

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)

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.

Department of the Treasury Internal Revenue Service

Header section containing organization details: C Name of organization (OZARK TRAIL ASSOCIATION), D Employer identification number (76-0721119), E Telephone number (573-436-0540), F Name and address of principal officer (KATHLEEN BRENNAN), I Tax-exempt status (501(c)(3)), J Website (WWW.OZARKTRAIL.COM), K Form of organization (Association), L Year of formation (2002), M State of legal domicile (MO).

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes sections for Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22).

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.

Signature of officer: KATHLEEN BRENNAN, PRESIDENT. Date field.

Paid Preparer Use Only section: Print/Type preparer's name (BARRY W MCFARLAND), Preparer's signature, Date (10/27/2023), Check self-employed, PTIN (P01250067), Firm's name (MCFARLAND BUSINESS SERVICES INC), Firm's EIN (43-1802862), Firm's address (106 STATE HIGHWAY P 63664), Phone no. (573-438-8400).

May the IRS discuss this return with the preparer shown above? See instructions. [X] 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:
DEVELOP, MAINTAIN, AND PROMOTE RUGGED NATURAL BEAUTY OF OZARK TRAIL AS PUBLIC
RECREATION RESOURCE IN MISSOURI.

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 \$ including grants of \$) (Revenue \$)
Maintenance of the existing Ozark Trail in cooperation with the US Army Corps
of Engineers, USDA, US Forest Service, National Park Service, Missouri Division
of State Parks, Missouri Department of Conservation and LAD Foundation.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
Development of new sections of trail to include final construction completing a
new section paralleling the Current River near Ozark National Scenic Riverways
operated by the National Park Service.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
Promoting greater use of the Ozark Trail by the public through public events
and a website offering maps and trip planning information.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

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)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, bond issues, and organizational transactions.

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 []

Table with 3 columns: Question number, Description, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V		Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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	6		
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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			
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			
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			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
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?				
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?	13a			
Note: See the instructions for additional information the organization must report on Schedule O.					
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? <i>If "No," provide an explanation on Schedule O</i>	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?	15			
If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16			
If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or 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?	17			
If "Yes," complete Form 6069.					

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

ABI JACKSON 573-436-0540
406 W HIGH ST POTOSI, MO 63664

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 the 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) KATHIE BRENNAN PRESIDENT	1	X		X				0	0	0
(2) MARK GOFORTH VICE PRESIDENT	1	X		X				0	0	0
(3) ROGER ALLISON TREASURER	1	X		X				0	0	0
(4) MARK SEESING MEMBER	1	X						0	0	0
(5) JIM SCHNEIDER MEMBER	1	X						0	0	0
(6) STEPHEN THOMPSON MEMBER	1	X						0	0	0
(7) JEFF GOETTER SECRETARY	1	X		X				0	0	0
(8) GARRETT DOAK MEMBER	1	X						0	0	0
(9) TIM SEENER MEMBER	1	X						0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		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

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	24569		
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	49929		
	g	Noncash contributions included in lines 1a-1f	1g	\$		
	h	Total. Add lines 1a-1f		74498		
	Program Service Revenue	2a	RTP AND USFS REIMBUR	Business Code		
b			120847	120847		
c						
d						
e						
f		All other program service revenue				
g		Total. Add lines 2a-2f		120847		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		866	866	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real			
			(ii) Personal			
	b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	b	Less: cost or other basis and sales expenses	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	32309			
b	Less: direct expenses	8b	17951			
c	Net income or (loss) from fundraising events		14358			
9a	Gross income from gaming activities. See Part IV, line 19	9a				
		9b				
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	10a	13931			
		10b	5794			
c	Net income or (loss) from sales of inventory		8137			
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	Business Code			
	b		3075	3075		
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d		3075		
12	Total revenue. See instructions		221781	124788		

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				
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				
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	67653	42171	15911	9571
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	5175	3167	1219	789
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	3050		3050	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	304		304	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	26634	26634		
12 Advertising and promotion	1888	1888		
13 Office expenses	1447		622	825
14 Information technology	3831	1684	647	1500
15 Royalties				
16 Occupancy	2977	680	2297	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5500	5500		
23 Insurance	10798		10798	
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 MISCELLANEOUS EXPENSES	3178		3178	
b TOOLS AND EQUIPMENT	15514	14075	1389	50
c DUES AND SUBSCRIPTIONS	560	10	550	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	148509	95809	39965	12735
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	131286	1	174163
	2 Savings and temporary cash investments		2	30003
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 52500		
	b Less: accumulated depreciation	10b 52122	5878	10c 378
	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	26125	13	27267
	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)		163289	16	231811
Liabilities	17 Accounts payable and accrued expenses	2953	17	2750
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		2953	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" 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	160336	31	229061
32 Total net assets or fund balances	160336	32	229061	
33 Total liabilities and net assets/fund balances	163289	33	231811	

QNA

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	221781
2	Total expenses (must equal Part IX, column (A), line 25)	2	148509
3	Revenue less expenses. Subtract line 2 from line 1	3	73272
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	160336
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-4547
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	229061

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 checked="" type="checkbox"/> Cash <input 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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b		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.	2c		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?	3a		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 .	3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OZARK TRAIL ASSOCIATION

Employer identification number

76-0721119

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; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 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 4 columns: Line number, Description, Percentage, and Check box. Rows include: 14 Public support percentage for 2022; 15 Public support percentage from 2021 Schedule A; 16a 33 1/3% support test—2022; b 33 1/3% support test—2021; 17a 10%-facts-and-circumstances test—2022; b 10%-facts-and-circumstances test—2021; 18 Private foundation.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
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 of 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
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?		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

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 (explain in detail in Part VI):		
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		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization: OZARK TRAIL ASSOCIATION; Employer identification number: 76-0721119

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 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements.

