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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150 2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

Open to Public Inspection

Department of the Treasury Internal Revenue Service

at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

	A F	or the	2010 calend	ar year, or tax year beginning Ja	nuary 1	, 2010,	and ending	Dec	cember 3	1 , 20	10
	Во	heck if ap	plicable	C Name of organization			<u> </u>	D Emp	loyer iden	triication numbe)r
		Address c	hange	Laclede Electric Trust, Inc					43-	1773194	
	<u></u>	Name cha	nge	Number and street (or P O box, if mail is not delivered	ed to street a	address)	Room/suite	E Tele	phone num	nber	
	_	nıtıal retur		PO Box M					417-	532-3164	
	=	Terminate		City or town, state or country, and ZIP + 4				F Gro	up Exem	ption	
	=	Amended Application	retum n pending	Lebanon, MO 65536				Nur	nber 🕨		
	_		ing Method	✓ Cash			Н	Check	▶ If t	he organization	is not
		Vebsit	•					required	d to attac	h Schedule B	
	J Ta	ax-exen	npt status (che	eck only one) — 🗸 501(c)(3) 🔲 501(c) ()	✓ (insert no.)	.) 4947(a)(1) or	527	(Form 9	90, 990-1	EZ, or 990-PF).	
	K	heck >	lf th	e organization is not a section 509(a)(3) supporti	ng organiza	tion and its gross	receipts are	normally	not more	than \$50,000.	A
	F	Form 99	0-EZ or Forn	n 990 return is not required though Form 990-N	l (e-postcar	rd) may be requir	ed (see instru	ctions) l	But if the	organization ch	nooses
	t	o file a	return, be su	re to file a complete return.							
				b, to line 9 to determine gross receipts. If gross re-			or if total asset	s (Part II,		1	28309
2011	line	25, col) are \$500,000 or more, file Form 990 instead of Fo					▶ \$		20303
<u>)</u>	Pa	art I		e, Expenses, and Changes in Net As							
•				the organization used Schedule O to re		any question i	n this Part I	٠.	<u> </u>		<u>· </u>
\neg		1		ons, gifts, grants, and similar amounts rece					1	1:	27917
3.3		2	Program s	ervice revenue including government fees	and contr	acts			2		
). 1. 1. V.		3	Membersh	ip dues and assessments					3	_	<u> </u>
		4	Investmen						4		['] 392
ار ا		5a		ount from sale of assets other than invento	•				(4633		
Z		b		or other basis and sales expenses					لداهند		
7		С		ss) from sale of assets other than inventor	y (Subtrac	t line 5b from li	ne 5a)		5c		
SCANNE		6	_	nd fundraising events					***		
ળ	۵	а		ome from gaming (attach Schedule G		1 1			2. 2 kg		
	Revenue					• 6a					
	š	b		ome from fundraising events (not including			contribution	าร			
	ď.			raising events reported on line 1) (attach s ch gross income and contributions exceed					35.00		
				_ ~)) · · 6b · · 6c					
		1.		ct expenses from gaming and fundraising each or (loss) from gaming and fundraising each			I 6h and su	htract			
		d	line 6c)	e or (loss) from garring and fundraising (events (ac	du illes da alle		Diract	6d		
		70	•	es of inventory, less returns and allowances		7a		•	94 Tab		
		7a b									
		C		fit or (loss) from sales of inventory (Subtrac					7c		
		8		nue (describe in Schedule O)			/ED		8		
		9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		RECEIV		. ▶	9	1:	28309
		10	_	d similar amounts paid (list in Schedule O)			<u>ي</u>		10	1:	22597
		11		aid to or for members		. APR 1.8.	2011 19		11		
	ģ	12	Calariaa	they accompanies and ampleyed banafit	_ 1 1		107	1	12	<u> </u>	
	nse	13	Profession	ther compensation, and employee benefits al fees and other payments to independer v. rent. utilities. and maintenance	nt contract	tops CIDE N	= :1す・・		13		427
	Expenses	14	Occupanc	y, rent, utilities, and maintenance	L	OGDEN	<u>, U I</u>	1	14		
	Ж	15		ublications, postage, and shipping					15		
		16	Other expe	enses (describe in Schedule O)					16		2915
		17	Total expe	enses. Add lines 10 through 16	<u></u>			. ▶	17	1:	25939
	S	18	Excess or	(deficit) for the year (Subtract line 17 from	line 9) .				18		2370
	set	19		s or fund balances at beginning of year (f							
	Net Assets		_	ar figure reported on prior year's return) .					19		35731
	let	20		nges in net assets or fund balances (explai					20		
	<u>z</u>	21	Net assets	or fund balances at end of year. Combine	lines 18 t	through 20 .	<u></u>	. ▶	21		38101

Pai	Balance Sheets. (see the instructions Check if the organization used Schedule		stion in this	Part I	1		
	Oliota in the organization acoustication	o to roopona to any quar			inning of year	Ť	(B) End of year
22	Cash, savings, and investments		ŀ	.,,	35731	22	38101
23	Land and buildings		}		00701	23	
24	Other assets (describe in Schedule O)					24	
25	Total assets		}		35731	+	38101
26	Total liabilities (describe in Schedule O)				33731	26	
27	Net assets or fund balances (line 27 of column				35731		38101
Par				Dart III		[2/]	
Гаг	Check if the organization used Schedule					/Rec	Expenses puired for section
1A/l/	_ · · · · _ · · · · · · · ·	O to respond to any ques		1 diti	<u>' </u>		(c)(3) and 501(c)(4)
	t is the organization's primary exempt purpose? ribe what was achieved in carrying out the organization	c avamnt numacae in a clas	r and concie	o mann	er describe		inizations and section
	ervices provided, the number of persons benefited, and o				ei, describe		7(a)(1) trusts, optional others)
						1010	T T T T T T T T T T T T T T T T T T T
28	During 2010 twenty eight (28) Community Organizati				rust for		
	their operations.						

