

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OZARKS FOOD HARVEST, INC.	D Employer identification number 43-1426384
	Doing business as PO BOX 5746	E Telephone number 417-865-3411
	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 5746	Room/suite
City or town, state or province, and ZIP or foreign postal code SPRINGFIELD MO 65801		G Gross receipts \$ 47,466,479

F Name and address of principal officer: BART BROWN PO BOX 5746 SPRINGFIELD MO 65801-5746	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.OZARKSFOODHARVEST.ORG	H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1986	M State of legal domicile: MO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OZARKS FOOD HARVEST WAREHOUSES AND DISTRIBUTES FOOD PRODUCTS TO 352 ACTIVE MEMBER AGENCIES IN 28 COUNTIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	13	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	13	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	101	
	6 Total number of volunteers (estimate if necessary)	3687	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	41,149,758	44,654,505
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,775,754	2,393,373
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	94,694	418,601
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,020,206	47,466,479
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,678,128	36,843,431
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,517,063	4,998,018
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	957,487	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,620,766	9,270,768
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	44,815,957	51,112,217	
19 Revenue less expenses. Subtract line 18 from line 12	-1,795,751	-3,645,738	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	23,380,833	19,392,419
	22 Net assets or fund balances. Subtract line 21 from line 20	645,577	279,625

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.

Sign Here	Signature of officer	BART BROWN		Date	
	Type or print name and title	PRESIDENT/CEO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TRAVIS WALKER, CPA	TRAVIS WALKER, CPA	05/08/24	<input checked="" type="checkbox"/>	P00689265
	Firm's name	Firm's EIN	43-1109768		
Firm's address		1445 E REPUBLIC RD		Phone no. 417-882-4300	
SPRINGFIELD, MO 65804					

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 \$ **48,899,486** including grants of \$ **36,843,431**) (Revenue \$ **2,393,373**)
SOLICITATION, WAREHOUSING AND DISTRIBUTION OF FOOD PRODUCTS TO A NETWORK OF 352 ACTIVE MEMBER AGENCIES SERVING LOW INCOME POPULATIONS ACROSS 28 COUNTRIES IN SOUTHWEST MISSOURI. 3,687 VOLUNTEERS GAVE A TOTAL OF 29,289 HOURS OF SERVICE SORTING FOOD FOR DISTRIBUTION TO THE 28 COUNTIES. THE FOOD BANK DISTRIBUTES MORE THAN 23.1 MILLION POUNDS OF FOOD ANNUALLY; SUPPLYING 18,519,390 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 **48,899,486**

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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 the 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 line 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>	X	
36	Section 501(c)(3) organizations. 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 on Schedule O for Part VI, lines 11b and 19? Note: 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 on 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		
2a	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	101		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	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)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	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?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	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?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	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.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) BART BROWN PRESIDENT/CEO	40.00 0.10			X				187,838	0	22,740
(2) KENNY ROSS PRESIDENT	1.00 0.00	X		X				0	0	0
(3) DR. MEERA SCARROW PRESIDENT ELECT	1.00 0.00	X		X				0	0	0
(4) ASHLEY KIMBERLING-CASAD SECRETARY	1.00 0.00	X		X				0	0	0
(5) TOMMY WOHLGEMUTH TREASURER	1.00 0.00	X		X				0	0	0
(6) JIM ADMIRE DIRECTOR	1.00 0.00	X						0	0	0
(7) DANA AUSBURN DIRECTOR	1.00 0.00	X						0	0	0
(8) CLAYTON BROWN DIRECTOR	1.00 0.00	X						0	0	0
(9) GENEVIEVE CARVEL DIRECTOR	1.00 0.00	X						0	0	0
(10) TAMARA DE WILD-CONN DIRECTOR	1.00 0.00	X						0	0	0
(11) JASON ENGLAND DIRECTOR	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 (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) HOLLY GRAY	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) MIKE PINKSTON	1.00									
DIRECTOR	0.10	X					0	0	0	
(14) KRYSTAL RUSSELL	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							187,838		22,740	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							187,838		22,740	