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

Multiple rows of questions 1-9 regarding conservation easements, including checkboxes and a table for 'Held at the End of the Tax Year'.

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.

Questions 1a, 1b, 2 regarding art and historical treasures, including dollar amount fields.

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

- Table with columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back
1a Beginning of year balance
1b Contributions
1c Net investment earnings, gains, and losses
1d Grants or scholarships
1e Other expenditures for facilities and programs
1f Administrative expenses
1g 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:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
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.

Table with columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value
1a Land
1b Buildings
1c Leasehold improvements
1d Equipment
1e Other
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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 .

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

76-0721119

OZARK TRAIL ASSOCIATION

PART IX, LINE 11g:

Contract Services

PART VI, SECTION A, LINE 8a:

Minutes of meetings recorded by Secretary of Board.

PART VI, SECTION A, LINE 8b:

Minutes of committee meetings recorded by Secretary of Board.

PART VI, SECTION B, LINE 11:

Copy of Form 990 provided to Board for approval prior to filing the return.

PART VI, SECTION C, LINE 19:

Copy of Form 990 available upon written request and approval of Board.

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172

2022
 Attachment
 Sequence No. **179**

Attach to your tax return.
 Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return OZARK TRAIL ASSOCIATION	Business or activity to which this form relates FORM 990	LINK: 0-1	Identifying number 76-0721119
--	---	-----------	----------------------------------

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5500

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5500
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

(Rev. January 2022)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. OZARK TRAIL ASSOCIATION	Taxpayer identification number (TIN) 76-0721119
	Number, street, and room or suite no. If a P.O. box, see instructions. 406 W HIGH ST	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. POTOSI, MO 63664	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

• The books are in the care of ► ABI JACKSON

Telephone No. ► (573) 436-0540 Fax No. ► _____

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

1 I request an automatic 6-month extension of time until 11/15, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year 20 ____ or
 ► tax year beginning 01/01, 20 22, and ending 12/31, 20 22.

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

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 01/01, 2022, and ending 12/31, 20 22

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

OZARK TRAIL ASSOCIATION

EIN or SSN

76-0721119

Name and title of officer or person subject to tax

KATHLEEN BRENNAN - PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>221781</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize MCFARLAND BUSINESS SERVICES INC to enter my PIN

1	1	1	1	9
---	---	---	---	---

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Kathleen Brennan

Date

11/15/2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

4	3	3	5	5	3	1	0	0	6	7
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature MCFARLAND BUSINESS SERVICES INC
BARRY W MCFARLAND

Date

10/27/2023

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

2022 YEAR-END TAX SUMMARY**Recipient's Name:**
OZARK TRAIL ASSOCIATION

Page 1 of 11

Information as of March 28, 2023

Edward Jones Account Number:
186-24882-1-8

The interest and or dividend income provided on your year-end tax summary is not a Form 1099. This information is not reported to the IRS.

Dividends and Distributions

Total Ordinary Dividends	605.22
Qualified Dividends	277.37
Total Capital Gain Distributions	316.78
Unrecap. Sec. 1250 Gain	0.00
Section 1202 Gain	0.00
Collectibles (28%) Gain	0.00
Section 897 ordinary dividends	0.00
Section 897 capital gain	0.00
Nondividend Distributions	0.00
Federal Income Tax Withheld	0.00
Section 199A Dividends	1.42
Investment Expenses	0.00
Foreign Tax Paid	11.16
Foreign Country or US Possession	
Cash Liquidation Distributions	0.00
Noncash Liquidation Distributions	0.00
Exempt-Interest Dividends	0.00
Specified Private Activity Bond Interest Dividends	0.00

2022 YEAR-END TAX SUMMARY

Recipient's Name:
OZARK TRAIL ASSOCIATION

Information as of March 28, 2023

Edward Jones Account Number:
186-24882-1-8

The information provided for the proceeds from the broker and barter exchange transactions on your year-end tax summary is not a Form 1099. This information is not reported to the IRS.