		includes foreign grants, ch			<u>. ▶ ⊔</u>	28a	18210
29	During 2010, one hundred and seven (107) Grants we	ere awarded to families for u	tilities, housi	ing,	••	{	1
	transportation, medical needs & food.	•••••				İ	
		includes foreign grants, ch	eck here .	<u> </u>	. 🕨 🔲	29a	82122
30	During 2010, twenty four (24) Grants were awarded for	or higher education.					
						İ	
	(Grants \$ 24929) If this amount	includes foreign grants, ch	eck here .	<u>.</u>	. ▶ 🗆	30a	25607
31	Other program services (describe in Schedule O)						_
		includes foreign grants, chi				31a	
22	Tabel and a second a second and	huningh Oda)					405000
32	Total program service expenses (add lines 28a t					32	125939
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not con	npensa	ted. (see the		
		Employees. List each one evolution of to respond to any questions.	ven if not con stion in this	npensa Part I\	ted. (see the	nstru	ctions for Part IV.)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees. List each one evolution of to respond to any ques (b) Title and average	ven if not con stion in this (c) Compens	npensa Part I\	ted. (see the l	nstruc	ctions for Part IV.)
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Wilm 8277 Jim I 107 V Glen 2718 Sanc 314 E Virgi 1601 Kent PO B Don 150 F Roge 6800 Beve	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address The Hutsell Hwy 38, Mtn. Grove, MO 65711 Phillips Vaughn, St. Robert, MO 65584 Cummins Colympic Dr, Lebanon, MO 65536 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65683 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65683 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65687 Clar McClanahan Charles McClanaha	Employees. List each one et O to respond to any ques (b) Title and average hours per week devoted to position President Vice President Secretary Treasurer Director Director Director	ven if not constion in this (c) Compens (if not pa	o o o o o o o o o o o o o o o o o o o	ted. (see the /	nstruc	ctions for Part IV.)
Wilm 8277 Jim I 107 V Glen 2718 Sanc 314 E Virgi 1601 Kent PO B Don 150 F Roge 6800 Beve	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address The Hutsell Hwy 38, Mtn. Grove, MO 65711 Phillips Vaughn, St. Robert, MO 65584 Cummins Colympic Dr, Lebanon, MO 65536 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65683 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65683 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65687 Clar McClanahan Charles McClanaha	Employees. List each one et O to respond to any ques (b) Title and average hours per week devoted to position President Vice President Secretary Treasurer Director Director Director	ven if not constion in this (c) Compens (if not pa	o o o o o o o o o o o o o o o o o o o	ted. (see the /	nstruc	ctions for Part IV.)
Wilm 8277 Jim I 107 V Glen 2718 Sanc 314 E Virgi 1601 Kent PO B Don 150 F Roge 6800 Beve	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address The Hutsell Hwy 38, Mtn. Grove, MO 65711 Phillips Vaughn, St. Robert, MO 65584 Cummins Colympic Dr, Lebanon, MO 65536 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65583 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65683 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65683 Clar L Kruse Bobby Dale Dr, Waynesville, MO 65687 Clar McClanahan Charles McClanaha	Employees. List each one et O to respond to any ques (b) Title and average hours per week devoted to position President Vice President Secretary Treasurer Director Director Director	ven if not constion in this (c) Compens (if not pa	o o o o o o o o o o o o o o o o o o o	ted. (see the /	nstruc	ctions for Part IV.)

Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
	One of it the organization used ochequie of to respond to any question in this hart V	· ·	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	*	` **	<u> </u>
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37a		37:	
b	Did the organization file Form 1120-POL for this year?	37b	- k	✓,
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		√
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved		S/X	
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			1
a b	Gross receipts, included on line 9, for public use of club facilities	1 [,,]	\$ 1.00 P	, 813
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1	医门	* 1
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			ž.
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		24	,° ,az
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	200		,
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	200 m		
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<u></u> 40e		<u>√</u>
41	List the states with which a copy of this return is filed. ► N/A			
42a	Located at ► 1400 E RT 66, Lebanon, MO ZIP + 4 ►	417-53 655		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V I	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO/
	If "Yes," enter the name of the foreign country:	420	₹ 2 %3	√
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		2.2	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		. •	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		. 00	Yes	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	440	\$ 7, 3.	
_	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		<u> </u>
b	completed instead of Form 990-EZ	44b	<u> </u>	-
С	Did the organization receive any payments for indoor tanning services during the year?	44c		-
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	*	***C
		. 74		