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 **1**

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

Section B. Independent Contractors

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

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	9,745,066				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	34,909,439				
	g Noncash contributions included in lines 1a-1f	1g	\$ 35,548,642				
	h Total. Add lines 1a-1f		44,654,505				
	Program Service Revenue	2a PURCHASED PRODUCT FEES	Business Code	624210	2,373,139	2,373,139	
b MISCELLANEOUS			624210	20,234	20,234		
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			2,393,373				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		418,601			418,601	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
			(ii) Personal				
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			47,466,479	2,393,373	0	418,601	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	36,843,431	36,843,431		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	206,868	142,739	41,373	22,756
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,769,046	2,600,641	753,810	414,595
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,298	51,266	14,860	8,172
9 Other employee benefits	667,680	460,699	133,536	73,445
10 Payroll taxes	280,126	193,287	56,025	30,814
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,229		19,229	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	99,242	68,237	15,258	15,747
12 Advertising and promotion	352,218	176,109		176,109
13 Office expenses	165,893	62,621	44,125	59,147
14 Information technology				
15 Royalties				
16 Occupancy	385,358	346,822	19,268	19,268
17 Travel	8,498	4,249		4,249
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,431		18,431	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	695,148	625,634	34,757	34,757
23 Insurance	134,749	92,651	20,717	21,381
24 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.)				
a BACKPACK & PANTRY DISTRIB	4,395,034	4,395,034		
b FOOD WASTE	1,389,762	1,389,762		
c TRANSPORTATION	568,272	568,272		
d SUBRECIPIENTS	338,315	338,315		
e All other expenses	700,619	539,717	83,855	77,047
25 Total functional expenses. Add lines 1 through 24e	51,112,217	48,899,486	1,255,244	957,487
26 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	
Assets	1	Cash—non-interest-bearing	424,953	1	517,620
	2	Savings and temporary cash investments	12,360,863	2	8,666,239
	3	Pledges and grants receivable, net	9,167	3	
	4	Accounts receivable, net	181,592	4	115,704
	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	1,763,992	8	1,982,474
	9	Prepaid expenses and deferred charges	973	9	2,324
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,749,864		
	b	Less: accumulated depreciation	10b 6,641,806	10c	8,108,058
	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	Total assets. Add lines 1 through 15 (must equal line 33)	23,380,833	16	19,392,419	
Liabilities	17	Accounts payable and accrued expenses	168,717	17	122,278
	18	Grants payable		18	
	19	Deferred revenue	221,075	19	157,347
	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	255,785	25	
	26	Total liabilities. Add lines 17 through 25	645,577	26	279,625
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	22,735,256	27	19,112,794
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	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	Total net assets or fund balances	22,735,256	32	19,112,794	
33	Total liabilities and net assets/fund balances	23,380,833	33	19,392,419	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	47,466,479
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,112,217
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,645,738
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,735,256
5	Net unrealized gains (losses) on investments	5	23,276
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,112,794

Part XII Financial Statements and Reporting

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

	Yes	No
1 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 on Schedule O.		
2a 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		X
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
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	X	

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

OKZARKS 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).)
- 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 on 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)						
Total						

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 8,095,784
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 76.81%; 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 76.13%; 16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test—2021. 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 stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test—2022. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test—2021. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) = 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 = 16 %.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) = 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 = 18 %.

- 19a 33 1/3% support tests—2022. 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—2021. 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 on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. 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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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.

Section A – Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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 \$ 13,696



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

OZARKS FOOD HARVEST, INC.

43-1426384

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

Name of organization

OZARKS FOOD HARVEST, INC.

Employer identification number

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	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 3,515,814</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
2	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 7,797,124</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
3	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 2,748,987</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
4	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 1,304,388</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
5	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 1,338,849</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
6	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 1,920,820</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>

Name of organization OZARKS FOOD HARVEST, INC.	Employer identification number 43-1426384
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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	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 4,080,897	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 1,480,578	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 1,074,468	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<p>.....</p> <p>.....</p> <p>.....</p>	\$ 1,838,843	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
.....	<p>.....</p> <p>.....</p> <p>.....</p>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	<p>.....</p> <p>.....</p> <p>.....</p>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

OZARKS FOOD HARVEST, INC.