Proceeds From Broker and Barter Exchange Transactions

Short-Term Transactions										Short Term
Description of Property / CUSIP / Symbol										
Activity Type	Quantity Sold	Date Acquired	Date Sold or Disposed	Proceeds	Cost or Other Basis	Unadjusted Gain/Loss	Accrued Market Discount	Wash Sale Loss Disallowed	Federal Income Tax Withheld	Loss Not Allowed
BRIDGE BUILDER LARGE VALUE / 10803R306 / BBVLX										
Sale	9.43100	Various	11/14/2022	152.31	161.19	-8.88	0.00	0.00	0.00	<input type="checkbox"/>
BRIDGE BUILDER SMALL/MID VALUE / 10803R504 / BBVSX										
Sale	7.32700	Various	11/14/2022	99.87	106.68	-6.81	0.00	0.00	0.00	<input type="checkbox"/>
BRIDGE BUILDER INTL EQUITY / 10803R603 / BBIEX										
Sale	51.21600	Various	11/14/2022	553.13	649.27	-96.14	0.00	0.00	0.00	<input type="checkbox"/>
BRIDGE BUILDER CORE PLUS BOND / 10803R702 / BBCPX										
Sale	3.79300	Various	11/14/2022	32.81	38.79	-5.98	0.00	5.15	0.00	<input type="checkbox"/>
Sale	49.63100	Various	11/14/2022	429.31	459.21	-29.90	0.00	0.00	0.00	<input type="checkbox"/>
Subtotal	53.42400			462.12	498.00	-35.88	0.00	5.15	0.00	
AMERICAN INTL GROWTH & INC F3 / 45956T774 / IGAIX										
Sale	12.65000	Various	04/11/2022	443.64	529.21	-85.57	0.00	0.00	0.00	<input type="checkbox"/>
ISHARES S&P SC 600 VALUE ETF / 464287879 / IJS										
Sale	5.00000	08/05/2021	04/11/2022	500.80	497.33	3.47	0.00	0.00	0.00	<input type="checkbox"/>
VANGUARD FTSE ALL-WORLD EX US / 922042718 / VSS										
Sale	2.00000	08/05/2021	04/11/2022	243.50	277.74	-34.24	0.00	0.00	0.00	<input type="checkbox"/>

2022 YEAR-END TAX SUMMARY

Recipient's Name:
OZARK TRAIL ASSOCIATION

Information as of March 28, 2023

Edward Jones Account Number:
186-24882-1-8

The information provided for the proceeds from the broker and barter exchange transactions on your year-end tax summary is not a Form 1099. This information is not reported to the IRS.

Proceeds From Broker and Barter Exchange Transactions

Short-Term Transactions.(continued)										Short Term
Description of Property / CUSIP / Symbol										
Activity Type	Quantity Sold	Date Acquired	Date Sold or Disposed	Proceeds	Cost or Other Basis	Unadjusted Gain/Loss	Accrued Market Discount	Wash Sale Loss Disallowed	Federal Income Tax Withheld	Loss Not Allowed
VANGUARD MID CAP ETF / 922908629 / VO										
Sale	1.00000	04/11/2022	11/14/2022	212.28	235.26	-22.98	0.00	0.00	0.00	<input type="checkbox"/>
Totals				2,667.65	2,954.68	-287.03	0.00	5.15	0.00	

2022 YEAR-END TAX SUMMARY

Recipient's Name:
OZARK TRAIL ASSOCIATION

Information as of March 28, 2023

Edward Jones Account Number:
186-24882-1-8

The information provided for the proceeds from the broker and barter exchange transactions on your year-end tax summary is not a Form 1099. This information is not reported to the IRS.

Proceeds From Broker and Barter Exchange Transactions

Long-Term Transactions										Long Term
Description of Property / CUSIP / Symbol										
Activity Type	Quantity Sold	Date Acquired	Date Sold or Disposed	Proceeds	Cost or Other Basis	Unadjusted Gain/Loss	Accrued Market Discount	Wash Sale Loss Disallowed	Federal Income Tax Withheld	Loss Not Allowed
VANGUARD VALUE ETF / 922908744 / VTV										
Sale	4.00000	08/05/2021	11/14/2022	570.28	556.43	13.85	0.00	0.00	0.00	<input type="checkbox"/>
Totals				570.28	556.43	13.85	0.00	0.00	0.00	

2022 YEAR-END TAX SUMMARY

Recipient's Name:
OZARK TRAIL ASSOCIATION

Information as of March 28, 2023

Edward Jones Account Number:
186-24882-1-8

The information provided for the proceeds from the broker and barter exchange transactions on your year-end tax summary is not a Form 1099. This information is not reported to the IRS.

Totals	Proceeds	Cost Basis	Unadjusted Gain/Loss	Accrued Market Discount	Wash Sale Loss Disallowed	Gain/Loss Considered Ordinary	Gain/Loss Attributed to Proceeds from Collectibles	Federal Withholding	State Withholding
Total ST Totals	2,667.65	2,954.68	-287.03	0.00	5.15	0.00	0.00	0.00	0.00
Total LT Totals	570.28	556.43	13.85	0.00	0.00	0.00	0.00	0.00	0.00
Total Uncosted Proceeds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net Totals	3,237.93	3,511.11	-273.18	0.00	5.15	0.00	0.00	0.00	0.00

Important Information Regarding Your Form 1099-B

* - Denotes additional reportable information related to transaction listed immediately above.

We will report cost basis for "covered" shares to the IRS. We will not report cost basis for "noncovered" shares to the IRS. Unadjusted Gain/Loss equals Proceeds (Box 1d) minus Cost or Other Basis (Box 1e) and has not been adjusted for Accrued Market Discount (Box 1f), Wash Sale Disallowed (Box 1g), gain/loss considered Ordinary (Box 2), or gain/loss attributed to Proceeds from Collectibles (Box 3). The cost basis for sales of stock received from compensatory options granted after 2013 is the exercise price only and has not been adjusted for any ordinary income recognized upon grant or exercise. The IRS may require you to report the Proceeds, Cost or Other Basis, and any adjustments from your Form 1099-B on Form 1040, Schedule D (Capital Gains and Losses) and/or Form 8949 (Sales and Other Dispositions of Capital Assets). Refer to the Instructions for Form 1040, Schedule D, and Form 8949 to determine how to report this information on your tax return.

