>	<b>33,851,314</b>
		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>	<b>0</b>
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
		<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>3,010,645</b>	<b>3,484,900</b>
		<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
		<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>735,655</b>	<b>3,777,485</b>	<b>4,007,037</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>33,615,573</b>	<b>41,343,251</b>	
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>383,615</b>	<b>2,847,641</b>	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)		<b>17,718,543</b>	<b>20,569,100</b>
	<b>21</b> Total liabilities (Part X, line 26)		<b>90,578</b>	<b>158,594</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		<b>17,627,965</b>	<b>20,410,506</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<b>Signature of officer</b>	<b>BART BROWN</b>	<b>Date</b>	
	<b>Type or print name and title</b>	<b>PRESIDENT / CEO</b>		

<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b>	<b>Preparer's signature</b>	<b>Date</b>	<b>Check <input type="checkbox"/> if PTIN self-employed</b>	<b>PTIN</b>
	<b>TRAVIS WALKER, CPA</b>	<b>TRAVIS WALKER, CPA</b>	<b>05/06/21</b>	<input type="checkbox"/>	<b>P00689265</b>
	<b>Firm's name</b> } <b>KPM CPAS, PC</b>	<b>Firm's EIN</b> } <b>43-1109768</b>			
	<b>Firm's address</b> } <b>1445 E REPUBLIC RD</b>	<b>Phone no.</b> } <b>417-882-4300</b>			
		<b>SPRINGFIELD, MO 65804</b>			

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**THE MISSION OF OZARKS FOOD HARVEST IS TRANSFORMING HUNGER INTO HOPE.**

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

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

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

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

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

4a (Code: ) (Expenses \$ **39,652,532** including grants of \$ **33,851,314** ) (Revenue \$ **1,227,777** )  
**SOLICITATION, WAREHOUSING AND DISTRIBUTION OF FOOD PRODUCTS TO A NETWORK OF 367 ACTIVE MEMBER AGENCIES SERVING LOW INCOME POPULATIONS ACROSS 28 COUNTRIES IN SOUTHWEST MISSOURI. 3,068 VOLUNTEERS GAVE A TOTAL OF 21,626 HOURS OF SERVICE SORTING FOOD FOR DISTRIBUTION TO THE 28 COUNTIES. THE FOOD BANK DISTRIBUTES MORE THAN 24.9 MILLION POUNDS OF FOOD ANNUALLY; SUPPLYING 22,004,694 MEALS.**

4b (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )  
**N/A**

4c (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )  
**N/A**

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

(Expenses \$ including grants of\$ ) (Revenue \$ )

4e Total program service expenses **u 39,652,532**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a <b>76</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>



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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>BART BROWN</b> ..... <b>PRESIDENT/CEO</b>	40.00 0.00			X				154,312	0	11,279
(2) <b>DR. MEERA SCARROW</b> ..... <b>PRESIDENT</b>	1.00 0.00	X		X				0	0	0
(3) <b>TOMMY WOHLGEMUTH</b> ..... <b>PRESIDENT ELECT</b>	1.00 0.00	X		X				0	0	0
(4) <b>JAMES WILSON</b> ..... <b>SECRETARY</b>	1.00 0.00	X		X				0	0	0
(5) <b>JILL REYNOLDS</b> ..... <b>TREASURER</b>	1.00 0.00	X		X				0	0	0
(6) <b>TIM BELLANTI</b> ..... <b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(7) <b>TAMARA DE WILD</b> ..... <b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(8) <b>MIKE PINKSTON</b> ..... <b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(9) <b>KENNY ROSS</b> ..... <b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(10) <b>KRYSTAL RUSSELL</b> ..... <b>DIRECTOR</b>	1.00 0.00	X						0	0	0
(11) <b>BRAD J. CRAIN</b> ..... <b>DIRECTOR (RESIGNED)</b>	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>CLAYTON BROWN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) <b>KURT BAIN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Subtotal</b> .....							<b>u</b>	<b>154,312</b>		<b>11,279</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>	<b>154,312</b>		<b>11,279</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u1**

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

**Section B. Independent Contractors**

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

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

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

0

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	12,997,528				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	29,812,493				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 33,227,211				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	42,810,021				
<b>Program Service Revenue</b>	<b>2a</b> PURCHASED PRODUCT FEES	Business Code	624210	961,092	961,092		
	<b>b</b> SHARED MAINTENANCE	Business Code	624210	203,980	203,980		
	<b>c</b> DELIVERY FEES	Business Code	624210	47,472	47,472		
	<b>d</b> MISCELLANEOUS	Business Code	900099	15,233	15,233		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>		1,227,777			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>		153,094		153,094	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)	<b>u</b>					
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
	<b>b</b> Less: direct expenses	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
<b>12 Total revenue.</b> See instructions	<b>u</b>		44,190,892	1,227,777	0	153,094	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	33,851,314	33,851,314		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	173,786	119,913	34,757	19,116
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,654,486	1,831,596	530,897	291,993
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	57,735	39,837	11,547	6,351
<b>9</b> Other employee benefits	398,360	274,869	79,672	43,819
<b>10</b> Payroll taxes	200,533	138,367	40,107	22,059
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees	59,358		59,358	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	60,566	39,368	12,113	9,085
<b>12</b> Advertising and promotion	353,141	176,570		176,571
<b>13</b> Office expenses	109,963	33,746	40,041	36,176
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	143,838	129,454	7,192	7,192
<b>17</b> Travel	6,986	3,493		3,493
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	6,100		6,100	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	688,424	619,582	34,421	34,421
<b>23</b> Insurance	94,406	61,364	18,881	14,161
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FOOD WASTE</b>	1,208,746	1,208,746		
<b>b</b> <b>TRANSPORTATION</b>	324,713	324,713		
<b>c</b> <b>SUBRECIPIENTS</b>	276,085	276,085		
<b>d</b> <b>CONTRACTED SERVICES</b>	201,751	131,138	40,350	30,263
<b>e</b> All other expenses	472,960	392,377	39,628	40,955
<b>25</b> Total functional expenses. Add lines 1 through 24e	41,343,251	39,652,532	955,064	735,655
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	79,448	1	97,350
	2	Savings and temporary cash investments	6,084,514	2	8,038,862
	3	Pledges and grants receivable, net	465,375	3	313,195
	4	Accounts receivable, net	211,925	4	298,679
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,300,129	8	2,519,184
	9	Prepaid expenses and deferred charges	16,905	9	8,695
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,836,022		
	b	Less: accumulated depreciation	10b 4,542,887	10c	9,293,135
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	17,718,543	16	20,569,100	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	80,493	17	57,907
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,085	25	100,687
	26	<b>Total liabilities.</b> Add lines 17 through 25	90,578	26	158,594
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	17,627,965	27	20,410,506
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	17,627,965	32	20,410,506
33	<b>Total liabilities and net assets/fund balances</b>	17,718,543	33	20,569,100	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>44,190,892</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>41,343,251</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>2,847,641</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>17,627,965</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-65,100</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>20,410,506</b>

