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## 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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 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	For the	2011 calenda	ar year, or tax year beginning January 1 , 2011, and ending_	Dec	ember	31 , 20 11
В	Check if ap	oplicable	C Name of organization	Emplo	yer ide	ntification number
	Address c	hange	Laclede Electric Trust Inc		43	-1773194
	Name cha	nge	Number and street (or P O box, if mail is not delivered to street address) Room/suite E	Telepl	none nu	mber
	Initial retur	m	PO Box M		417	-532-3164
님	Terminate	t e	City or town, state or country, and ZIP + 4	Grou	p Exen	notion
H	Amended Application	retum n pending	Lebanon, MO 65536		ber ▶	<b>F</b>
G		ting Method	✓ Cash  Accrual Other (specify)  H Ch	eck •	► ✓ ıf	the organization is not
	Websit	-				ch Schedule B
<u>J</u> 1	ax-exen	npt status (che	ck only one) — 🗸 501(c)(3) 🔲 501(c) ( ) ◀ (insert no ) 🗌 4947(a)(1) or 🔲 527 (Fc	orm 99	0, 990	-EZ, or 990-PF).
	Check >		organization is not a section 509(a)(3) supporting organization or a section 527 organization a			
			A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may b	e req	uired (s	ee instructions) But if
			ses to file a return, be sure to file a complete return			
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (P	art II,	_	
_			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u>▶ \$</u>	125788
F	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ins			
			the organization used Schedule O to respond to any question in this Part I			
	1		ns, gifts, grants, and similar amounts received	-	1	125581
	2	_	ervice revenue including government fees and contracts		2	
	3		p dues and assessments		3	
	4	Investment		.	4	207
	5a	Gross amor	unt from sale of assets other than inventory 5a			
	b		or other basis and sales expenses			
<b>O</b>	С	•	s) from sale of assets other than inventory (Subtract line 5b from line 5a)	.	5c	<del>- ,                                   </del>
	6	_	d fundraising events	l		
	а		ome from gaming (attach Schedule G if greater than			
Revenue	h		me from fundraising events (not including \$ of contributions	$\dashv$		
ě	b		aising events reported on line 1) (attach Schedule G if the	1		
Œ			h gross income and contributions exceeds \$15,000)   6b			
	C		t expenses from gaming and fundraising events 6c			
	d		act			
	"	line 6c) .	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	.	6d	
	7a	•	s of inventory, less returns and allowances	ŀ		
	b		of goods sold			
	c		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	· .	7c	
€.	8		nue (describe in Schedule O)	. أ	8	
2017.	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	125788
๛	10		similar amounts paid (list in Schedule O)		10	111852
<b>√</b> €	11			. [	11	
Zin	1	Salaries, ot	her compensation, and employee benefits RECEIVED	. [	12	
1se	13	Professiona	al fees and other payments to independent contractors	. [	13	576
ğ	14		y, rent, utilities, and maintenance Barrell MAY 1.4.2012	. [	14	
ĮΫ́	15		iblications, postage, and shipping	. [	15	
Ž	16	•	nses (describe in Schedule O)	. [	16	5512
Z	17		nses. Add lines 10 through 16 OGDEN, UT	<u> </u>	17	117940
Į s	18	Excess or (	deficit) for the year (Subtract line 17 from line 9)		18	7848
set	19	Net assets	vith [			
Ası	1	end-of-yea	. [	19	38101	
Net Asset® / NNFExpenses	20		ges in net assets or fund balances (explain in Schedule O)	. [	20	
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶	21	45949