Employer identification number

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	1,831,131 POUNDS DONATED	\$ 3,515,814	
2	4,059,216 POUNDS DONATED	\$ 7,797,124	
3	1,421,444 POUNDS DONATED	\$ 2,748,987	
4	687,442 POUNDS DONATED	\$ 1,304,388	
5	697,297 POUNDS OF FOOD DONATED	\$ 1,338,849	
6	1,471,896 POUNDS DONATED	\$ 1,920,820	

Name of organization OZARKS FOOD HARVEST, INC.	Employer identification number 43-1426384
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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	3,032,349 POUNDS DONATED	\$ 4,080,897	
8	1,065,606 POUNDS DONATED	\$ 1,480,578	
9	559,619 POUNDS DONATED	\$ 1,074,468	
10	1,058,646 POUNDS DONATED	\$ 1,838,843	
		\$	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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: Description, Amount. 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. b 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, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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 %
 - b Permanent endowment %
 - c Term endowment %
- 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 |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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
1a Land		723,425		723,425
b Buildings		8,822,771	2,221,627	6,601,144
c Leasehold improvements		19,424	11,626	7,798
d Equipment		2,232,765	1,843,479	389,286
e Other		2,951,479	2,565,074	386,405
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,108,058

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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	47,489,755
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	23,276	
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	23,276
3	Subtract line 2e from line 1		3	47,466,479
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	47,466,479

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	51,112,217
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	51,112,217
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	51,112,217

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 2020 THROUGH 2023 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 UPHELD UNDER AN EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAVE

Part XIII Supplemental Information *(continued)*

BEEN RECORDED FOR THE FISCAL YEARS ENDED JUNE 30, 2023 AND 2022. INTEREST AND PENALTIES, IF ANY, RELATED TO ANNUAL FORM 990 OR UNRELATED BUSINESS INCOME TAX FILINGS 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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SPRINGFIELD DREAM CENTER 829 W. ATLANTIC ST. SPRINGFIELD MO 65803	05-0574634	501C3		45,287	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	HAND EXTENDED FOOD PANTRY (HEART OF 2157 N. PROSPECT AVE. SPRINGFIELD MO 65803-4054	16-1691976	501C3	3,530	67,448	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	PIERCE CITY SENIOR CITIZENS 104 N. LOCUST PIERCE CITY MO 65723-8378	20-1357283	501C3	700	9,097	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	CNP - ABOUT OUR KIDS, INC. NATHANS 1005 GULF LAMAR MO 64759	20-1492167	501C3		5,799	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	SAMA FOOD PANTRY 1500 EAST HWY. 32 STOCKTON MO 65785	20-1957662	501C3		91,299	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	HOUSE OF HOPE 811 N. OAKLAND BOLIVAR MO 65613	20-2426214	501C3		31,957	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	DESTINY CHURCH - MARSHFIELD 1235 SPUR DR. MARSHFIELD MO 65706	20-3384053	501C3	3,000	868,021	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	TEEN CHALLENGE - NEOSHO 18527 E. HWY. 86 NEOSHO MO 64850	20-3459311	501C3		18,085	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	OREGON COUNTY FOOD PANTRY - THAYER 201 MARKET ST. THAYER MO 65791	20-3967809	501C3		197,401	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 130
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Schedule I (Form 990) (2022)

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ISABEL'S HOUSE 2750 W. BENNETT ST. SPRINGFIELD MO 65807	20-4574229	501C3		17,838	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	MASTER'S RANCH 1669 KK HWY COUCH MO 65690	20-8925053	501C3		56,224	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	CNP - SFSP COMMUNITY OUTREACH MINIS 320 S. MARKET AVE. BOLIVAR MO 65613	26-1545304	501C3		603,579	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	ST. ELIZABETH ANN SETON - SEAS 2200 W. REPUBLIC ROAD SPRINGFIELD MO 65807	26-4638421	501C3		194,462	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	SENECA FOOD PANTRY 821 CHEROKEE AVE. SENECA MO 64865	27-0855567	501C3		132,842	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	HIS HOUSE FOUNDATION 25832 STATE HWY YY SHELL KNOB MO 65747	27-1395532	501C3		19,314	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	SPRINGFIELD COMMUNITY GARDEN - WELL 1624 E. BLAINE ST. SPRINGFIELD MO 65802	27-1883334	501C3		275,704	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	MARKET AT LIFEPOINT 158 N. ADAMS AVE. LEBANON MO 65536	27-2474295	501C3	17,985	193,534	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	L-LIFE 1448 W. ELM ST. LEBANON MO 65536	27-2819212	501C3	18,550	509,344	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

OZARKS FOOD HARVEST, INC.