**Part XII Financial Statements and Reporting**

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

**u Attach to Form 990 or Form 990-EZ.**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

**OZARKS FOOD HARVEST, INC.**

Employer identification number

**43-1426384**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,549,681	31,562,165	33,480,013	32,338,561	42,810,021	168,740,441
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	28,549,681	31,562,165	33,480,013	32,338,561	42,810,021	168,740,441
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17,574,666
<b>6</b> Public support. Subtract line 5 from line 4.						151,165,775

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4	28,549,681	31,562,165	33,480,013	32,338,561	42,810,021	168,740,441
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	35,599	78,499	117,382	151,526	153,094	536,100
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		9,661	16,211	13,696		39,568
<b>11 Total support.</b> Add lines 7 through 10						169,316,109
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	4,165,053
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	89.28 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	15	98.13 %
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** The organization satisfied the Activities Test. *Complete line 2 below.*
  - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

**2** Activities Test. Answer (a) and (b) below.

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		

**3** Parent of Supported Organizations. Answer (a) and (b) below.

<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 .....			
b From 2015 .....			
c From 2016 .....			
d From 2017 .....			
e From 2018 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 .....			
b Excess from 2016 .....			
c Excess from 2017 .....			
d Excess from 2018 .....			
e Excess from 2019 .....			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

**OTHER INCOME** **\$ 39,568**

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2019**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to *www.irs.gov/Form990* for the latest information.**

Name of the organization <b>OZARKS FOOD HARVEST, INC.</b>	Employer identification number <b>43-1426384</b>
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Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

**OZARKS FOOD HARVEST, INC.**

**43-1426384**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	..... ..... .....	\$ 2,703,434	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	..... ..... .....	\$ 4,994,506	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	..... ..... .....	\$ 1,728,746	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	..... ..... .....	\$ 918,735	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	..... ..... .....	\$ 3,877,843	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	..... ..... .....	\$ 1,657,223	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization <b>OZARKS FOOD HARVEST, INC.</b>	Employer identification number <b>43-1426384</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	..... ..... .....	\$ 9,064,262	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	..... ..... .....	\$ 934,670	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	..... ..... .....	\$ 987,421	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**OZARKS FOOD HARVEST, INC.**

**43-1426384**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	1,881,742 POUNDS DONATED	\$ 2,703,434	
2	3,078,800 POUNDS DONATED	\$ 4,994,506	
3	1,065,229 POUNDS DONATED	\$ 1,728,746	
4	563,159 POUNDS DONATED	\$ 918,735	
5	2,388,475 POUNDS DONATED	\$ 3,877,843	
6	1,396,480 POUNDS DONATED	\$ 1,044,638	

Name of organization

Employer identification number

**OZARKS FOOD HARVEST, INC.**

**43-1426384**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	6,145,464 POUNDS DONATED	\$ 6,553,313	
8	576,363 POUNDS DONATED	\$ 934,670	
9	1,009,984 POUNDS DONATED	\$ 987,421	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

OZARKS FOOD HARVEST, INC.

43-1426384

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** %
  - b** Permanent endowment **u** %
  - c** Term endowment **u** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		<b>723,425</b>		<b>723,425</b>
<b>b</b> Buildings		<b>8,774,048</b>	<b>1,525,381</b>	<b>7,248,667</b>
<b>c</b> Leasehold improvements		<b>19,424</b>	<b>7,742</b>	<b>11,682</b>
<b>d</b> Equipment		<b>1,817,344</b>	<b>1,271,554</b>	<b>545,790</b>
<b>e</b> Other		<b>2,501,781</b>	<b>1,738,210</b>	<b>763,571</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	<b>9,293,135</b>

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>DUE TO OTHER ORGANIZATIONS</b>	<b>100,687</b>
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... <b>u</b>	<b>100,687</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. ....

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	44,125,792
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-65,100	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	-65,100	
3	Subtract line 2e from line 1		3	44,190,892
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	44,190,892

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	41,343,251
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	41,343,251
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	41,343,251

**Part XIII Supplemental Information.**

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

**PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501C(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS. CURRENTLY, THE TAX YEARS OPEN AND SUBJECT TO THE INTERNAL REVENUE SERVICE ARE 2017 THROUGH 2020 TAX YEARS. HOWEVER, THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY ANY JURISDICTION. BASED ON THE EVALUATION OF THE ORGANIZATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL TAX POSITIONS TAKEN WOULD BE UPHOLD UNDER AN EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX IF ANY, RELATED TO ANNUAL FORM 990 OR UNRELATED BUSINESS INCOME TAX FILINGS