Pa	Balance Sheets. (see the instructions	•				_
	Check if the organization used Schedule	e O to respond to a	ny question in this		<del></del>	<u> </u>
			Ļ	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			38101	+==+	45949
23	Land and buildings		· · · · · ·		23	<del></del> .
24	Other assets (describe in Schedule O)		· · · · ·	20404	24	45040
25	Total assets			38101		45949
26	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column	· · · · · · ·	<u> </u>	38101	26	45040
27 Par					27	45949
rai	Check if the organization used Schedule	•		•		Expenses
Mha	t is the organization's primary exempt purpose?	e O to respond to a	riy question in tins	raitiii u		uired for section c)(3) and 501(c)(4)
	, , , ,	<del></del>		<del></del>		nizations and section
as m	ribe the organization's program service accompliesured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe the ach program title	e services provided	I, the number of		(a)(1) trusts, optional thers)
28	During 2011, twenty five (25) community organization for their operations			ctric Trust Inc		
	(Grants \$ 30612) If this amount	t includes foreign gra	ants, check here .	▶ 🗆	28a	32278
29	During 2011, one hundred and seven (107) grants w					
	transportation, medical needs & food.	••••••	••••• <del>•</del> •••			
	(Grants \$ 65240) If this amount	t includes foreign gra	ants, check here	<b>&gt;</b> 🗆	29a	68792
30	During 2011, sixteen (16) grants were awarded for h	igher education.				
		***************************************				1
	(Grants \$ 16000) If this amount		ants, check here .	<u> ▶ □</u>	30a	16870
31	Other program services (describe in Schedule O)				l	
		includes foreign gra			31a	11==-
	Total program service expenses (add lines 28a				32	117940
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule					
	Check if the organization used Schedule	· -	(c) Reportable	(d) Health benefits,	÷	<u> </u>
	(a) Name and address	(b) Title and average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ	0	Estimated amount of their compensation
Wilm	a Hutsell	President				
8277	Hwy 38, Mtn Grove, MO 65711		0			
	Phillips	Vice President				
	/aughn, St Robert, MO 65584		0	·	4_	
	Cummins	Secretary				
	5 Olympic Dr, Lebanon, MO 65536		0		-	
	lra L Kruse	Treasurer	_			
	Sobby Dale Dr, Waynesville MO 65583		0		+	<del></del>
	Ne Moore	_ Director				
	ox 2036, Lebanon, MO 65536			<del></del>	+	
	on willer	Director	0	,		
	Branham	D:			+	· -
	N High, Camdenton, MO 65020	Director	0	1		
	r McClanahan	Director			╅	
	McClanahan Rd, Hartville, MO 65667	Director	O			
Beve	rly Westerfield	Director		-	1	
	D Pelican Dr, Lebanon, MO 65536		0	<u> </u>		
					$\top$	
		<u></u>			$\bot$	
		_	1			
		1	I	I	- 1	

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	Yes	_=
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
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		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		_	
b	Did the organization file Form 1120-POL for this year?	37b	$\vdash$	<b>✓</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	-	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
704	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	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		<b>✓</b>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	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	40e		
41	List the states with which a copy of this return is filed. ▶ n/a			
42a	The organization of books are in our of particular transfer and the organization of books are in our our of particular transfer and the organization of books are in our of particular transfer and the organization of books are in our of particular transfer and the organization of the or	417-53		4
_	Located at ► 1400 E Rt 66, Lebanon, MO ZIP + 4 ►	65	536	- I
Ь	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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		ı	▶ □
70	and enter the amount of tax-exempt interest received or accrued during the tax year		· ,	, <u> </u>
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	No
44a	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	AAL		,
_	Did the organization receive any payments for indoor tanning services during the year?	44b 44c	$\vdash$	1
c d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	770	<del>                                     </del>	<b>  *</b>
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del>                                     </del>	1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			† <u> </u>
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-FZ (see instructions)	45h		1