Employer identification number

43-1426384

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(1)	AGING BEST - CONWAY SENIOR CENTER PO BOX 74 CONWAY MO 65632	31-1639242	501C3		65,529	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	AGING BEST - DIXON SENIOR CENTER 301 OLD Y RD. DIXON MO 65459	31-1639513	501C3		56,132	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	CENTER CITY CHRISTIAN OUTREACH 418 S. KIMBROUGH AVE. SPRINGFIELD MO 65806	31-1807428	501C3		137,327	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	CENTRAL COMMUNITY UNITED METHODIST 25682 HWY YY SHELL KNOB MO 65747	36-2167731	501C3		386,132	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	SALVATION ARMY - BRANSON PANTRY 1114 STANLEY AVE. BRANSON MO 65615	36-2167910	501C3		43,310	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	SPECIAL FORCE FAMILY MINISTRIES 428 S. HARRISON ST. NIXA MO 65714-0882	41-1339757	501C3		14,908	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	SALVATION ARMY - CARTHAGE PANTRY 125 E. FAIRVIEW CARTHAGE MO 64836-0528	43-0653584	501C3	29,000	813,230	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	KINGS FOOD PANTRY (SOUTHERN WEBSTER 732 S. DIVISION SEYMOUR MO 65746	43-0658188	501C3	17,125	243,763	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	GREAT CIRCLE - SPRINGFIELD 1212 W. LOMBARD ST. SPRINGFIELD MO 65806-2720	43-0681471	501C3		30,738	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**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.

OMB No. 1545-0047

2022

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Name of the organization

OZARKS FOOD HARVEST, INC.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MBCH - THE BRANCHES 2410 S. FARM ROAD 107 SPRINGFIELD MO 65802	43-0697046	501C3		8,943	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	MOBILE FOOD PANTRY - OACAC DADE GRE 513 CRESTVIEW DR. GREENFIELD MO 65661	43-0836672	501C3	2,999	450,487	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	WCMCAA - ST. CLAIR COUNTY 106 W. 4TH ST APPLETON CITY MO 64724	43-0838410	501C3		37,038	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	OREGON COUNTY FOOD PANTRY - ALTON 407 S. MARKET ST. ALTON MO 65606	43-0838508	501C3	50,000	191,316	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	CROSSLINES - SPRINGFIELD 615 N. GLENSTONE AVE. SPRINGFIELD MO 65802	43-0903657	501C3	50,000	1,413,649	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	EL DORADO SPRINGS SENIOR CENTER 604 S. FORREST EL DORADO SPRINGS MO 64744	43-1015585	501C3	32,300	128,882	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	SENIORAGE - MTN. GROVE 700 E. STATE STREET MOUNTAIN GROVE MO 65711	43-1018538	501C3	1,367	806,300	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	CHRISTIAN ASSOCIATES OF TABLE ROCK 13192 STATE HWY. 13 KIMBERLING CITY MO 65686	43-1021298	501C3	3,735	77,450	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	COMMUNITY KITCHEN - HOOD UMC 139 N. WALNUT AVE. REPUBLIC MO 65738	43-1066552	501C3		37,337	COST	FOOD INVENTORY	FOOD ASSISTANCE

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Schedule I (Form 990) (2022)

**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.

OMB No. 1545-0047

2022

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Employer identification number