LT indicates a long-term gain/(loss), ST indicates a short-term gain/(loss), and Unknown indicates that we did not have enough information to determine the cost basis and/or holding period. "Ordinary" indicates that some or all the Unadjusted Gain/Loss may be treated as ordinary income or loss. "Collectibles" indicates that proceeds are from a transaction involving collectibles or from a sale of a security that holds collectibles (e.g. a Grantor Trust UIT).

Select accounts have a default cost basis method (CBM) of average cost for domestic open-ended mutual funds and lot cost for all other securities. The default lot relief method (LRM) is first-in, first-out (FIFO). Advisory and Guided Solutions accounts, have a default CBM of lot cost for all securities. The default LRM is Tax Aware. UMA accounts have a default CBM of lot cost for all securities. The default LRM is FIFO. The default LRM will be used unless otherwise indicated at the time of sale. If you have used any other cost basis calculation method or lot relief methods for noncovered security transactions, do not rely on these figures. Also, we are required to calculate and report amortization and accretion adjustments for covered taxable and tax-exempt bonds using "default" methods specified by IRS regulations. We make cost basis adjustments on non-covered taxable and tax-exempt bonds for amortization and accretion. The cost basis information for non-covered securities transactions is believed to be reliable, but its accuracy and completeness are not guaranteed. Therefore, this information should not be relied upon for tax preparation without independent verification by your qualified tax advisor. Edward Jones, its employees and financial advisors cannot provide tax or legal advice.

SUMMARY OF INVESTMENT INCOMERecipient's Name:
OZARK TRAIL ASSOCIATION

Page 6 of 11

Information as of March 28, 2023

Edward Jones Account Number:
186-24882-1-8

This is not a Form 1099. It is a summary of the income you received in your account during 2022. For a complete description of each activity, refer to your account statement for that period. If you have any questions, contact your Edward Jones financial advisor.

2022 Date	Description	CUSIP	Amount in 2022	2022 Date	Description	CUSIP	Amount in 2022
Dividend Income - Taxable				Dividend Income - Taxable (continued)			
11/23	ARTISAN INTL SMALL-MID I	04314H576	0.63	09/30	ISHARES RUSS 2000 ETF	464287655	-0.21
12/28	BRIDGE BUILDER LARGE GROWTH	10803R207	27.69	12/19	ISHARES RUSS 2000 ETF	464287655	2.49
04/01	BRIDGE BUILDER LARGE VALUE	10803R306	11.42	12/19	ISHARES RUSS 2000 ETF	464287655	-0.59
07/01	BRIDGE BUILDER LARGE VALUE	10803R306	15.85	12/19	ISHARES RUSS 2000 ETF	464287655	-0.21
10/03	BRIDGE BUILDER LARGE VALUE	10803R306	14.85	03/30	ISHARES S&P SC 600 VALUE ETF	464287879	1.43
12/23	BRIDGE BUILDER LARGE VALUE	10803R306	12.70	03/30	ISHARES S&P SC 600 VALUE ETF	464287879	-0.22
12/31	BRIDGE BUILDER LARGE VALUE	10803R306	16.41	03/30	ISHARES S&P SC 600 VALUE ETF	464287879	-0.23
12/28	BRIDGE BUILDER SMALL/MID GRW	10803R405	2.01	12/15	TRP INTERNATIONAL STOCK I	77956H526	1.89
12/28	BRIDGE BUILDER SMALL/MID VALUE	10803R504	15.54	12/15	TRP INTERNATIONAL STOCK I	77956H526	4.91
12/28	BRIDGE BUILDER INTL EQUITY	10803R603	78.61	06/24	VANGUARD FTSE ALL-WORLD EX US	922042718	0.75
06/30	DFA INTERNATIONAL VALUE I	25434D203	9.04	06/24	VANGUARD FTSE ALL-WORLD EX US	922042718	0.14
09/30	DFA INTERNATIONAL VALUE I	25434D203	3.90	06/24	VANGUARD FTSE ALL-WORLD EX US	922042718	-0.24
12/15	DFA INTERNATIONAL VALUE I	25434D203	5.13	09/22	VANGUARD FTSE ALL-WORLD EX US	922042718	0.32
03/28	AMERICAN INTL GROWTH & INC F3	45956T774	1.85	09/22	VANGUARD FTSE ALL-WORLD EX US	922042718	0.06
03/30	ISHARES RUSS 2000 ETF	464287655	0.80	09/22	VANGUARD FTSE ALL-WORLD EX US	922042718	-0.10
03/30	ISHARES RUSS 2000 ETF	464287655	-0.07	12/22	VANGUARD FTSE ALL-WORLD EX US	922042718	5.48
06/15	ISHARES RUSS 2000 ETF	464287655	1.48	12/22	VANGUARD FTSE ALL-WORLD EX US	922042718	1.00
06/15	ISHARES RUSS 2000 ETF	464287655	-0.35	12/22	VANGUARD FTSE ALL-WORLD EX US	922042718	-1.74
06/15	ISHARES RUSS 2000 ETF	464287655	-0.12	06/28	VANGUARD MID CAP ETF	922908629	1.77
09/30	ISHARES RUSS 2000 ETF	464287655	2.58	06/28	VANGUARD MID CAP ETF	922908629	-0.05
09/30	ISHARES RUSS 2000 ETF	464287655	-0.61	06/28	VANGUARD MID CAP ETF	922908629	-0.16