Form 99	0-EZ*(2	011)					_		F	age 4
					_				Yes	No
46	Did t	he organization engage, directly or ii	ndirectly, in political c	ampaign activities of	n behalf c	of or in opposit	ion	40		,
Dord V		andidates for public office? If "Yes," Section 501(c)(3) organizations						46	l	<b>✓</b>
Part	VΙ	501(c)(3) organizations and section								h
		and 52, and complete the tables			usts mu	st answer qu	-5110			
		Check if the organization used Sc			this Part	VI				
		<u> </u>		4======					Yes	No
47		he organization engage in lobbying? If "Yes," complete Schedule C, Par		section 501(h) electi		ct during the	tax	47		
48	-	e organization a school as described i				ı F		48		<b>-</b>
49a		he organization make any transfers t		•			_	49a		Ż
b		es," was the related organization a se		_			.	49b		
50		plete this table for the organization's					ors, t	ruste	es an	d key
	empl	oyees) who each received more than	n \$100,000 of comper	nsation from the orga	anızatıon.	If there is none	e, ent	er "N	lone."	<u> </u>
	(a) N	ame and address of each employee	(b) Title and average	(c) Reportable		ealth benefits, ions to employee	(e) Es	tımate	d amoi	unt of
		paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MISC	benefit pla	ans, and deferred	oth	er com	pensat	tion
					cor	npensation				
	<b></b>					]				
					<del> </del>					
	<b>-</b>									
				<del></del>	· · · ·		<u>_</u>			
•••••										
			0							
					0	0		_		0
f	Total	number of other employees paid ov	er \$100,000	. <b>&gt;</b>		_				
51		plete this table for the organization			t contract	tors who each	rece	eived	more	than
	\$100	,000 of compensation from the orga	anization. If there is no	one, enter "None."						
(a) (	Name a	and address of each independent contractor pa	aid more than \$100,000	(b) Type of ser	vice	(c)	Comp	ensatı	on	
NONE				1		l				
						-				
				1						
				]						
		<del></del>	··	0100.000						
d		number of other independent contra	_		. •	47/-\/4\		_		
52		he organization complete Schedule a xempt charitable trusts must attach					▶ [7]	Vac		No
		of perjury, I declare that I have examined this	'							
true, cor	тесt, ar	of perjury, I declare that I have examined this ad complete. Declaration of preparer (other that	n officer) is based on all info	ormation of which preparer	has any kno	owledge		90 411	- 0000	, 1. 13
-		Wilma). Du lacos	<del>)                                    </del>			5/3/12.				
Sign		Signature of officer		<u> </u>	1	Date		-		-
Here		Wilma Hutsell	Dogre	Presider	4					
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		ate	Check	ıf E	PTIN		
Prep	arer					self-emplo	yed			
Use (		Firm's name ▶				Firm's EIN ▶				
		Firm's address ▶	r about about Con	instructions		Phone no		\ <b>V</b> = -		
iviay th	ie ins	discuss this return with the prepare	a SHOWH ADOVE? See	manuchons	· · · ·		<u>-                                    </u>	Yes		No
							For	m 99	<b>∪-ヒ</b> ∠	(2011)

#### SÇHEDÜLE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

201

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Laci	ede Electric Trust, l	nc					į.		43-177	73194		
Pa	rt I Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this par	rt.) See i	nstructio	ns.		
The •	_		ition because it is: (Fo						i).			_
2			170(b)(1)(A)(ii). (Attac			Ju III 300		(2)(1)(5)(1	·,·			
3			spital service organiza			section <sup>-</sup>	170(b)(1)(	A)(iii).				
4	A medical rese		on operated in conjunc						0(b)(1)(A)(	iii). Ente	r the	
5	☐ An organization	•	the benefit of a colle	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit d	escrib	ed ir
6 7	☐ An organization	federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  In organization that normally receives a substantial part of its support from a governmental unit or from the general public escribed in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	☑ A community f	trust described i	n section 170(b)(1)(A)	<b>)(vi).</b> (Cor	nplete Pa	ırt II )						
9	An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)											
10	☐ An organization	n organized and	operated exclusively	to test fo	or public s	safety. Se	e <b>sectio</b>	n 509(a)(	(4).			
11	An organization purposes of control of the control	on organized ar one or more pub ock the box that o	nd operated exclusive vilicly supported organ describes the type of	ely for th nizations supportin	ne benefit described ng organiz	t of, to to to to to the contract of the contr	perform 1 ion 509(a d comple	the funct a)(1) or se	cions of, dection 509 1e throug	9(a)(2). S jh 11h.	ee <b>se</b>	ction
	a 🗌 Type I	<b>b</b> □			III-Functi					Type II		
e	<ul> <li>By checking the other than four section 509</li> </ul>	indation manage	that the organization ers and other than one	is not co e or more	ntrolled d e publicly	irectly or support	r indirecti ed organi	y by one izations o	or more of described	dısqualifi ın sectio	ed pe on 509	rsons 9(a)(1
f	If the organiz		written determination	on from t	the IRS t	hat it is	a Type	I, Type 	II, or Typ	e III sup	portir	ng
g	•	17, 2006, has the	he organization accep	pted any	gift or co	ontributio	n from a	ny of the	e			_
			ndirectly controls, eithody of the supported o							id [11g(i)	Yes	No
	• •	-	on described in (i) abo	-						11g(ii	+	
	• • •		a person described in							11g(in	†	
h			on about the support									
(i)	Name of supported organization (ii) EIN		(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	(vi) Is the organization in col (i) organized in the US?			mount ipport	of
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												
				<del>                                     </del>		<u> </u>					_	