43-1426384

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(1)	SENIORAGE - CABOOL 910 CHERRY ST. CABOOL MO 65689	43-1067220	501C3		6,003	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	BURRELL HEALTH AND WELLNESS 800 S. PARK AVE. SPRINGFIELD MO 65802	43-1081715	501C3		20,520	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	HARMONY HOUSE (FAMILY VIOLENCE CENT 3404 E. RIDGEVIEW ST. SPRINGFIELD MO 65804	43-1082063	501C3		20,127	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	SOUTHWEST MISSOURI INDIAN CENTER 543 S. SCENIC AVE. SPRINGFIELD MO 65802-4759	43-1109227	501C3		7,259	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	SHANNON COUNTY FOOD PANTRY 18276 W. 2ND STREET WINONA MO 65588-0537	43-1125136	501C3		298,727	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	AAAREGIONX - CARL JUNCTION 303 N. MAIN ST. CARL JUNCTION MO 64834	43-1159115	501C3		188,280	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	NEVADA COMMUNITY KITCHEN 229 N. CEDAR ST. NEVADA MO 64772	43-1164434	501C3		39,790	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	LAFAYETTE HOUSE 1809 S. CONNOR AVE. JOPLIN MO 64804	43-1170015	501C3		60,911	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	SENIORAGE - THAYER 100 CHESTNUT THAYER MO 65791	43-1190762	501C3		19,281	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**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.

OMB No. 1545-0047

2022

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Name of the organization

OZARKS FOOD HARVEST, INC.

Employer identification number

43-1426384

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(1)	SENIORAGE - WINONA 8498 SAPPER STREET WINONA MO 65588	43-1206956	501C3		6,841	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	HARVESTERS 3801 TOPPING AVENUE KANSAS CITY MO 64129	43-1208665	501C3		172,589	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	SENIORAGE - CASSVILLE 1111 FAIR ST. CASSVILLE MO 65625	43-1221410	501C3		6,050	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	SUMMERSVILLE SENIOR CENTER 127 ROGERS AVE. SUMMERSVILLE MO 65571-0112	43-1233413	501C3		14,870	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	PREFERRED FAMILY HEALTHCARE 2411 W. CATALPA SPRINGFIELD MO 65801	43-1236557	501C3		17,854	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	CROSSLINES - LEBANON 141 LAWSON RD. LEBANON MO 65536	43-1238022	501C3	8,000	338,600	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	CENTRAL MO FOOD BNK NTWRK INC 2101 VANDIVER DRIVE COLUMBIA MO 65202	43-1238934	501C3		386,915	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	ST. LOUIS AREAS FOOD BANK 70 CORPORATE WOODS DRIVE BRIDGETON MO 63044	43-1253102	501C3		135,387	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	EMINENCE PANTRY 103 E. VINE ST. EMINENCE MO 65466	43-1271451	501C3	9,960	83,900	COST	FOOD INVENTORY	FOOD ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

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

2022

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Department of the Treasury
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Name of the organization

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Employer identification number

43-1426384

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(1)	CROSSLINES - JOPLIN 320 S. SCHOOL AVE. JOPLIN MO 64801	43-1272794	501C3		1,320,911	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	UNITED COMMUNITY HELP CENTER 209 PARK ST. LICKING MO 65542-0842	43-1279107	501C3	8,438	286,670	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	AGING BEST - LEBANON SENIOR CENTER 460 W. 5TH ST. LEBANON MO 65536-2815	43-1290055	501C3		32,873	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	AGING BEST - SALEM SENIOR CENTER 604 MCGRATH LANE SALEM MO 65560	43-1293148	501C3		31,351	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	FIRST BAPTIST CHURCH - SARCOXIE 101 N. 17TH ST. SARCOXIE MO 64862	43-1303701	501C3	6,300	80,524	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	CASSVILLE PANTRY 800 W. 10TH ST. CASSVILLE MO 65625-1099	43-1307914	501C3		422,955	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	FEED 425 E. 1ST STREET MOUNTAIN VIEW MO 65548	43-1308160	501C3		281,326	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	DADE COUNTY SENIOR CENTER 58 N. ALLISON AVE. GREENFIELD MO 65661	43-1312970	501C3	11,530	18,650	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	CROSSLINES - CARTHAGE 600 E. 6TH ST. CARTHAGE MO 64836	43-1334801	501C3		449,888	COST	FOOD INVENTORY	FOOD ASSISTANCE