SUMMARY OF INVESTMENT INCOME

Recipient's Name:
OZARK TRAIL ASSOCIATION

Page 7 of 11

Information as of March 28, 2023

Edward Jones Account Number:
186-24882-1-8

2022 Date	Description	CUSIP	Amount in 2022	2022 Date	Description	CUSIP	Amount in 2022
Dividend Income - Taxable (continued)				Dividend Income - Taxable (continued)			
09/28	VANGUARD MID CAP ETF	922908629	2.42	10/03	BRIDGE BUILDER CORE BOND	10803R108	9.50
09/28	VANGUARD MID CAP ETF	922908629	-0.06	11/01	BRIDGE BUILDER CORE BOND	10803R108	9.85
09/28	VANGUARD MID CAP ETF	922908629	-0.22	12/01	BRIDGE BUILDER CORE BOND	10803R108	10.18
12/28	VANGUARD MID CAP ETF	922908629	2.24	12/31	BRIDGE BUILDER CORE BOND	10803R108	11.24
12/28	VANGUARD MID CAP ETF	922908629	-0.06	04/01	BRIDGE BUILDER LARGE VALUE	10803R306	1.28
12/28	VANGUARD MID CAP ETF	922908629	-0.20	07/01	BRIDGE BUILDER LARGE VALUE	10803R306	1.78
03/28	VANGUARD VALUE ETF	922908744	8.71	10/03	BRIDGE BUILDER LARGE VALUE	10803R306	1.67
06/28	VANGUARD VALUE ETF	922908744	10.02	12/31	BRIDGE BUILDER LARGE VALUE	10803R306	1.84
09/28	VANGUARD VALUE ETF	922908744	10.37	02/01	BRIDGE BUILDER CORE PLUS BOND	10803R702	6.83
12/28	VANGUARD VALUE ETF	922908744	8.32	03/01	BRIDGE BUILDER CORE PLUS BOND	10803R702	6.49
Total Qualified Dividends:			277.37	04/01	BRIDGE BUILDER CORE PLUS BOND	10803R702	7.98
10/21	MNY MKT FUND INVESTMENT SHARES	MNYMKT002	0.02	05/02	BRIDGE BUILDER CORE PLUS BOND	10803R702	7.62
11/22	MNY MKT FUND INVESTMENT SHARES	MNYMKT002	0.05	06/01	BRIDGE BUILDER CORE PLUS BOND	10803R702	10.01
12/31	MNY MKT FUND INVESTMENT SHARES	MNYMKT002	0.07	07/01	BRIDGE BUILDER CORE PLUS BOND	10803R702	10.61
02/01	BRIDGE BUILDER CORE BOND	10803R108	5.74	08/01	BRIDGE BUILDER CORE PLUS BOND	10803R702	12.06
03/01	BRIDGE BUILDER CORE BOND	10803R108	5.43	09/01	BRIDGE BUILDER CORE PLUS BOND	10803R702	12.94
04/01	BRIDGE BUILDER CORE BOND	10803R108	6.10	10/03	BRIDGE BUILDER CORE PLUS BOND	10803R702	12.95
05/02	BRIDGE BUILDER CORE BOND	10803R108	5.98	11/01	BRIDGE BUILDER CORE PLUS BOND	10803R702	13.78
06/01	BRIDGE BUILDER CORE BOND	10803R108	7.78	12/01	BRIDGE BUILDER CORE PLUS BOND	10803R702	13.58
07/01	BRIDGE BUILDER CORE BOND	10803R108	8.19	12/31	BRIDGE BUILDER CORE PLUS BOND	10803R702	40.25
08/01	BRIDGE BUILDER CORE BOND	10803R108	8.52	06/30	DFA INTERNATIONAL VALUE I	25434D203	1.97
09/01	BRIDGE BUILDER CORE BOND	10803R108	9.12	09/30	DFA INTERNATIONAL VALUE I	25434D203	0.85
				12/15	DFA INTERNATIONAL VALUE I	25434D203	1.12