Page	4
raye	-

Form 95	90-EZ (2010)				Page 4
					Yes No
45	Is any related organization a controlled entity	_			45 🗸
а	Did the organization receive any payment from				
	meaning of section 512(b)(13)? If "Yes," For Form 990-EZ (see instructions)	m 990 and Schedule R may	need to be comp	pieted instead of	
46	Did the organization engage, directly or indire		ivitias on bobalf o	for in apposition	45a ✓
 -	to candidates for public office? If "Yes," com				46 🗸
Part		d section 4947(a)(1) none	xempt charitab	le trusts only. A	Il section
	501(c)(3) organizations and section and 52, and complete the tables for	4947(a)(1) nonexempt chari	table trusts mus	st answer question	ıns 47–49b
	Check if the organization used Schedu	ule O to respond to any que	stion in this Part	VI	· · <u>·</u> · 🗆
					Yes No
47	Did the organization engage in lobbying activi				47 ✓
48	Is the organization a school as described in sec				48 🗸
49a	Did the organization make any transfers to an				49a ✓
ь	If "Yes," was the related organization a section				49b
50	Complete this table for the organization's five employees) who each received more than \$10				
	employees) who each received more than \$10	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense
	(a) Name and address of each employee paid more	hours per week	(c) compensation	employee benefit plans &	account and
	than \$100,000	devoted to position		deferred compensation	other allowances
•					
				 -	
				Ì	
			-		
		o	o	0	o
f 51	Total number of other employees paid over \$*Complete this table for the organization's five	/e highest compensated inde	pendent contracto	- ors who each rece	eived more than
	\$100,000 of compensation from the organiza		 		
	(a) Name and address of each independent contract	ctor paid more than \$100,000	(b) ⊺yp	pe of service	(c) Compensation
NONE					
					
		······			
					
					
q	Total number of other independent contractor	rs each receiving over \$100,00	00 •	0	
52	Did the organization complete Schedule A? N	-		7(a)(1)	
	nonexempt charitable trusts must attach a co				Yes 🗌 No
Under p	enalties of perjury, I declare that I have examined this return	, including accompanying schedules a	nd statements, and to	the best of my knowled	ge and belief, it is
True, cor	rect, and complete Declaration of preparer (other than offic	er) is based on all information of which	n preparer has any kno		
	0/1/1 0/1/1			C11: 01	1 2011
Sign	Muma Huse		<u></u>	(lpril)	18011
Here	Signeture of officer	2011 - H.A	0 0 1 1	Date	/
	Mestalm	Wilma Mut	Sell		
	Type or print name and title	engrer's signature	Date		PTIN
Paid	Print/Type preparer's name	eparer's signature	Date	Check if	F11.4
Prep			<u> </u>	self-employed	
Use (/			Firm's EIN ▶	
May	Firm's address >	win above? See instructions		Phone no	Ves File

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number 43-1773194

Lucio	uc	ciccaio irast, ii											
Par				r <mark>ity Status</mark> (All orga						nstructio	ns.		
The c	rga	nization is not	a private founda	tion because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)				
1		A church, con	vention of churc	hes, or association of	churches	describ	ed in sec	tion 170	(b)(1)(A)(i	i).			
2		A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Schedi	ule E.)							
3		A hospital or a	cooperative hos	spital service organiza	ation desc	cribed in	section '	170(b)(1)(A)(iii).				
4				n operated in conjun						0(b)(1)(A)(iii). Ente	r the	
		hospital's nam	ne, city, and state	e:									
5			on operated for the complete of the complete o	the benefit of a colle	ge or uni	versity o	wned or	operated	by a go	vernmenta	al unit d	escnb	ed in
6 7		A federal, state An organization	e, or local goveri	nment or government receives a substantia (A)(vi). (Complete Par	al part of					nit or from	the ger	neral p	oublic
8				n section 170(b)(1)(A		nniete Ps	et II \						
		•						om contri	hutione	momborel	hin face	and	arocc
9		receipts from support from acquired by the	activities related gross investme le organization a	receives: (1) more that to its exempt funct nt income and unre fter June 30, 1975. Se	ions—sut lated bus ee sectio	oject to o siness ta n 509(a)(certain ex xable inc 2). (Comp	ceptions come (les plete Part	s, and (2) ss sectio : III.)	no more n 511 tax	than 33	31/3%	of its
10				operated exclusively									
11		purposes of o	ne or more pub	d operated exclusive licly supported organ describes the type of	nizations	describe	d in sect	ion 509(a)(1) or se	ection 509	(a)(2). S	rry o∟ ee se	t the ction
		a ☐ Type			□ Тур			-			Туре	: III–Ot	her
е		By checking ti	his box, I certify	that the organization	is not co	ntrolled c	lirectly or	indirectly	y by one	or more of	lisqualıfı	ed pe	rsons
		or section 509		rs and other than one	e or more	publicly	support	ea organi	zations t	iescribed	in secu	אטפ חג	9(a)(1)
f		_	ation received a check this box .	written determination			that it is	a Type 	I, Type	ll, or Type	e III sup	portin 	ng 🗆
g		Since August following pers		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	•			
		(i) A person v	who directly or in	ndirectly controls, eitle						d in (ii) an		Yes	No
			-	ody of the supported							11g(i)	 	
			•	on described in (i) abo							11g(ii)		
			-	a person described in							11g(iii)	<u> </u>	L
h		Provide the fo	llowing informati	on about the support	ed organi	zation(s).							
(ī)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	rganization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	ts the tion in col zed in the S ?		mount o	of
				,,	Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)							-						
(D)													
(E)													
Tota									112.	·			

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	on A. Public Support			··			
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	122084	130126	128319	128365	127917	636811
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	122084	130126	128319	128365	127917	636811
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4.	* *	** *		i, 36		636811
	on B. Total Support	J:		****			
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	122084	130126	128319	128365	127917	636811
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1499	1650	1116	606	392	5263
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			*		£,	642074
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	642074
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he	ere	<u> </u>		· · · ·	<u> </u>	▶ 🗆
Section	on C. Computation of Public Suppo						
14	Public support percentage for 2010 (line					14	99.18 %
15	Public support percentage from 2009 Sc	hedule A, Part	II, line 14 .			15	99.18 %
16a	331/3% support test-2010. If the organi	ization did not	check the box	on line 13, and	d line 14 is 331	3% or more, cl	neck this
	box and stop here. The organization qua						. ▶ ☑
	331/3% support test—2009. If the organ check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	janization .		. ▶ □
	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "organization".	eets the "facts- facts-and-circu 	and-circumsta imstances" tes 	inces" test, che st. The organiz	eck this box ar ation qualifies	nd stop here. E as a publicly si 	ixplain in upported . ► □
b 18	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organizate Explain in Part IV how the organization is supported organization	ition meets the neets the "facts id not check a	function from the first from the fir	rcumstances" tances" test. T , 16a, 16b, 17a	test, check the organizatio	nis box and st on qualifies as a a	op here. publicly . ► □
	instructions	<u>.</u> .		<u></u>	· · · · ·	<u> </u>	. ▶ □

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

(Complete only if you checked the box on line 9 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.)