**Part XIII Supplemental Information** *(continued)*

ARE REPORTED WITHIN GENERAL AND ADMINISTRATIVE EXPENSES IN THE STATEMENT OF  
ACTIVITIES. THE ORGANIZATION HAS ADOPTED THE FINANCIAL ACCOUNTING STANDARDS  
BOARD'S PRESCRIBED RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR  
FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR  
EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION HAS TAKEN THE  
POSITION OF BEING EXEMPT FROM INCOME TAXES. THE ORGANIZATION BELIEVES THEIR  
ESTIMATES ARE APPROPRIATE BASED ON CURRENT FACTS AND CIRCUMSTANCES.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
u Attach to Form 990.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**OZARKS FOOD HARVEST, INC.**

Employer identification number

**43-1426384**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AGAPE HOUSE - MOUNTAIN VIEW 800 E. THIRD MOUNTAIN VIEW MO 65548	43-1583377	501C3		23,034	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	AREA AGENCY ON AGING REGION X PO BOX 3990 JOPLIN MO 64803	43-1159115	501C3		22,107	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	AGING BEST - CONWAY SENIOR CENTER 105 W. JEFFERSON AVE. CONWAY MO 65632-0074	31-1639242	501C3		11,713	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	AGING BEST - CROCKER SENIOR CENTER 205 N. COMMERCIAL CROCKER MO 65452	43-1761630	501C3		5,778	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	AGING BEST - DIXON SENIOR CENTER 301 OLD Y RD. DIXON MO 65459	31-1639513	501C3		34,043	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	AGING BEST - LEBANON SENIOR CENTER 460 W. 5TH ST. LEBANON MO 65536-2815	43-1290055	501C3		27,473	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	AGING BEST - RICHLAND SENIOR CENTER 202 E. WASHINGTON RICHLAND MO 65556	43-1684770	501C3		21,743	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	AGING BEST - SALEM SENIOR CENTER 604 MCGRATH LANE SALEM MO 65560	43-1293148	501C3		19,210	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	AGING BEST - STOUTLAND SENIOR CENTER 306 S. HWY. T STOUTLAND MO 65567	43-1484131	501C3		5,786	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 205**
- 3 Enter total number of other organizations listed in the line 1 table **u 0**

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Name of the organization

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Employer identification number

**43-1426384**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AGING BEST - WAYNESVILLE SENIOR CEN 1401 OUSLEY ROAD WAYNESVILLE MO 65583	43-1488322	501C3		43,424	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	ASH GROVE FOOD PANTRY 121 W. MAIN ST ASH GROVE MO 65604	45-1804447	501C3	364	99,058	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	ASSEMBLIES OF GOD - AVA 1005 S.W. 4TH AVE. AVA MO 65608	43-1426384	501C3		51,694	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	BATTLEFIELD TOWERS 1451 E. WOODLAND SPRINGFIELD MO 65804	43-1426384	501C3		13,951	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	BOYS & GIRLS CLUB - BRANSON 1460 BEE CREEK RD BRANSON MO 65616	43-1664669	501C3		33,680	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	BOYS & GIRLS CLUB - FORSYTH 501 PANTHER RD. FORSYTH MO 65653	43-1664669	501C3		7,095	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	BGC - HENDERSON UNIT 820 W. CALHOUN SPRINGFIELD MO 65802	44-0513659	501C3		43,448	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	BGC - MUSGRAVE UNIT 720 S. PARK SPRINGFIELD MO 65802	44-0513659	501C3		62,001	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	BOYS & GIRLS CLUB - REEDS SPRING 300 WOLVES LANE REEDS SPRING MO 65737	43-1664669	501C3		5,504	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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Name of the organization

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Employer identification number

**43-1426384**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BGC - STALNAKER UNIT 1410 N. FREMONT SPRINGFIELD MO 65803	44-0513659	501C3		23,452	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	BRADLEYVILLE SCHOOLS 16474 N. US STATE HWY 125 BRADLEYVILLE MO 65614	43-1426384	501C3		7,058	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	BREAD OF LIFE - MARSHFIELD CHRISTIA 1061 ST. HWY A MARSHFIELD MO 65706	43-1038959	501C3	250	390,028	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	BURRELL HEALTH AND WELLNESS 800 S. PARK AVENUE SPRINGFIELD MO 65802	43-1081715	501C3		44,623	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	CALVARY CHAPEL FWB CHURCH 26 OAK RIDGE RD BUFFALO MO 65622	62-6050669	501C3	364	250,606	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	CAM FOOD PANTRY - BRANSON 610 S 6TH ST. BRANSON MO 65616	43-1355905	501C3		1,212,233	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	CAM FOOD PANTRY OF FORSYTH 10726 HWY 76 STE E FORSYTH MO 65653	43-1355905	501C3		643,598	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	CARTHAGE CRISIS CENTER 100 S. MAIN ST CARTHAGE MO 64836	43-1769385	501C3		94,670	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	CARTHAGE YMCA 2600 GRAND AVE. CARTHAGE MO 64836	43-1558437	501C3		10,344	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CENTER CITY CHRISTIAN OUTREACH 418 S. KIMBROUGH AVE SPRINGFIELD MO 65806	31-1807428	501C3		104,653	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	CENTRAL BULLDOG BITES FOOD PANTRY 423 E. CENTRAL ST. SPRINGFIELD MO 65802	43-1426384	501C3		6,915	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	CENTRAL COMMUNITY UNITED METHODIST 25682 HWY YY SHELL KNOB MO 65747	36-2167731	501C3		250,699	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	CENTS OF PRIDE 3441 W. MOARK SPRINGFIELD MO 65810	38-3855890	501C3		5,154	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	CHRISTIAN ASSOCIATES OF TRL 13192 ST. HWY 13 KIMBERLING CITY MO 65686	43-1021298	501C3		167,947	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	CHRISTIAN COUNTY FAMILY CRISIS 6348 N. 19TH ST OZARK MO 65721	43-1928995	501C3		7,547	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	CHRISTOS HOUSE 3876 CO RT 1310 WILLOW SPRINGS MO 65793	43-1468720	501C3	1,000	8,785	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	COMMUNITY BAPTIST - LEBANON 15905 HWY 64 LEBANON MO 65536	43-1765604	501C3		20,141	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	COMMUNITY KITCHEN - HOOD UMC 139 N. WALNUT AVE REPUBLIC MO 65738	43-1066552	501C3		26,785	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**OZARKS FOOD HARVEST, INC.**