SUMMARY OF INVESTMENT INCOME

Recipient's Name:
OZARK TRAIL ASSOCIATION

Page 8 of 11

Information as of March 28, 2023

Edward Jones Account Number:
186-24882-1-8

2022 Date	Description	CUSIP	Amount in 2022	2022 Date	Description	CUSIP	Amount in 2022
Dividend Income - Taxable (continued)				Dividend Income - Taxable (continued)			
06/15	ISHARES RUSS 2000 ETF	464287655	0.35	09/01	PIMCO HIGH YIELD I	693390841	3.75
09/30	ISHARES RUSS 2000 ETF	464287655	0.61	10/03	PIMCO HIGH YIELD I	693390841	3.89
12/19	ISHARES RUSS 2000 ETF	464287655	0.59	11/01	PIMCO HIGH YIELD I	693390841	3.53
03/30	ISHARES S&P SC 600 VALUE ETF	464287879	0.22	12/01	PIMCO HIGH YIELD I	693390841	3.88
02/01	JPM U.S. GOVT MNY MKT CAPITAL	4812C0670	0.01	12/31	PIMCO HIGH YIELD I	693390841	4.19
03/01	JPM U.S. GOVT MNY MKT CAPITAL	4812C0670	0.01	12/01	PIMCO INTL BOND (USD-HEDGED) I	693390882	0.56
04/01	JPM U.S. GOVT MNY MKT CAPITAL	4812C0670	0.03	12/31	PIMCO INTL BOND (USD-HEDGED) I	693390882	2.05
05/02	JPM U.S. GOVT MNY MKT CAPITAL	4812C0670	0.07	12/15	TRP INTERNATIONAL STOCK I	77956H526	2.18
06/01	JPM U.S. GOVT MNY MKT CAPITAL	4812C0670	0.30	06/24	VANGUARD FTSE ALL-WORLD EX US	922042718	0.24
07/01	JPM U.S. GOVT MNY MKT CAPITAL	4812C0670	0.43	09/22	VANGUARD FTSE ALL-WORLD EX US	922042718	0.10
08/01	JPM U.S. GOVT MNY MKT CAPITAL	4812C0670	0.60	12/22	VANGUARD FTSE ALL-WORLD EX US	922042718	1.74
09/01	JPM U.S. GOVT MNY MKT CAPITAL	4812C0670	0.77	06/28	VANGUARD MID CAP ETF	922908629	0.05
10/03	JPM U.S. GOVT MNY MKT CAPITAL	4812C0670	0.79	09/28	VANGUARD MID CAP ETF	922908629	0.06
11/01	JPM U.S. GOVT MNY MKT CAPITAL	4812C0670	0.94	12/28	VANGUARD MID CAP ETF	922908629	0.06
12/01	JPM U.S. GOVT MNY MKT CAPITAL	4812C0670	1.37	Total Nonqualified Dividends			320.10
12/31	JPM U.S. GOVT MNY MKT CAPITAL Adjusted 01/04/23 for Reason 017	4812C0670	1.87	12/23	BRIDGE BUILDER LARGE VALUE	10803R306	14.13
02/01	PIMCO HIGH YIELD I	693390841	2.54	12/23	BRIDGE BUILDER LARGE VALUE	10803R306	-12.70
03/01	PIMCO HIGH YIELD I	693390841	2.80	12/08	PIMCO HIGH YIELD I	693390841	4.06
04/01	PIMCO HIGH YIELD I	693390841	2.78	12/15	TRP INTERNATIONAL STOCK I	77956H526	2.73
05/02	PIMCO HIGH YIELD I	693390841	2.84	12/15	TRP INTERNATIONAL STOCK I	77956H526	-1.89
06/01	PIMCO HIGH YIELD I	693390841	3.33	Total Short-Term Capital Gains			6.33
07/01	PIMCO HIGH YIELD I	693390841	3.53	12/23	BRIDGE BUILDER LARGE VALUE	10803R306	199.91
08/01	PIMCO HIGH YIELD I	693390841	3.66	12/23	BRIDGE BUILDER SMALL/MID VALUE	10803R504	77.59

SUMMARY OF INVESTMENT INCOME

Recipient's Name:
OZARK TRAIL ASSOCIATION

Page 9 of 11

Information as of March 28, 2023

Edward Jones Account Number:
186-24882-1-8

2022 Date	Description	CUSIP	Amount in 2022	2022 Date	Description	CUSIP	Amount in 2022
Dividend Income - Taxable (continued)				Dividend Income - Taxable (continued)			
12/23	BRIDGE BUILDER INTL EQUITY	10803R603	17.53	12/22	VANGUARD FTSE ALL-WORLD EX US	922042718	1.00
12/08	PIMCO HIGH YIELD I	693390841	11.85	Total Foreign Tax Paid:			
12/08	PIMCO INTL BOND (USD-HEDGED) I	693390882	9.90	11.16			
Total Long-Term Capital Gains			316.78				
03/30	ISHARES RUSS 2000 ETF	464287655	0.07				
06/15	ISHARES RUSS 2000 ETF	464287655	0.12				
09/30	ISHARES RUSS 2000 ETF	464287655	0.21				
12/19	ISHARES RUSS 2000 ETF	464287655	0.21				
03/30	ISHARES S&P SC 600 VALUE ETF	464287879	0.23				
06/28	VANGUARD MID CAP ETF	922908629	0.16				
09/28	VANGUARD MID CAP ETF	922908629	0.22				
12/28	VANGUARD MID CAP ETF	922908629	0.20				
Total Section 199A Dividends			1.42				
12/28	BRIDGE BUILDER INTL EQUITY	10803R603	7.48				
06/30	DFA INTERNATIONAL VALUE I	25434D203	0.82				
09/30	DFA INTERNATIONAL VALUE I	25434D203	0.35				
12/15	DFA INTERNATIONAL VALUE I	25434D203	0.46				
03/28	AMERICAN INTL GROWTH & INC F3	45956T774	0.02				
12/15	TRP INTERNATIONAL STOCK I	77956H526	0.83				
06/24	VANGUARD FTSE ALL-WORLD EX US	922042718	0.14				
09/22	VANGUARD FTSE ALL-WORLD EX US	922042718	0.06				

2022 ADDITIONAL TAX INFORMATION

Recipient's Name:
OZARK TRAIL ASSOCIATION

Page 10 of 11

Information as of March 28, 2023

Edward Jones Account Number:
186-24882-1-8

The supplemental information for state tax exclusions reports the amount of income derived from federal, municipal and U.S. territory obligations. A portion of this amount may be excludable from state taxable income based upon the state's law. The information below includes the state of issuance of the municipal bond or the state from which income is derived. This state is presumed to be your state of residency. If the state indicated is not your state of residency, please notify your financial advisor, whose contact information is provided below. Please contact your tax advisor to determine how much of the income may be excludable from your taxable state income.