<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees		1	1		}	
_	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	1					
	to or expended on its behalf						
5	The value of services or facilities	ļ					
	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 .					<u> </u>	
b	Amounts included on lines 2 and 3	1			1		
	received from other than disqualified persons that exceed the greater of \$5,000	1			1		
	or 1% of the amount on line 13 for the year	1					
c	Add lines 7a and 7b	·					
8	Public support (Subtract line 7c from	o nda	e alic deserve	principal et	574 STATE OF	264 B	
	line 6.)	* # * *		Arrest St.	XX - XX		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		i				
	royalties and income from similar sources .						 -
Ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975			ļ			
_	•	<u> </u>					
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on	j		j	ļ	j	
12	Other income. Do not include gain or						
12	loss from the sale of capital assets					İ	
	(Explain in Part IV.)	1					
13	Total support. (Add lines 9, 10c, 11,			_			
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop he					<u>.</u> <u>.</u>	<u> ▶ □</u>
	on C. Computation of Public Support						
15	Public support percentage for 2010 (line	• • •	-				%
16	Public support percentage from 2009 Sc			<u> </u>		16	%
	on D. Computation of Investment In				(0)	T	
17	Investment income percentage for 2010 (-	• • • •	17	%
18	Investment income percentage from 2009					18 221 n9/	% and line
19a	331/3% support tests—2010. If the organ 17 is not more than 331/3%, check this box						
L	33 ¹ / ₃ % support tests—2009. If the organization		=			-	
þ	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		_	•		_	_

Schedule A (I	Form 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		
		
		••••
·		· ·
•		
- 		
		-
		

Laclede Electric Trust 2010-990 Part I, Lines 1-4

	Contribution In	come			Interest Incon	ne
					Interest	
Date	*Wire from	Grants	Scholarships		Income	CD
	LEC	Refunded	Refunded	Rebates	Checking	Income
01/08/10	\$ 10,451				_	
01/29/10					2	
01/31/10	1					179
02/04/10	10,370					
02/26/10					2	
02/28/10						
02/28/10	10,497					
03/31/10	I				2	71
03/08/10	I		516			
04/06/10	10,507					
04/30/10	1				2	
04/12/10	I		500			-
05/05/10	10,562					
05/28/10	1				2	
05/31/10	1					38
06/04/10	10,633					
06/30/10					2	
07/09/10	10,432					
07/31/10					2	
07/31/10	1	93				
08/03/10	10,500					38
08/31/10	1				2	
09/07/10	10,425					
09/30/10					1	
10/05/10	10,450					
10/29/10	10,700				2	
11/05/10	10,534				_	
11/05/10	10,001		1,000			
11/30/10	1		1,000		2	44
12/03/10	10,447				_	
12/31/10					1	
12/31/10	1				·	
12/3 1/10	I					
	\$ 125,808	\$ 93	\$ 2,016	\$ -	\$ 22	370

Total Contribution Income (Part I, Line 1)
Total Interest Income (Part I, Line 4)