Employer identification number

**43-1426384**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	COMMUNITY OUTREACH MINISTRIES BOLIV 320 S MARKET AVE BOLIVAR MO 65613	26-1545304	501C3	364	963,658	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	COMMUNITY PARTNERSHIP - FULBRIGHT S 3693 N. AMELIA AVE. SPRINGFIELD MO 65803	43-1830026	501C3		59,921	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	COMMUNITY SUPPORT SERVICES - BROADW 706 BROADWAY ST. CARL JUNCTION MO 64834	43-1121898	501C3		11,680	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	COPE 201 LAWSON RD LEBANON MO 65536	43-1593771	501C3		19,727	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	CROCKER SCHOOL PANTRY 601 N. COMMERCIAL ST. CROCKER MO 65452	43-1426384	501C3		8,711	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	CROSSLINES - CARTHAGE 600 E. 6TH ST CARTHAGE MO 64836	43-1334801	501C3	3,639	358,711	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	CROSSLINES - JOPLIN 320 S. SCHOOL AVE JOPLIN MO 64801	43-1272794	501C3		1,516,163	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	CROSSLINES - LEBANON 141 LAWSON RD LEBANON MO 65536	43-1238022	501C3	8,000	665,413	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	CROSSLINES - MCDONALD COUNTY 925 N. HWY 71 ANDERSON MO 64831	43-1837664	501C3		690,588	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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Name of the organization

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Employer identification number

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CROSSLINES - SPFD 615 N. GLENSTONE AVE SPRINGFIELD MO 65802	43-0903657	501C3		2,378,046	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	C-STREET CONNECT @ CRIMSON HOUSE 1616 N. ROBBERSON SPRINGFIELD MO 65803	81-4154003	501C3		589,723	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	DADE CO. HEALTH DEPARTMENT 413 W. WATER ST. GREENFIELD MO 65661	43-4126384	501C3		53,695	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	DIXON AREA CARING CENTER 206 S. ELM ST. DIXON MO 65459	56-2522501	501C3		96,865	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	EL DORADO SPRINGS SENIOR CENTER 604 S. FORREST EL DORADO SPRINGS MO 64744	43-1015585	501C3		13,861	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	EMINENCE PANTRY 103 E. VINE ST EMINENCE MO 65466	43-1271451	501C3		81,729	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	FEED 806 ST HWY Y MOUNTAIN VIEW MO 65548	43-1308160	501C3	6,000	212,054	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	FEEDING INC. RIVER STREET FOOD PANT 210N. RIVER ST CARTHAGE MO 64836	43-1450446	501C3		338,122	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	FIRST BAPTIST CHURCH - SARCOXIE 101 N. 17TH STREET SARCOXIE MO 64862	43-1426384	501C3		68,291	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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Schedule I (Form 990) (2019)

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Employer identification number

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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FIRST BAPTIST CHURCH - WEST PLAINS 112 WALNUT ST WEST PLAINS MO 65775	44-0615104	501C3	7,539	288,320	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	FOOTSTEPS 424 E. NORTON RD SPRINGFIELD MO 65807	44-6006077	501C3		17,628	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	GOOD SAMARITAN BOYS RANCH 5549 N. HWY 13 BRIGHTON MO 65617	44-6006077	501C3		12,450	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	GOOD SAMARITAN RESOURCE - RICHLAND 112 W. NATIONAL AVENUE RICHLAND MO 65556	43-1484132	501C3		479,064	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	GOOD SAMARITAN RESOURCE - WAYNESVILLE 1811 W. HISTORIC RT 66 WAYNESVILLE MO 65583	43-1484132	501C3		1,131,526	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	GRACE UNITED METHODIST CHURCH 600 S. JEFFERSON SPRINGFIELD MO 65806	44-0651283	501C3		5,527	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	GREENE CO. - USDA DISASTER RELIEF 2810 N. CEDARBROOK AVE. SPRINGFIELD MO 65803	43-1426384	GOVT		32,624	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	GREAT CIRCLE - SPRINGFIELD 1212 W LOMBARD ST SPRINGFIELD MO 65806	43-0681471	501C3		21,442	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	HAND EXTENDED FOOD PANTRY 2157 N. PROSPECT AVE SPRINGFIELD MO 65803	16-1691976	501C3		109,881	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1)	HARMONY HOUSE 3404 E. RIDGEVIEW SPRINGFIELD MO 65804	43-1082063	501C3		34,399	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	HARVEST FELLOWSHIP FOOD PANTRY 21172 FR 1200 WOLF RD AURORA MO 65605	73-6114117	501C3		663,912	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	HEART OF THE HILLS FOOD HARVEST 913 W. 3RD ST AVA MO 65608	43-1680485	501C3		242,477	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	HEART TO HEART OUTREACH MINISTRIES 206 S. PINE AVE BUFFALO MO 65622	20-4747481	501C3	364	73,112	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	HELP CENTER 1321 BUSINESS HWY 49 NEOSHO MO 64850	51-0179561	501C3		1,041,252	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	HELPING HANDS COMMUNITY FOOD PANTRY 32685 ST. HWY 86 EAGLE ROCK MO 65641	80-0738369	501C3		49,368	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	HELPING HANDS MINISTRIES 1304 E. PENNELL CARL JUNCTION MO 64834	45-0646529	501C3		105,243	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	HICKORY COUNTY C.A.R.E.S. 240 N. MAIN ST WHEATLAND MO 65779	45-3308607	501C3	564	651,458	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	HICKORY COUNTY SENIOR CENTER RT. 1 BOX 3282 HWY 54 WHEATLAND MO 65779	43-1015585	501C3		58,049	COST	FOOD INVENTORY	FOOD ASSISTANCE

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Schedule I (Form 990) (2019)