Foreign Source Income

Security Name	CUSIP	Source	Qualified Dividends	Total Dividends	Foreign Tax Paid	Foreign Source Percent	Income From Foreign Source Obligations
BRIDGE BUILDER INTL EQUITY	10803R603		\$78.61	\$78.61	\$7.48	99.09331	\$77.90
DFA INTERNATIONAL VALUE I	25434D203		\$18.07	\$22.01	\$1.63	100.00000	\$22.01
AMERICAN INTL GROWTH & INC F3	45956T774		\$1.85	\$1.85	\$0.02	96.70000	\$1.79
TRP INTERNATIONAL STOCK I	77956H526		\$6.80	\$9.82	\$0.83	79.14000	\$7.77
VANGUARD FTSE ALL-WORLD EX US	922042718		\$5.67	\$7.75	\$1.20	100.00000	\$7.75
Total Foreign Source Income:							\$117.22

Potential State Tax Exclusions from Governmental Obligations

Security Name	CUSIP	Income	Federal Obligations		Federal Home Loan Banks		Federal Farm Credit Banks	
			Percent of Income	Exclusion Amount	Percent of Income	Exclusion Amount	Percent of Income	Exclusion Amount
MNY MKT FUND INVESTMENT SHARES	MNYMKT002	\$0.14	15.46750%	\$0.02	9.24260%	\$0.01	8.31837%	\$0.01
BRIDGE BUILDER CORE BOND	10803R108	\$97.63	16.71537%	\$16.32		0.00		0.00
BRIDGE BUILDER CORE PLUS BOND	10803R702	\$155.10	17.79674%	\$27.60		0.00		0.00
AMERICAN INTL GROWTH & INC F3	45956T774	\$1.85	0.76000%	\$0.01		0.00		0.00
JPM U.S. GOVT MNY MKT CAPITAL	4812C0670	\$7.19	31.76592%	\$2.28		0.00		0.00
PIMCO HIGH YIELD I	693390841	\$44.78	2.32740%	\$1.04		0.00		0.00
PIMCO INTL BOND (USD-HEDGED) I	693390882	\$2.61	7.67843%	\$0.20		0.00		0.00

2022 ADDITIONAL TAX INFORMATION

Recipient's Name:
OZARK TRAIL ASSOCIATION

Information as of March 28, 2023

Edward Jones Account Number:
186-24882-1-8

Potential State Tax Exclusions from Governmental Obligations

TRP INTERNATIONAL STOCK I	77956H526	\$9.82	0.51000%	\$0.05	0.00	0.00
VANGUARD FTSE ALL-WORLD EX US	922042718	\$7.75	0.08000%	\$0.01	0.00	0.00
VANGUARD MID CAP ETF	922908629	\$5.85	0.18000%	\$0.01	0.00	0.00
VANGUARD VALUE ETF	922908744	\$37.42	0.03000%	\$0.01	0.00	0.00
Totals				\$47.55	\$0.01	\$0.01
Total Income from exempt governmental obligations owned by you indirectly:						\$47.57

This additional tax information has been supplied to Edward Jones by outside sources. While we cannot assure the accuracy of this information, we believe it to be correct. This information is intended as a general guide and does not constitute tax advice. You should consult your tax professional or state tax authority to determine how this information may apply to your specific situation.

Thank you for doing business with Edward Jones. This is the end of your 2022 tax reporting information. If you have any questions concerning any matter, especially errors or omissions, contact your branch team at 314-822-3297 immediately or contact us at 1-800-282-0829.

2022 YEAR-END TAX SUMMARY

Recipient's Name:
OZARK TRAIL ASSOCIATION

Page 1 of 2

Information as of March 28, 2023

Edward Jones Account Number:
186-26380-1-0

The interest and or dividend income provided on your year-end tax summary is not a Form 1099. This information is not reported to the IRS.

Interest Income

Interest Income	3.05
Early Withdrawal Penalty	0.00
Interest on U.S. Savings Bonds and Treasury Obligations	0.00
Federal Income Tax Withheld	0.00
Investment Expenses	0.00
Foreign Tax Paid (if eligible for foreign tax credit)	0.00
Foreign country or U.S. possession	
Tax-Exempt Interest	0.00
Specified Private Activity Bond Interest	0.00
Market Discount	0.00
Bond Premium	0.00
Bond Premium on Treasury Obligations	0.00
Bond Premium on Tax-Exempt Bond	0.00
Tax-Exempt and Tax Credit Bond CUSIP no.	

SUMMARY OF INVESTMENT INCOME**Recipient's Name:**
OZARK TRAIL ASSOCIATION

Page 2 of 2

Information as of March 28, 2023

Edward Jones Account Number:
186-26380-1-0

This is not a Form 1099. It is a summary of the income you received in your account during 2022. For a complete description of each activity, refer to your account statement for that period. If you have any questions, contact your Edward Jones financial advisor.