\$ 127,917

\$

Comparison Com	Laclede Electric Trust	c Trust						;									
Description Constrain Heating Fancing Contrain Contrain Vertical American Payment Total Fayment Stople Heating Contrain Contrai	43-1773194																
Description Officer Petining Lining Lining <t< th=""><th>2010-Form 990</th><th>-EZ</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	2010-Form 990	-EZ															
	Schedule Supp	orting Part I, Lin	le 10														
Compute State Prescription Option Preparation Properties Communication Properties Compute State Communication Properties Propertie	Grant Disburse	ments															
Control Control <t< td=""><td>Check#</td><td>Payee</td><td>Description</td><td>Grant</td><td>Heating/</td><td>eracy</td><td><u> </u></td><td>Housing</td><td>Education</td><td>⇈</td><td>Community</td><td>Youth</td><td>Food &</td><td>Senior</td><td>Vehicle</td><td>Medical</td><td>g</td></t<>	Check#	Payee	Description	Grant	Heating/	eracy	<u> </u>	Housing	Education	⇈	Community	Youth	Food &	Senior	Vehicle	Medical	g
Compute disase 400 400 Val Popula Visitati 270 200 200 Val Popula Visitati 275 200 200 Val Popula Visitati 275 200 200 Giosciani Visitati 275 200 200 Giosciani Visitati 275 275 275 American Control 275 275 <td></td> <td></td> <td></td> <td>Payment</td> <td>Utility</td> <td>grams</td> <td>Н</td> <td></td> <td>Assistance</td> <td>П</td> <td>Development</td> <td>Programs</td> <td>Clothing</td> <td>Citizens</td> <td>Assistance</td> <td>Assistance</td> <td>Support</td>				Payment	Utility	grams	Н		Assistance	П	Development	Programs	Clothing	Citizens	Assistance	Assistance	Support
Programment 200	2894 Void			700				+	- 00			-					
Properties Pro	2895 PC PR	8	Computer-Bass	004					900								
With Principality With Principality With Principality With White With With With With With With With With	2897 Titan P	ronana	Propage-West	200													
Retric Control Medical State Retric Control Medical State	2898 Chrysla	Pr Financial	Van Pymt-Sharo	275											275		
Guardia Medigage Council Cou	2899 Matt M	asters	Rent-Wyatt	250				250									
Rend Size (Fagur Autors) 251 261 Rend Size (Fagur Autors) 500 75 Rend Sanker 500 75 Rend Sanker 300 383 Interpretation of the Common Size (Sanker) 400 800 Rend Autors (Sanker) 430 430 440 Rend Autors (Sanker) 430 445 800 Rend Autors (Sanker) 500 500 800 Rend Autors (Sanker) 500 500 800 Rend Autors (Sanker) 500 500 800 Rend Autors (Sanker) 500 500 <t< td=""><td>2900 Teresa</td><td>Bishop</td><td>Gasoline-West</td><td>100</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>100</td><td></td><td></td></t<>	2900 Teresa	Bishop	Gasoline-West	100											100		
Mettgage Chery 200	2901 Monro	e Estates	Rent&Tile Repair-Marsh	261				261									
Rent-Sarle 980 980 Cut Purchaste 389 283 Cut Cut Purchaste 389 283 Mortiset-Cut Cut Purchaste 283 283 Mortiset-Cut Cut Cut Cut Cut Cut Cut Cut Cut Cut	2902 Wilshir	e Credit Corp	Mortgage-Denny	200				200									
Prestr. Operform 375 Prestr. Operform	2903 Bryan	Properties	Rent-Brake	800				800									
Carl Pyrti Obvingper 283	2904 Perry I	larns	Rent-Overton	375				375								•	
Cart Print Oevilleger	2905 Void																
Cart Annier An	2906 Void																
Mortgage Owner Mort	2907 HSBC	Auto finance	Car Pymt-DeVlieger	389				000	1						389		
Montgage Lewin Accordance A	Z908 Helen	Wagner	I railer Pymis-Devilleger	878				670									
Fearth-Raiber 140	2909 Green	l ree Servicing	Morgage-Owen	380				380									
Februaria Pipulize Salest 150	2910 Gary L	eap		900				004									
Program-United State	2911 A LIVE	Wire		130				150									
Prepare Single	2912 Cowes	Tome Improvement		970			+	070	†								
Modigage Shockey 456 496 Ciff card-burbarn 300 100 Ciff card-burbarn 300 100 Engine Accompany 100 100 Engine Accompany 300 300 Renth-claiman 123 213 Renth-claiman 129 320 Renth-claiman 1050 300 Renth-claiman 1050 300 Renth-claiman 800 800 Renth-claiman 800 800 Renth-claiman 800 800 Renth-claiman 475 800 Renth-claiman 475 800 Renth-claiman 475 800 Renth-claiman 475 800 Ch 13 Modigage-lewis 865 865 Ch 13 Modigage-lewis 865 865 Renth-claiman 475 800 Renth-claiman 800 800 Renth-claiman 800 800 Renth-claiman 800 800 <td>2913 RIGIAI</td> <td>d John Son</td> <td>Rent-Maieski</td> <td>300</td> <td></td> <td></td> <td></td> <td>300</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	2913 RIGIAI	d John Son	Rent-Maieski	300				300									
Programe-Jones 300 100	2915 Citimo	drage Inc	Mortgage-Shockey	496				496									
Programe - Jones 1000 10	M-IWAI-M	2000	Gift card-Buchanan	300									300				
Programe-Jones 1000 1000 1000 Rent-Hollaman 1030 213 213 6 Rent-Hollaman 1050 360 360 6 Rent-Hollaman 1050 360 6 6 Rent-Accloy 865 865 6 6 Rent-Accloy 865 865 6 6 Rent-Masch 900 800 800 800 Rent-Meritans 475 475 6 6 Rent-Meritans 400 800 800 6 6 Ch 13 Morgage-Lewis 865 865 865 8 6 6 Rent-Meritans 100 300 300 800 700 8 Rent-Meritans 520 92 92 8 8 8 8 Rent-Welch 500 500 520 520 8 8 8 8 8 8 Rent-Welch 500 500	2918 void																
Reinfocken	2919 LEC/IV	IFA Propane	Propane-Jones	1000													
Math-Hottleman	2920 Cıty Ut	ilities	Electric-Keen	213													
Millines-Salas Sol	2921 Densil	denny	Rent-Holtaman	1050				1050									
Rent-Octow 65/5 65/5 67/5 Rent-Jodem 960 900 900 Rent-Josem 900 900 900 Rent-Josem 900 900 900 Rent-Josem 900 900 900 Rent-Josem 475 900 900 Rent-Josem 475 900 900 Isa Rent-Weit 300 300 300 700 Isa Competition-Skills 500 500 520 700 Rent-Melch 300 300 500 520 800 Rent-Weich 300 300 500 520 800 800 Rent-Weich 300 300 300 300 800 800 800 Rent-Weich 300 300 300 800 800 800 800 800 800 800 800 800 800 800 800 800 800 800 800 800 800 <td>2922 James</td> <td>Brown</td> <td>Utilities-McCloy</td> <td>360</td> <td></td>	2922 James	Brown	Utilities-McCloy	360													
Rent-Odom 865 865 Rent-Odom 865 865 Rent-Addition 800 800 Rent-Smith 800 800 Rent-Marie 475 865 Rent-Marie 475 865 Independence 865 865 Independence 867 867 Independence 867 865 Independence 867 867 Independence 86	2923 Linda	Prather	Rent-McCloy	575				575									
Rent-Smith 900 900 lies Car Pymt-Moyers 500 Rent-Smith 475 475 Ch 13 Morphale-Lawren 700 500 Ch 14 Morphale-Lawren 700 700 Carl Card-Barker 700 500 Carl Card-Barker 700 700 Carl Card-Barker 700 500 State Competition-Swills 520 520 Rent-Salas 520 520 Inflittes-Salas 92 92 Rent-Welch 300 800 Rent-Welch 100 800 Brocksul/Rent-Gibson 800 800 Brocksul/Rent-Gibson 800 800 Brocksul/Rent-Gibson 1600 800 Brocksul/Rent-Gibson 1600 Brocksul/Rent-Gibson	2924 David	McDonald	Rent-Odom	865				865									
Ites Car PArmith 800 8	2925 David	McDonald	Rent-Larson	006				006									
Reni-Werls A15	2926 Cindy	Duffe	Rent-Smith	800				800									
Ch I3 Mortgage-Lews 44.5 47.5 </td <td>2927 Tim Pa</td> <td>arsons Auto Sales</td> <td>Car Pymt- Moyers</td> <td>009</td> <td></td> <td></td> <td></td> <td>7.7.7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>200</td> <td></td> <td></td>	2927 Tim Pa	arsons Auto Sales	Car Pymt- Moyers	009				7.7.7							200		
Manual Judy Part Learners	9767 IIIIDE	Creek Estate	Kent-weir	740				100									
Carior Pylint-Larius 107	2929 Richal	d V FINK, INS CH 13	Morrgage-Lewis	000				407									
Propate Surgert 300 300 500 520	7930 DON B	akei	Gift Card-Barker	701				/01					200				
State Competition-Skills 500 520 Formal Competition Skills 520 Formal Competition Skills Formal Competition Skills<	2932 Titan F	ropane	Propane-Swidert	300									200				
Rent-Salas 520 520 Formal littles in the littles in the little in th	2933 Skills (ASC	State Competition-Skills	2009													
Utilities-Salas 92 92 92 92 92 92 92 9	2934 Miller I	Real Estate	Rent-Salas	520				520				ļ !					
Reni-Welch 300 300 Reni-Welch 100 100 Beross (Ment-Gibson 800 800 Beross (Ment-Gibson 800 800 Beross (Ment Work-Harmond 1600 1600 Giff Cards-Proj Grad-Corway, 2400 1600 2400 Leb, Hart, Cam, Rich, Slout, Laq, Wax, Americam, Rich, Slout, Laq, Max, Americam, Rich, Max, Americam, Rich, Max, Americam, Rich, Max, Americam, Rich, Max, Americam, Rich, Max, Americam, Rich, Max, Americam, Rich, Max, Americam, Rich, Max, Americam, Rich, Max, Americam, Rich, Max, Americam, Rich, Max, Americam, Rich, Max, Americam, Rich, Max, Americam, Rich, Max, America	2935 City of	Waynesville	Utilities-Salas	92													
ne Pruit Rent-Welch 300 300 A a Slamus Rent-Welch 100 100 A a Slamus Rent-Welch 100 B00 A ures & Dental Services Dental Work-Pierce 2021 A A ures & Dental Services Dental Work-Pierce 1600 A A Id Raef Electricl Work-Pierce 1600 A A Mart Leb, Hart, Cam, Rich, Stoul, Lag, A A A Mart Leb, Hart, Cam, Rich, Stoul, Lag, A A A	2936 void																
300 300 100 100 800 800 1600 1600 1440, 2400	2937 void		1														
100 100	2938 Paulin	e Pruit	Rent-Welch	300				300									
800 800 800 800 800 800 800 800 800 800	2939 Sonya	Stames	Rent-Welch	100				100									
2021 1600 1600 2400 2400 2400	2940 Richai	d/Susan Kuhn	Deposit/Rent-Gibson	800				800									
1600 1600 1600 1600 1600 1600 1600 1600	2941 Dentu	es & Dental Services	Dental Work-Pierce	2021								:				2021	
Cell Cards-rrol Grad-Corway, Z4401 Leb, Hart, Cam, Rich, Sloul, Laq,	2942 Donate	d Raef	Electric Work-hammond	1600				1600				0010			i		
ווייבה במוני וויינים ווינים וויינים ווינים ווינים ווינים וויינים ווינים ווינים ווינים ווינים ווינים ווינים ווינים ווינים וויני	Z943 Wal-N	an	I oh Had Cam Bich Stord 1 20	2400								2400					
			Mary nait, Calli, Nicit, Stout, Lay,														