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(1)	LAFAYETTE HOUSE 1809 CONNOR JOPLIN MO 64804	43-1170015	501C3		58,439	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	LAMAR GOOD SAMARITAN 1301 PARRY ST LAMAR MO 64759	43-1465283	501C3		909,843	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	LEAST OF THESE 1720 JAMES RIVER RD OZARK MO 65721	43-1867039	501C3	300	1,847,191	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	LIFE HOUSE - CATHOLIC CHARITIES 424 E. MONASTERY ST. SPRINGFIELD MO 65807	80-0455890	501C3		7,593	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	LIFEPOINT FOOD PANTRY 158 N. ADAMS AVE. LEBANON MO 65536	27-2474295	501C3	4,000	67,236	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	LIVES UNDER CONSTRUCTION 296 BOYS RANCH ROAD LAMPE MO 65681	46-0368556	501C3		30,618	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	L-LIFE 1448 W. ELM ST LEBANON MO 65536	43-1340282	501C3	9,000	469,317	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	MASTER'S RANCH 1669 KK HWY COUCH MO 65690	20-8925053	501C3		73,578	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	MILLER CHRISTIAN SERVICE 111 W. MAIN ST MILLER MO 65707	43-1499216	501C3		125,030	COST	FOOD INVENTORY	FOOD ASSISTANCE

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(1)	MISSION JOPLIN 2822 E. 8TH ST JOPLIN MO 64801	44-0559931	501C3		180,257	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	MISSOURI BAPTIST CHILDREN'S HOME 603 N. MAIN STREET MOUNT VERNON MO 65712-0568	43-1948009	501C3		54,149	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	MOBILE FOOD PANTRY - AVA AVA UNITED METHODIST CHURCH AVA MO 65608	43-1018538	501C3		36,327	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	MOBILE FOOD PANTRY - AIDS PROJECT 1636 S. GLENSTONE AVE SPRINGFIELD MO 65804	43-1421252	501C3		27,813	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	MOBILE FOOD PANTRY - BASS PRO DOGWO 2038 WEST STATE HWY 86 LAMPE MO 65681	43-1869775	501C3		14,761	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	MOBILE FOOD PANTRY - BASS PRO WONDE 500 W. SUNSHINE ST. SPRINGFIELD MO 65807	43-1869775	501C3		42,600	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	MOBILE FOOD PANTRY - BIRCH TREE DR 7609 HWY FF BIRCH TREE MO 65438	43-1426384	501C3		30,396	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	MOBILE FOOD PANTRY - CONWAY DR FIRST BAPTIST CHURCH CONWAY MO 65632	43-1426384	501C3		10,925	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	MOBILE FOOD PANTRY - CROCKER PRESBY 414 COMMERCIAL ST. CROCKER MO 65452	43-1426384	501C3		24,107	COST	FOOD INVENTORY	FOOD ASSISTANCE

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(1)	MOBILE FOOD PANTRY - EMINENCE 505 S. 6TH ST. EMINENCE MO 65466	43-1426384	501C3		54,113	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	MOBILE FOOD PANTRY - FAIRBANKS DR 1126 N. BROADWAY AVE. SPRINGFIELD MO 65802	43-1426384	501C3		102,629	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	MOBILE FOOD PANTRY - FORDLAND DR FORDLAND CITY PARK FORDLAND MO 65652	43-1426384	501C3		34,781	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	MOBILE FOOD PANTRY - GREENE CO. DIS 2810 N. CEDARBROOK AVE. SPRINGFIELD MO 65803	43-1426384	501C3		37,490	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	MOBILE FOOD PANTRY - HEART OF THE H AVA UNITED METHODIST CHURCH AVA MO 65608	43-1680485	501C3		12,436	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	MOBILE FOOD PANTRY - LAQUEY SCHOOL 27600 HWY AA LAQUEY MO 65534	43-1426384	501C3		12,539	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	MOBILE FOOD PANTRY - MSU CARE CLINI 901 S. NATIONAL AVE. SPRINGFIELD MO 65897	43-1426384	501C3		18,520	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	MOBILE FOOD PANTRY - NEVADA HOUSING 1117 N. WEST ST. NEVADA MO 64772	43-1426384	501C3		18,026	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	MOBILE FOOD PANTRY - PENMAC DR 447 SOUTH AVE. SPRINGFIELD MO 65806	43-1426384	501C3		9,271	COST	FOOD INVENTORY	FOOD ASSISTANCE

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(1)	MOBILE FOOD PANTRY - PLATO SCHOOLS 10645 PLATO DR. PLATO MO 65552	43-1426384	501C3		22,923	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	MOBILE FOOD PANTRY - REEDS SPRING D REEDS SPRING HIGH SCHOOL REEDS SPRING MO 65737	43-1426384	501C3		28,350	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	MOBILE FOOD PANTRY - REPUBLIC DR 210 N. PINE AVE. REPUBLIC MO 65738	43-1426384	501C3		19,226	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	MOBILE FOOD PANTRY - SPFD PUBLIC SC 415 S GOLDEN AVE SPRINGFIELD MO 65802	43-1426384	501C3		170,368	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	MOBILE FOOD PANTRY - ST. ELIZABETH 2200 W. REPUBLIC RD. SPRINGFIELD MO 65807	43-1426384	501C3		15,795	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	MOBILE FOOD PANTRY - ST. PAUL UMC 2423 W. 26TH ST JOPLIN MO 64801	43-1426384	501C3		19,043	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	MOBILE FOOD PANTRY - STILLWELL DR 525 S. CAMPBELL AVE. SPRINGFIELD MO 65806	43-1426384	501C3		8,751	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	MONETT COMMUNITY KITCHEN 1600 N. CENTRAL MONETT MO 65708	45-3936275	501C3		64,211	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	MONETT COMMUNITY PANTRY 1600 N. CENTRAL MONETT MO 65708	45-3936275	501C3		465,702	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
u Attach to Form 990.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**OZARKS FOOD HARVEST, INC.**