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(Form 990)**

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(1)	VICTORY MISSION - HELP & HOPE 700 W. CHASE SPRINGFIELD MO 65803	43-1345089	501C3		153,449	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	CAM-BRANSON 610 S. 6TH ST. BRANSON MO 65616	43-1355905	501C3	45,000	2,254,876	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	SENIORAGE - BUFFALO 303 N. MAPLE BUFFALO MO 65622	43-1372123	501C3	1,800	17,759	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	KITCHEN - WAREHOUSE 730 N. GLENSTONE AVE. SPRINGFIELD MO 65802	43-1384531	501C3		15,268	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	MOBILE FOOD PANTRY - AIDS PROJECT 1636 S. GLENSTONE AVE. SPRINGFIELD MO 65804	43-1421252	501C3		12,753	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	NEVADA COMMUNITY OUTREACH 229 N. CEDAR ST. NEVADA MO 64772	43-1435333	501C3		315,295	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	FEEDING INC.- RIVER STREET FOOD PAN 210 N. RIVER ST. CARTHAGE MO 64836	43-1450446	501C3		427,669	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	DOUGLAS COUNTY COUNCIL ON AGING 109 N. SPRING ST. AVA MO 65608	43-1460783	501C3		31,223	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	LAMAR GOOD SAMARITAN 1301 PARRY ST. LAMAR MO 64759	43-1465283	501C3		1,062,282	COST	FOOD INVENTORY	FOOD ASSISTANCE

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(1)	AGING BEST - STOUTLAND SENIOR CENTE 306 S. HWY. T STOUTLAND MO 65567	43-1484131	501C3		11,346	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	GENESIS 1807 W. HISTORIC ROUTE 66 WAYNESVILLE MO 65583-4177	43-1484132	501C3	43,999	2,013,798	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	AGING BEST - WAYNESVILLE SENIOR CEN 1401 OUSLEY ROAD WAYNESVILLE MO 65583	43-1488322	501C3		50,482	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	MILLER CHRISTIAN SERVICE 111 W. MAIN ST. MILLER MO 65707	43-1499216	501C3		65,154	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	SAMARITAN OUTREACH CENTER - PANTRY 715 MISSOURI AVENUE WEST PLAINS MO 65775-0311	43-1502024	501C3		16,266	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	HOPE CENTER OF EL DORADO SPRINGS 505 E. FIELDS EL DORADO SPRINGS MO 64744	43-1535179	501C3		195,964	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	NORTH STONE COUNTY FOOD PANTRY 215 N. MAIN CRANE MO 65633-0105	43-1542596	501C3	12,566	191,419	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	TEXAS COUNTY FOOD PANTRY 102A E. STATE RTE. 17 HOUSTON MO 65483	43-1566581	501C3		485,110	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	AGAPE HOUSE - MOUNTAIN VIEW 800 E. THIRD MOUNTAIN VIEW MO 65548	43-1583377	501C3		12,193	COST	FOOD INVENTORY	FOOD ASSISTANCE

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- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ST. CLAIR COUNTY FOOD PANTRY 5TH AND MARKET ST. OSCEOLA MO 64776-0266	43-1583740	501C3	25,000	166,831	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	COPE 201 LAWSON RD. LEBANON MO 65536-1281	43-1593771	501C3		18,471	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	MUNCH 811 E. MAIN ST. WILLOW SPRINGS MO 65793-0234	43-1615348	501C3		313,549	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	CNP - MOUNTAIN GROVE YMCA 1 YMCA DR. MOUNTAIN GROVE MO 65711	43-1617662	501C3		12,437	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	WRIGHT COUNTY CHILDREN'S HOME 528 W. NORWOOD ST NORWOOD MO 65717-9168	43-1625535	501C3		11,237	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	SENIORAGE - SEYMOUR 205 S. COMMERCIAL ST. SEYMOUR MO 65746	43-1647814	501C3		10,501	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	BOYS & GIRLS CLUB - BRANSON 1460 BEE CREEK RD. BRANSON MO 65616	43-1664669	501C3	1,359	7,089	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	HEART OF THE HILLS FOOD HARVEST 913 W. BROADWAY AVE. AVA MO 65608	43-1680485	501C3	32,300	118,213	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	AGING BEST - RICHLAND SENIOR CENTER 202 E. WASHINGTON RICHLAND MO 65556	43-1684770	501C3		16,835	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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