Schedule Supporting Part I, Line 10	ne 10														
Grant Disbursements							\dashv						,		:
Check# Payee	Description	Grant	Heating/	Literacy	Fire Dept	Housing	Education	Disaster Victims	Community	Youth	Food &	Senior	Vehicle	Medical	Support
2944 Wal-Mart	Wasmer & Allen	800	Cump	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	mudden		╀	╁		2	800			╁	,
2945 Wright Co Libr-Hartville	Summer Rdg Pro-Library	250		250											
2946 Trent Miller-Green Hills	Rent-Clark	375				375									
2947 God's Storehouse	Food Pantry Exp-God's	1000					0017		1000						
2948 Drury University	Tuton-Mullett	1500					Onci								Ī
2949 Ladede Electric	Committee Obstack	629	210				629								
2951 O 1 105	Rent-Gifford	052			-	750	-								
2952 College of the Ozarks	Scholarship trsfer-Holtcamp	900				3	200								
2953 Green Tree Servicing	Mortgage-Long	009				009									
2954 Quik Cash		377				377									
2955 Hill n Date Mobile Hm Estat		300				300	009							1	
295/ Ozark Action, Inc		200		1000			OOC				Ī				
II SUIOMANI OM ISAMUIDOS OCEZ	Supplies for program Rawlings Arrena Herrera	000		200							006				
2960 Laclede Flectric	Sarah Ford-electric bill	119	119	ľ		-									
2961 Larry Decamp	Tina Turner-rent	850				850									
2962 Denzel Denny	Kathy Lawson-rent	588				587 50		i							
2963 Fnends of the Library	Security Cameras	1200		1200											
2964 Jessica Pall	Winifred R McDaniel-rent	200				200									
2965 Public Water Dist #2	Wintfied R McDaniel-water bill	4	45 13												
2966 Rent-A- Center	Winifred McDaniel-pay off washer					173 26									
2967 Sunset Village of the Ozarks Teodoro Arcena-rent	Teodoro Arcena-rent	625				929									
2968 Void	Edna Jones Car Bossins	003					-	1					200	1	
Clock Sall O liles #23013	Town Williams lot mot	200				540							3		
2970 Oakwood Park Estates 2971 Whishenno Pines Trailer PK Jamie Dice-rent	Calya Williams Sociation	320				320									
2972 Whispenna Pines Trailer PK Jessica Trude-fent		350				350									
2973 Affordable Family Dentistry	John Gormley-Dental work													2197	
2974 Lebanon College of Cosmet							200								
2975 Exeltech	Malcolm D&Joyce McGuire-	425												425	
	Sine wave inverter														
2976 Wright Co Junior Fair	Program Expenses	1000								1000					
2977 Crowder Plumbing	Aletha Wood-Plumbing repairs	187				186 92									ľ
2978 Act II	Jessica Trude-Crib & mattress	100				100									
Serial Smith's	Claudene Waterman-rood	100									OD!			004	Ī
2900 LAMB House Trescription Heschieles Vol.	Melissa Ryan-electro	151	151											000	T
2982 Central Bank of Lebanon	David Rendall-Mortgage	708				708									
2983 State Beauty Supply	April Peterson	410					410								
2984 Whispenng Pines Trailer PK Laurie Amold-rent	∠Laurie Amold-rent	320				320									
	Barbara Sitler-rent	280				280									
2985 Trent Miller-Green Hills	Douglas Clark-rent	375				375									
2986 Oakwood Park Estates	ClaudeneWaterman-rent	405				405									
2987 Pro Gas	I ammy Miller-Propane	987	987												
2988 The Scooler Store	Mary Holmes-wheelchair lift	1493				+								1493	
2989 Mid Mo Cr Union	Casey Kearnes-car payments	492				000							492		
2990 Progressive Ozark Bank	Tr County Erro malacement man				004	909									
2002 Chab Both	Missio Transpol and doncer				000	275									
2993 Geome or Shirley Marshall	$\overline{}$	300				S							300		
2994 void	_												3		
2995 Nick O'Quinn	David Yonts-rent	200				200									
2996 Amerigas Joy D Hannah-Propane	Joy D Hannah-Propane	383	383					Ì							
2997 Lake of Ozarks Habitat Hun	n Heating Unit for Habitat House	200							200						