Employer identification number

**43-1426384**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MOUNTAIN GROVE LOVE CENTER 304 E FIRST ST MOUNTAIN GROVE MO 65711	77-0622202	501C3		648,189	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	MUNCH 811 E. MAIN ST WILLOW SPRINGS MO 65793	43-1615348	501C3	10,000	525,201	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	NEVADA COMMUNITY OUTREACH 229 N. CEDAR ST NEVADA MO 64772	43-1435333	501C3		426,846	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	NIANGUA COMMUNITY FOOD PANTRY 276 N. OLIVE ST. NIANGUA MO 65713	46-0540277	501C3		18,468	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	NIANGUA ELEMENTARY SCHOOL 301 RUMSEY STREET NIANGUA MO 65713	43-1426384	501C3		5,169	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	NORTH STONE COUNTY FOOD PANTRY 215 N. MAIN CRANE MO 65633	43-1542596	501C3		164,712	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	OACAC - DADE COUNTY 2 N. MAIN GREENFIELD MO 65661	43-0836672	501C3	364	422,212	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	OREGON COUNTY FOOD PANTRY - ALTON 407 S. MARKET ST ALTON MO 65606	43-0838508	501C3		193,071	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	OREGON COUNTY FOOD PANTRY - THAYER 201 MARKET ST THAYER MO 65791	20-3967809	501C3		179,343	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**OZARKS FOOD HARVEST, INC.**

Employer identification number

**43-1426384**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	OZARK COUNTY FOOD PANTRY 1155 COUNTY ROAD 806 GAINESVILLE MO 65655	43-1855970	501C3		304,672	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	PARKVIEW CHRISTIAN CHURCH 1362 S. CAMPBELL AVENUE SPRINGFIELD MO 65807	43-1164434	501C3		44,534	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	PARKVIEW CHRISTIAN MEAL PROGRAMS 1362 S. CAMPBELL SPRINGFIELD MO 65807	43-1164434	501C3		32,833	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	PEOPLE HELPING PEOPLE 210 N PINE AVE REPUBLIC MO 65738	43-1853251	501C3		44,148	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	PIERCE CITY SENIOR CITIZENS 104 N LOCUST PIERCE CITY MO 65723	20-1357283	501C3		10,743	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	PRAIRIE CHAPEL UNITED METHODIST 20144 US HWY 65 URBANA MO 65767	36-2167731	501C3	364	129,792	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	PREFERRED FAMILY HEALTHCARE 2411 W. CATALPA SPRINGFIELD MO 65801	43-1236557	501C3		27,323	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	SAFE HAVEN NOW LIFE 138 W. MAIN STREET FORDLAND MO 65652	46-5615098	501C3		28,463	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	SALVATION ARMY - BRANSON PANTRY 1114 STANLEY AVE BRANSON MO 65615	36-2167910	501C3		38,119	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**OZARKS FOOD HARVEST, INC.**

Employer identification number

**43-1426384**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SALVATION ARMY - CARTHAGE PANTRY 125 E. FAIRVIEW CARTHAGE MO 64836-0528	43-0653584	501C3		35,781	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	SALVATION ARMY - JOPLIN SOUP KITCHEN 320 E. 8TH ST JOPLIN MO 64801	43-0653584	501C3		305,582	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	SALVATION ARMY - LEBANON 435 GARFIELD ST LEBANON MO 65536	43-0653584	501C3	4,000	148,684	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	SALVATION ARMY - SPFD HARBOR HOUSE 636 N. BOONVILLE SPRINGFIELD MO 65806	43-0653584	501C3		111,944	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	SALVATION ARMY - SPFD PANTRY 1707 W. CHESTNUT EXP SPRINGFIELD MO 65802	43-0653584	501C3		330,819	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	SALVATION ARMY - SPFD SHELTER 1707 W. CHESTNUT EXPY SPRINGFIELD MO 65802	43-0653584	501C3		23,081	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	SAMA FOOD PANTRY 1500 EAST HWY 32 STOCKTON MO 65785	20-1957662	501C3	364	81,587	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	SAMARITAN OUTREACH CENTER - PANTRY 715 MISSOURI AVE WEST PLAINS MO 65775	43-1502024	501C3	2,000	18,270	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	SAMARITAN OUTREACH CENTER - SHELTER 715 MISSOURI AVE WEST PLAINS MO 65775	43-1502024	501C3	1,000	14,282	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

Name of the organization

**OZARKS FOOD HARVEST, INC.**

Employer identification number

**43-1426384**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SENECA FOOD PANTRY 821 CHEROKEE AVE SENECA MO 64865	27-0855567	501C3		124,141	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	SENIORAGE - ALTON 204 S. MAIN ALTON MO 65606	43-1018538	501C3		18,485	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	SENIORAGE - ASH GROVE 310 PERRYMAN ASH GROVE MO 65604	43-1018538	501C3		42,071	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	SENIORAGE - AURORA 700 S. HUDSON AURORA MO 65605	43-1018538	501C3		24,946	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	SENIORAGE - BOLIVAR 1850 W. BROADWAY BOLIVAR MO 65613	43-1018538	501C3		30,094	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	SENIORAGE - BRANSON 201 COMPTON DR. BRANSON MO 65616	43-1018538	501C3		29,699	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	SENIORAGE - BUFFALO 103 S. MAPLE BUFFALO MO 65622	43-1372123	501C3		103,015	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	SENIORAGE - CABOOL 910 CHERRY ST. CABOOL MO 65689	43-1067220	501C3		8,672	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	SENIORAGE - CASSVILLE 1111 FAIR ST. CASSVILLE MO 65625	43-1221410	501C3		9,410	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