2022 Date	Description	CUSIP	Amount in 2022
Interest Income - Taxable			
10/21	INTEREST ON CREDIT BALANCE	006990105	3.05
Total Taxable Interest:			3.05

Thank you for doing business with Edward Jones. This is the end of your 2022 tax reporting information. If you have any questions concerning any matter, especially errors or omissions, contact your branch team at 314-822-3297 immediately or contact us at 1-800-282-0829.

400 - Programs	420 - Developments	440 - Maintenance	460 - Promotion	Total 400 - Programs	Not Specified	TOTAL
				0.00		0.00
				0.00		29,485.20
				0.00		10,944.21
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 40,429.41
				0.00		0.00
				0.00		5,000.00
				0.00		3,500.00
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 8,500.00
				0.00		0.00
				0.00		49,524.63
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 49,524.63
				0.00		71,322.37
				0.00		0.00
				0.00		24,568.97
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 24,568.97
				0.00		0.00
				0.00		0.00
				0.00		8,359.58
				0.00		5,571.03
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 13,930.61
				0.00		0.00
				0.00		-5,794.18
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-\$ 5,794.18
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 8,136.43
				0.00		0.00

					0.00				1,317.00		
					0.00				160.00		
					0.00				12,949.34		
					0.00				9,055.00		
					0.00				8,109.00		
					0.00				719.00		
\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	32,309.34
\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	234,791.15
\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	234,791.15

					0.00				0.00				
	7,283.04		28,895.11		7,282.58		43,460.73		66,934.21				
	497.35		1,921.15		497.07		2,915.57		4,923.58				
\$	0.00	\$	7,780.39	\$	30,816.26	\$	7,779.65	\$	46,376.30	\$	0.00	\$	71,857.79

					0.00				0.00				
			140.70		554.96		695.66		695.66				
			80.00				80.00		80.00				
					1,112.00		1,112.00		1,112.00				
\$	0.00	\$	0.00	\$	220.70	\$	1,666.96	\$	1,887.66	\$	0.00	\$	1,887.66

					0.00				0.00				
					0.00				3,050.00				
					0.00				303.61				
			26,633.50				26,633.50		26,633.50				
\$	0.00	\$	0.00	\$	26,633.50	\$	0.00	\$	26,633.50	\$	0.00	\$	29,987.11

					0.00				0.00				
			-69.68				-69.68		329.58				
					0.00				0.00				
	250.00						250.00		537.37				
					1,358.75		1,358.75		75.00				3,293.63
\$	0.00	\$	250.00	\$	0.00	\$	1,358.75	\$	1,608.75	\$	75.00	\$	3,831.00

					0.00				886.45
					0.00				231.28
					0.00				0.00
					0.00				500.00

\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	500.00		
\$	0.00	\$	250.00	-\$	69.68	\$	1,358.75	\$	1,539.07	\$	75.00	\$	5,778.31
									0.00				0.00
					680.68				680.68				1,361.29
									0.00				1,356.13
									0.00				259.87
									0.00				0.00
									0.00				5,500.00
\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	5,500.00
\$	0.00	\$	0.00	\$	680.68	\$	0.00	\$	680.68	\$	0.00	\$	8,477.29
									0.00				0.00
							10.00		10.00				60.00
									0.00				10,797.67
									0.00				3,152.92
\$	0.00	\$	0.00	\$	0.00	\$	10.00	\$	10.00	\$	0.00	\$	14,010.59
									0.00				0.00
									0.00				21.25
									0.00				3.60
\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	24.85
									0.00				0.00
					880.10				880.10				880.10
									0.00				200.00
							51.14		51.14				51.14
		42.80		1,408.48		508.73		1,960.01					1,960.01
									0.00				4,931.42
						3,337.66		3,337.66					3,337.66
						1,190.69		1,190.69					6,590.30
\$	0.00	\$	42.80	\$	2,288.58	\$	5,088.22	\$	7,419.60	\$	0.00	\$	17,950.63
									0.00				0.00
		73.57		3,322.16		60.00		3,455.73					3,505.73
				1,055.02				1,055.02					1,203.68
				6,391.57				6,391.57					6,391.57
				800.07				800.07					800.07
				228.79				228.79					228.79

	116.72		2,027.33			2,144.05			2,269.65				
						0.00			1,114.81				
\$	0.00	\$	190.29	\$	13,824.94	\$	60.00	\$	14,075.23	\$	0.00	\$	15,514.30
\$	0.00	\$	8,263.48	\$	74,394.98	\$	15,963.58	\$	98,622.04	\$	75.00	\$	165,488.53
\$	0.00	-\$	8,263.48	-\$	74,394.98	-\$	15,963.58	-\$	98,622.04	-\$	75.00	\$	69,302.62
						0.00			3,075.00				
						0.00			0.00				
						0.00			1,000.00				
						0.00			863.11				
\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	1,863.11
						0.00			3.05				
\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	4,941.16
\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	4,941.16
\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	4,941.16
\$	0.00	-\$	8,263.48	-\$	74,394.98	-\$	15,963.58	-\$	98,622.04	-\$	75.00	\$	74,243.78