Schedule Supporting Part I, Line 10	e 10														
i															
Check# Paves	Description	Grant	Heating/	Literacy	Fire Dept	Housing	Education	Disaster	Community	Youth	Food &	Senior	Vehicle	Medical	dol
		Payment	Utility	Programs	Supplies	,	Assistance	Victims	Development	Programs	Clothing	Citzens	Assistance	Assistance	Support
2998 Walmart	E Pauline Osbom-window air unit	562				295									,
2999 Central Bank of Lebanon	Lary C Williams-mortgage	462				462									
3001 Vanderhilt Mortgage	Connie Rush-rent Adam Johnson-mortrage	1034				1034									
3002 David Griffin	Deborah Myers-rent	700				2007									
3003 OTC	Kyla Gan-Scholarship	1000					1000								
3004 Univ of MO-Columbia	Lloyd Oberbeck-Scholarship	1000					1000								
3005 Univ of Central MO	Chelsey Shaffer-Scholarship	1000			1		1000								
3006 Univ of MO-Columbia	Zachary McClanahan-Scholarship	1000		1											
SOO! NW MO State Univ	Tiffer: Barbada Scholambia	000													
3009 Notwich I Inversity	Arielle Eston-Scholarship	1000					1000								
3010 Mo Univ of Science & Tech	Zachary Kahl-Scholarship	1000					1000								
3011 College of the Ozarks	Micah White-Scholarship	1000					1000								
3012 Univ of MO-Columbia	Aliesha O'Dell	1000					1000								
3013 Alva & Sonja Starnes	Deborah Johnston-rent	1000				1000									
3014 Drury University	Megan Reed-Scholarship	1000					1000								
3015 Paula Paddon	Brenda Borden-rent	006				006									
3016 Fred Southard	Matthew Blakeley-rent	6/6				0/6									
3017 Shelley Hall	Wellssa Sousiey-rent	0007			+	000	1000								
2019 Oklanoma Chinsuan Univ	Lessing Birdeon Scholarship	1000					1000								
3020 Univ of MO-Kansas City	Dylan Burd-Scholarship	1000					1000								
3021 Univ of MO- Columbia	Cayla Mayle-Scholarship	1000					1000								
3022 Grovespring Lions Club	Arena Lighting	2000							2000						
3023 Kim Westrup	Jacquelyn McFadin-rent	475				475									
3024 Mid MO Insurance Agency	Scott Long-Car insurance	307			i								307		
3025 Allen's Appliance	Unda Keiley-reingerator	051				USL	0007								
	kimberly Anderton-fultion	0001					1000								
3027 010	Jeannine League-books	767					787								
3020 Void	Warren Warden-montage	300				300									
3030 5-81 Mobile Park	Tammy J Martin-rent	350				350								İ	
3031 Oakwood Park Estates	Christine Oursbourn-lot rent	540				540									
3032 State Fair Community Coll	Kimberty Deleon-scholarship	1000					1000								
3033 Family Eyecare Assoc	Mildred Shaffer-eyeglasses	364												364	
3034 Bank of America	Judy Walters-mortgage payment	672				672				0007					
3035 Armed Services YMCA	YMCA-program expenses	0001				250				0001					
3030 Dill Wyriii	Inia Moman-food	300				3					300				
3038 Security Bank	Tonva Elizev-mortgage payment	418				418					200				
3039 L-UFE	L-UFE-program expenses	1500							1500						
3040 Cox Medical Centers	Stanley Pearce-hospital bill	099												099	
3041 Ferrell Gas	Barbara Allen-Warren-propane	439	439												
	& tank set														
3042 void															
3043 Fairview Cemetary Fence	fencing	800				1			800						
3042 Central Bank of Lebanon	Elizabeth Henson-mongage	3/3				3/5									
3045 Don Sing	Robert Alford-roof repairs	3/3	033		+	3/2									
3040 Scott & Son Utilling, LLC	Barbara Allen-Warmen-ventless	930	020												
	propane heaters														
3048 AAA Insurance	Julia Morgan-auto insurance	426											426		
3049 Libery Hill, LLC	Christina Jarman-Rent	1800				1800							-		
3050 Nebo Falcon Fire Prot Dist	Radio Repeater	1500			1500	_									