**43-1426384**

**Part I General Information on Grants and Assistance**

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SENIORAGE - EMINENCE 108 GREY JONES EMINENCE MO 65466	43-1018538	501C3		6,011	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	SENIORAGE - FAIR GROVE 122 S. ORCHARD BLVD FAIR GROVE MO 65648	43-1018538	501C3		11,015	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	SENIORAGE - FORSYTH 13879 HWY. 160 FORSYTH MO 65653	43-1018538	501C3		5,188	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	SENIORAGE - GAINSVILLE 516 COUNTY ROAD 800 GAINESVILLE MO 65655	43-1018538	501C3		14,818	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	SENIORAGE - KIMBERLING CITY 63 KIMBERLING BLVD KIMBERLING CITY MO 65686	43-1018538	501C3		26,273	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	SENIORAGE - MARSHFIELD 427 W. WASHINGTON MARSHFIELD MO 65706	43-1018538	501C3		82,191	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	SENIORAGE - MOUNTAIN VIEW 903 E. 5TH ST MOUNTAIN VIEW MO 65548	43-1167221	501C3	1,200	33,556	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	SENIORAGE - MT. VERNON 425 N. MAIN MOUNT VERNON MO 65712	43-1018538	501C3		33,059	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	SENIORAGE - NIXA 404 S. MAIN NIXA MO 65714	43-1018538	501C3		18,297	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

**43-1426384**

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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SENIORAGE - NORTHVIEW 301 E. TALMAGE SPRINGFIELD MO 65803	43-1018538	501C3		48,180	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	SENIORAGE - OZARK 727 N 9TH STREET OZARK MO 65721	43-1018538	501C3		9,424	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	SENIORAGE - REPUBLIC 210 E. HINES REPUBLIC MO 65738	43-1018538	501C3		12,222	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	SENIORAGE - ROGERSVILLE 197 MARSHALL ST. ROGERSVILLE MO 65742	43-1677637	501C3		13,584	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	SENIORAGE - SEYMOUR 205 S. COMMERCIAL ST. SEYMOUR MO 65746	43-1647814	501C3		9,601	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	SENIORAGE - SHELL KNOB 20801 HWY YY-15 SHELL KNOB MO 65747	43-1018538	501C3		6,566	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	SENIORAGE - SOUTHSIDE 2215 S. FREMONT SPRINGFIELD MO 65804	43-1018538	501C3		149,114	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	SENIORAGE - STRAFFORD 201 W. BUMGARNER STRAFFORD MO 65757	43-1018538	501C3		18,581	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	SENIORAGE - SUMMERSVILLE 127 ROGERS AVE SUMMERSVILLE MO 65571	43-1233413	501C3		16,920	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1)	SENIORAGE - THAYER 100 CHESTNUT THAYER MO 65791	43-1190762	501C3		16,543	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	SENIORAGE - WEST PLAINS 416 E. MAIN ST WEST PLAINS MO 65775	43-1018538	501C3	1,000	105,497	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	SENIORAGE - WILLOW SPRINGS 501 SENIOR CENTER LANE WILLOW SPRINGS MO 65793	43-1881619	501C3	1,200	8,724	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	SENIORAGE - WINONA 212 SAPPER ST WINONA MO 65588	43-1206956	501C3		12,882	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	SEYMOUR YMCA 315 E. CENTER AVE. SEYMOUR MO 65746	43-1617662	501C3		7,346	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	SHANNON COUNTY FOOD PANTRY 102 W. SECOND WINONA MO 65588	43-1125136	501C3		505,712	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	SHEPHERDS NOOK 701 N. MAIN ST SALEM MO 65560	73-6114117	501C3		897,960	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	SOUTHERN STONE COUNTY FOOD PANTRY 20 KIMBERLING BLVD KIMBERLING CITY MO 65686	44-0571348	501C3		445,070	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	SPECIAL FORCE FAMILY MINISTRIES 428 S HARRISON ST NIXA MO 65714	41-1339757	501C3		16,079	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SPRINGFIELD COMMUNITY GARDEN - WELL 1624 E. BLAINE ST. SPRINGFIELD MO 65802	27-1883334	501C3		180,831	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	SPRINGFIELD DREAM CENTER 829 W. ATLANTIC ST. SPRINGFIELD MO 65803	05-0574634	501C3		33,417	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	STEADLEY ELEMENTARY 1814 W. FIR RD. CARTHAGE MO 64836	43-1558437	501C3		27,293	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	ST. CLAIR COUNTY FOOD PANTRY 5TH AND MARKET ST OSCEOLA MO 64776	43-1583740	501C3	4,003	225,677	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	ST. CLAIR COUNTY SENIOR CENTER 5215 BUSINESS HWY 13 N. E. OSCEOLA MO 64776	43-1015585	501C3		10,425	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	ST. ELIZABETH ANN SETON - SEAS 2200 W. REPUBLIC ROAD SPRINGFIELD MO 65807	26-4638421	501C3		6,814	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	ST. JOSEPH CATHOLIC - SPFD 1115 N. CAMPBELL AVE SPRINGFIELD MO 65802	44-0571348	501C3	400	98,928	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	ST. JOSEPH CATHOLIC CHURCH - BILLIN 320 N. W. WASHINGTON BILLINGS MO 65610	44-0571348	501C3		325,768	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	ST. PETER'S OUTREACH HOUSE - SOUP K 807 MOFFETT AVE JOPLIN MO 64801	44-0571348	501C3		29,771	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
u Attach to Form 990.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**OZARKS FOOD HARVEST, INC.**

Employer identification number

**43-1426384**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ST. SUSANNE CATHOLIC CHURCH 700 W. SLOAN HWY V MOUNT VERNON MO 65712	44-0571348	501C3	500	288,537	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	STUDY ALTERNATIVE FOOD PANTRY 2343 W. OLIVE ST SPRINGFIELD MO 65802	43-1426384	501C3		7,872	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	SUNSHINE CHILDREN'S HOME 9215 COUNTY LANE 175 CARTHAGE MO 64836	23-7060599	501C3		9,774	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	TEEN CHALLENGE - NEOSHO 18527 E. HWY. 86 NEOSHO MO 64850	20-3459311	501C3		21,476	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	TEEN CHALLENGE- BRANSON 512 PURIST LN. BRANSON WEST MO 65737	81-1612127	501C3		19,159	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	TEXAS COUNTY FOOD PANTRY 102A E. ST ROUTE 17 HOUSTON MO 65483	43-1566581	501C3		802,648	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	THE CARING PLACE 417 S. WASHINGTON W WALNUT GROVE MO 65770	61-1682058	501C3		145,452	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	THE HOUSE 24706 ST HWY 171 WEBB CITY MO 64841	43-1754894	501C3		171,009	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	UNITED COMMUNITY HELP CENTER 209 PARK ST LICKING MO 65542	43-1279107	501C3		268,562	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
u Attach to Form 990.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**OZARKS FOOD HARVEST, INC.**