Schedule I (Form 990) (2022)

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	INDEPENDENT LIVING CENTER 2639 E. 34TH ST. JOPLIN MO 64804-2809	43-1714219	501C3	10,000	11,666	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	HOUSE, THE 24706 STATE HWY. 171 WEBB CITY MO 64841	43-1754894	501C3		8,822	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	AGING BEST - CROCKER SENIOR CENTER 205 N. COMMERCIAL CROCKER MO 65452	43-1761630	501C3	5,000	8,923	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	COMMUNITY BAPTIST - LEBANON 15905 HWY. 64 LEBANON MO 65536	43-1765604	501C3		6,783	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	CARTHAGE CRISIS CENTER 100 S. MAIN ST. CARTHAGE MO 64836	43-1769385	501C3		142,985	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	COMMUNITY PARTNERSHIP - FULBRIGHT S 3693 N. AMELIA AVE. SPRINGFIELD MO 65803	43-1830026	501C3		18,090	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	CROSSLINES - MCDONALD COUNTY 925 N. HWY. 71 ANDERSON MO 64831	43-1837664	501C3		962,280	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	PEOPLE HELPING PEOPLE 210 N. PINE AVE. REPUBLIC MO 65738	43-1853251	501C3		49,226	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	OZARK COUNTY FOOD PANTRY 20477 US 160 GAINESVILLE MO 65655	43-1855970	501C3		459,486	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LEAST OF THESE 1720 JAMES RIVER RD. OZARK MO 65721-6724	43-1867039	501C3	15,200	2,163,500	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	CHRISTIAN COUNTY FAMILY CRISIS 6348 N. 19TH ST. OZARK MO 65721	43-1928995	501C3		9,472	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	MISSOURI BAPTIST CHILDREN'S HOME 603 N. MAIN ST. MOUNT VERNON MO 65712-0568	43-1948009	501C3		121,715	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	CSFP - SHELDON COMMUNITY SHELDON CITY HALL SHELDON MO 64784	43-4126384	501C3		190,478	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	BOYS & GIRLS CLUB - HENDERSON UNIT 835 W. CALHOUN ST. SPRINGFIELD MO 65802	44-0513659	501C3		44,362	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	MISSION JOPLIN- FOREST PARK BAPTIST 2822 E. 8TH ST. JOPLIN MO 64801	44-0559931	501C3		198,611	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	SOUTHERN STONE COUNTY FOOD PANTRY 20 KIMBERLING BLVD. KIMBERLING CITY MO 65686	44-0571348	501C3	200	1,040,896	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	FIRST BAPTIST CHURCH - WEST PLAINS 112 WALNUT ST. WEST PLAINS MO 65775	44-0615104	501C3		534,072	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	GRACE UNITED METHODIST CHURCH 600 S. JEFFERSON SPRINGFIELD MO 65806	44-0651283	501C3		10,733	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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

Schedule I (Form 990) (2022)

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SENIOR CITIZENS OF MOUNTAIN VIEW 903 E. 5TH ST. MOUNTAIN VIEW MO 65548-8338	44-6000228	501C3		69,296	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	FOOTSTEPS 424 E. NORTON RD. SPRINGFIELD MO 65807	44-6006077	501C3		18,806	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	HELPING HANDS MINISTRIES 1304 E. PENNELL CARL JUNCTION MO 64834	45-0646529	501C3		104,703	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	ASH GROVE FOOD PANTRY 121 W. MAIN ST. ASH GROVE MO 65604	45-1804447	501C3	20,290	70,365	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	EL PASOANS FIGHTING HUNGER FOOD BAN 9541 PLAZA CIRCLE EL PASO TX 79927	45-2893839	501C3	12,500	211,956	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	HICKORY COUNTY C.A.R.E.S. 18613 MAIN ST. WHEATLAND MO 65779	45-3308607	501C3		422,060	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	MONETT COMMUNITY KITCHEN 1600 N. CENTRAL AVE. MONETT MO 65708	45-3936275	501C3		501,107	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	LIVES UNDER CONSTRUCTION 296 BOYS RANCH RD. LAMPE MO 65681	46-0368556	501C3		17,946	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	NIANGUA COMMUNITY FOOD PANTRY 276 N. OLIVE ST. NIANGUA MO 65713	46-0540277	501C3		32,456	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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