Schedule Supporting Part I, Line 10	rt I, Line 10															
Grant Disbursements																
Check # Payee		Description	Grant	Heating/	Literacy	Fire Dept	Housing	Н	Disaster	Community	Youth	Food &	Senior	Vehicle	\dashv	qor
			Payment	Utility	Programs	Supplies		Assistance	Victims	Development	Programs	Clothing	Citizens	Assistance	Assistance	Support
3051 Camden Co Heart	T	Medical Harisportation	312			+	312						3			`
3053 Northern Wright Vol Fire		Training & hoses	1840			1840	1									
3054 Blue Heron Properties, Ilc	6	Elizabeth Marks-rent	1380				1380									
3055 Mid MO Credit Union		Elizabeth Marks-car loan	381											380		
3056 A T & T Mobility	Elizabe	Elizabeth Marks-cell phone	96	96												
3057 VOID																
3058 Eagle Eye, LLC		Brenda Pamsh-Elec Furnace	1450	1450												
3059 Brookview Apartments	ents Linda F	Linda Rains-rent	695				695									
3060 Lebanon College of Cosmetd Stephanie DeLong-starter kit	f Cosmetq Stepha	anie DeLong-starter kit	200					200								
3061 Affordable Family Dentistry	Dentistry Sharor	Sharon Monnahan	664												664	
3062 Lowe's Home Improvement	ovement Glenna	Glenna Carvel-doors	230				230									
3063 Mo College of Cosmetology Kyra Gan-Scholarship	metology Kyra G	an-Scholarship	1000					1000								
3064 Stan Hicks Construction		Glenna Carvel-door Installs	300				300									
3066 Stoutland Elementary		Everyday Matters program	400								400					
3067 Paul's Furniture Outlet		Shannon Huff-fzr, wsher & dryer	1341				1341									
3068 US Bank	Jason	Jason Collins-Mortgage	1552				1552									
3069 Walmart	Laded	Laclede Genealogical laptop	338		338											
3070 Singne Arthur	Sharor	Sharon Burns-rent	1400				1400									
3071 Cope, Inc	Food	Food Expense	2000				-					2000			-	
3072 Oakwood Park Estates		Gada Williams-lot rent	405				405									
3073 American General Finance	$\overline{}$	Heather Clabom-car loan	300			-								300		
3074 Progressive Ozark Bank	Г	Heather Clabom-mortgage	155				155									
3075 AVT Financial		Cyde Vickers-mortgage payments	708				708									
3076 Monroe Estates	Betty F	Betty Hill-rent	217				217									
3077 James Graham		Ashley Frey-rent	900				009									
3078 Tamblyn-McQueen Invest	_	Jamie Ritchie-rent	925				925									
3079 OTC	Undsa	Lindsay Brown-Scholarship	1000					1000								
3080 Bill Stunkel	Cynthi	Cynthia Bonner-rent	840				840									
3081 First State Bank	Amano	Amanda Willis-Mortgage pymt	397				397									
3082 Mid MO Bank		Sharon Marquez-mortgage	1095			1	1095									
3083 Pointe Lookout Villas		Dorothy LaGore-rent	640				Đ\$									
3084 A-1 Pump & Supply		Richard York-well repairs	1200	1200		1	40,0									
_		Joseph Chargualai-reni	10401				3									
3087 PC Plus	7	Melissa Douglas-computer	498					498								
3088 The Eyeglass Center, LLC		Ives G Bradley-exam	30												30	
3089 WCA Waste Corporation		Lennette Tarpley-trash pickup	65	65			_									
3090 Progressive Insurar		Lennette Tarpley-car insurance	22											28		
3091 PWSD #1		Lennette Tarpley-water bill	195	195												
	1							-								
										-					-	
						9	053	000			ı		i			
			\$ 122,597	\$ 7,903	\$ 3,288	\$ 3,840 \$	\$ 52,519	\$ 24,929		\$ 5,800	\$ 4,800	\$ 5,100	\$ 1,000	\$ 4,063	\$ 9,355	. 8