Employer identification number

**43-1426384**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>VARIOUS OTHER ENTITIES</b>		501C3		529,184	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	<b>VERNON COUNTY SENIOR CENTER</b> 301 N. MAIN NEVADA MO 64472	43-1015585	501C3		47,769	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	<b>VERONA BAPTIST CHURCH</b> 115 S. FIRST ST VERONA MO 65769	44-0615104	501C3		207,602	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	<b>VICTORY MISSION -HELP &amp; HOPE</b> 1715 N. BOONVILLE AVE SPRINGFIELD MO 65801	43-1345089	501C3	1,250	157,092	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	<b>WCMCAA - ST. CLAIR COUNTY</b> 106 W. 4TH ST APPLETON CITY MO 64724	43-0838410	501C3	364	39,673	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	<b>WINONA ASSEMBLY OF GOD</b> 922 HALE STREET WINONA MO 65588	43-1426384	501C3		100,495	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	<b>WRIGHT COUNTY CHILDREN'S HOME</b> 528 W NORWOOD ST NORWOOD MO 65717	43-1625535	501C3		11,480	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2019)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

OZARKS FOOD HARVEST MONITORS THE USE OF INFRASTRUCTURE GRANTS BY PURCHASING EQUIPMENT SUCH AS FREEZERS/COOLERS/REFRIGERATORS FOR MEMBER AGENCIES TO INCREASE CAPACITY. GRANTS POSTED TO AGENCY ACCOUNTS FOR FOOD PURCHASES ARE MONITORED AND RECORDED IN PRIMARIUS (DATABASE SOFTWARE FOR FOODBANKS). THE OFFICE MANAGER ALERTS MEMBER SERVICES OF GRANTS NOT USED IN THE ALLOCATED TIMEFRAME.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
**u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**u Attach to Form 990.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**OZARKS FOOD HARVEST, INC.**

Employer identification number

**43-1426384**

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BART BROWN PRESIDENT/CEO	(i)	154,312	0	0	4,690	6,589	165,591	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Public Inspection Copy

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Noncash Contributions**

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open To Public  
Inspection**

**OZARKS FOOD HARVEST, INC.**

Employer identification number  
**43-1426384**

<b>Part I Types of Property</b>					
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory	<b>X</b>	<b>15885343</b>	<b>33,227,211</b>	<b>COST OR SELLING PRICE</b>
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other <b>u</b> ( )				
26	Other <b>u</b> ( )				
27	Other <b>u</b> ( )				
28	Other <b>u</b> ( )				

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

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

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE M -- SUPPLEMENTAL INFORMATION**

**PART I COLUMN (B)**

**THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED.**

Public Inspection Copy

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or 990-EZ.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

**OZARKS FOOD HARVEST, INC.**

Employer identification number

**43-1426384**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 WILL BE DISTRIBUTED FOR REVIEW TO THE BOARD AT LARGE VIA EMAIL PRIOR TO ITS FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES COMPLETE AND SIGN CONFLICT OF INTEREST FORMS ANNUALLY. TO DATE THERE HAVE BEEN NO CONFLICTS TO REVIEW.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION PAID TO THE CEO IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE CEO'S PERFORMANCE AND GOAL ACCOMPLISHMENTS ARE EVALUATED. SALARY IS COMPARED TO OTHER CEO POSITIONS ON THE REGIONAL AND NATIONAL LEVEL FOR A FOOD BANK.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990 ARE MADE AVAILABLE UPON REQUEST.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**OZARKS FOOD HARVEST, INC.**

Employer identification number

**43-1426384**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) <b>OFH-SOLAR, INC</b> PO BOX 5746 SPRINGFIELD MO 65801 83-4110856	<b>SOLAR LEAS</b>	<b>MO</b>	<b>OFH-SOLAR,</b>	<b>C</b>			<b>100.000000</b>		<b>X</b>
(2) .....									
(3) .....									
(4) .....									

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity		<b>X</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s)		<b>X</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s)		<b>X</b>
<b>d</b> Loans or loan guarantees to or for related organization(s)		<b>X</b>
<b>e</b> Loans or loan guarantees by related organization(s)		<b>X</b>
<b>f</b> Dividends from related organization(s)		<b>X</b>
<b>g</b> Sale of assets to related organization(s)		<b>X</b>
<b>h</b> Purchase of assets from related organization(s)		<b>X</b>
<b>i</b> Exchange of assets with related organization(s)		<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		<b>X</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>X</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		<b>X</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		<b>X</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<b>X</b>
<b>o</b> Sharing of paid employees with related organization(s)		<b>X</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses		<b>X</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses		<b>X</b>
<b>r</b> Other transfer of cash or property to related organization(s)		<b>X</b>
<b>s</b> Other transfer of cash or property from related organization(s)		<b>X</b>

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) <b>OFH-SOLAR, INC</b>	<b>J</b>	<b>16,835</b>	<b>COST</b>
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
<b>(1)</b> .....													
<b>(2)</b> .....													
<b>(3)</b> .....													
<b>(4)</b> .....													
<b>(5)</b> .....													
<b>(6)</b> .....													
<b>(7)</b> .....													
<b>(8)</b> .....													
<b>(9)</b> .....													
<b>(10)</b> .....													
<b>(11)</b> .....													

**Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See Instructions.

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