Schedule I (Form 990) (2022)

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SAFE HAVEN NOW 138 W. MAIN ST. FORDLAND MO 65652	46-5615098	501C3		15,121	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	HELP CENTER 1321 BUSINESS HWY. 49 NEOSHO MO 64850	51-0179561	501C3	14,300	796,665	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	DIXON AREA CARING CENTER 206 S. ELM ST. DIXON MO 65459	56-2522501	501C3		363,474	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	CARING PLACE, THE 417 S. WASHINGTON ST. WALNUT GROVE MO 65770	61-1682058	501C3	2,866	123,832	COST	FOOD INVENTORY	FOOD ASSISTANCE
(5)	CALVARY CHAPEL FWB CHURCH 26 OAK RIDGE RD. BUFFALO MO 65622	62-6050669	501C3		168,125	COST	FOOD INVENTORY	FOOD ASSISTANCE
(6)	HARVEST FELLOWSHIP FOOD PANTRY 21172 FARM RD. 1200/WOLF RD. AURORA MO 65605	73-6114117	501C3		2,263,874	COST	FOOD INVENTORY	FOOD ASSISTANCE
(7)	MOUNTAIN GROVE LOVE CENTER & FOOD P 304 E. FIRST ST. MOUNTAIN GROVE MO 65711	77-0622202	501C3		722,484	COST	FOOD INVENTORY	FOOD ASSISTANCE
(8)	LIFE HOUSE - CATHOLIC CHARITIES 424 E. MONASTERY ST. SPRINGFIELD MO 65807	80-0455890	501C3		11,729	COST	FOOD INVENTORY	FOOD ASSISTANCE
(9)	HELPING HANDS COMMUNITY FOOD PANTRY 32685 STATE HWY. 86 EAGLE ROCK MO 65641	80-0738369	501C3	2,950	52,444	COST	FOOD INVENTORY	FOOD ASSISTANCE

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

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

Schedule I (Form 990) (2022)

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TEEN CHALLENGE- BRANSON 512 PURIST LN. BRANSON WEST MO 65737	81-1612127	501C3	3,562	57,373	COST	FOOD INVENTORY	FOOD ASSISTANCE
(2)	WHOSOEVER RESTORATION HOUSE 273 DIVISION ST. STOTTS CITY MO 65756	83-1641628	501C3		64,892	COST	FOOD INVENTORY	FOOD ASSISTANCE
(3)	ISAIAH 58:7 MISSION FOOD PANTRY 1235 STATE HWY 64 TUNAS MO 65764	87-2967939	501C3	1,050	76,612	COST	FOOD INVENTORY	FOOD ASSISTANCE
(4)	OZARKS FOOD HARVEST FOUNDATION PO BOX 5746 SPRINGFIELD MO 65801	87-0864895	501C3	3,000,000				PROGRAM SUPPORT
(5)								
(6)								
(7)								
(8)								
(9)								

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

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
Name of the organization

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

OMB No. 1545-0047

2022

Open to Public Inspection

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? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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 and/or 1099-NEC 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)	187,838	0	0	5,874	16,866	210,578	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)**

Noncash Contributions

OMB No. 1545-0047

2022

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

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Department of the Treasury
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Name of the organization

Employer identification number

OZARKS FOOD HARVEST, INC.

43-1426384

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
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	X	15164258	35,548,642	COST OR SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization 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.

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**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2022

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

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

2022

**Open to Public
Inspection**

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

Go to 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) OZARKS FOOD HARVEST FOUNDATION PO BOX 5746 87-0864895 SPRINGFIELD MO 65801	SUPPORT	MO	501C3	12A	OFH, INC	X	
(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) OFH-SOLAR, INC PO BOX 5746 SPRINGFIELD MO 65801 83-4110856	SOLAR LEAS	MO	OFH-SOLAR,	C	-761	11,399	100.000000		X
(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.

1 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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OFH-SOLAR, INC	K	18,853	COST
(2) OZARKS FOOD HARVEST FOUNDATION	B	3,000,000	CASH
(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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII

Supplemental Information.

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

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