is regularly carried on

14

15

16a

Scheut	IN A (FOITH 330 OF 350-EZ) 2011						. ugo <b>—</b>
Par							
	(Complete only if you checked the Part III. If the organization fails to						alliy under
Sect	ion A. Public Support	4					
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	130126	128319	128365	127917	125581	640308
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	130126	128319	128365	127917	125581	640308
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.						640308
Sect	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	130126	128319	128365	127917	125581	640308
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1650	1116	606	392	207	3971
9	Net income from unrelated business						

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	<del></del>		 		64425
12	Gross receipts from related activities, etc	. (see instructi	ons)	 	12	6442
13	First five years. If the Form 990 is for the organization, check this box and stop he	-				
Sect	ion C. Computation of Public Suppor	t Percentag	ie			

Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))

Public support percentage from 2010 Schedule A, Part II, line 14 .

	box and stop here. The organization qualifies as a publicly supported organization	$\checkmark$
b	331/3% support test-2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,	
	check this box and stop here. The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is	
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in	
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported	

331/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this

15

99 %

99 %

Part III	Support Sc	hedul	e for	Orgai	nizations	Des	cribed	in S	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 I
If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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			<u> </u>			
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.)			_			
	on B. Total Support		_				<del></del>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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 .		ļ				
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				ļ		
С	Add lines 10a and 10b		<u> </u>				
11	Net income from unrelated business						
	activities not included in 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				1		
40	(Explain in Part IV.)				<del> </del>	<u> </u>	
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	and 12.)	L	n'e firet sees	d third former	or fifth toy w	par as a soctio	n 501(c)(3)
14	•	_			-		
C4:	organization, check this box and stop he		<u></u>	<del></del>			· · · ·
	on C. Computation of Public Suppor			12 column (f)		15	%
15	Public support percentage for 2011 (line						
16 Sooti	Public support percentage from 2010 Sc on D. Computation of Investment In			<u> </u>		16	<u> </u>
				v line 12 soli	mn (fl)	17	%
17	Investment income percentage for 2011						<del>%</del>
18	Investment income percentage from 2010						
19a	331/3% support tests—2011. If the organ 17 is not more than 331/3%, check this box						
	331/3% support tests—2010. If the organization						
b	line 18 is not more than 3312%, check this						
00	Private foundation. If the organization d		_				_
20	riivate iounication. Il the organization d	id HOLCHECK 8	DOX OIL IIIE 14	, 13a, UL 13U,	CHECK HIS DOX	and see mand	E

Schedule A (F	orm 990 or 990-EZ) 2011		Page 4
Part IV	Supplemental Information. Com Part II, line 17a or 17b; and Part II instructions).	plete this part to provide the explanations required by Part II, line 10; II, line 12. Also complete this part for any additional information. (See	
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Laclede Electric Trust								-							
43-1773194															
2011-Form 990-EZ															,
Schedule Supporting Part I, Line 10	ne 10														
sburseme							$\dashv$			:					
Check # Payee	Description	Grant	Heating/	Liferacy	Fire Dept	Housing	Accistance (	Disaster	Community	Youth	Food &	Senior	Vehicle	Medical	Job
		dymenn	Cimi	2	Sindho		+	+-		3		2112	Na in	200	
3092 Allison Potter DDS	Dental Work-Charlotte Porter	360 00												360 00	
3094 First National Bank		763 06				763 06									
3095 Conway Elementary School		250 00				1				250 00					
3096 Kay Letterman	Mortgage-J Kirschhoffer	03150				131 50									
3097 SE Wind Properties, LLC	Keril-Carrdy Deckritan	00 070				00 070			00 0000						
3096 Harville/Grove Comm Cit	Committee Equipment	1000 00							1000 00						
3100 Sonnafield Mattress Inc	Mattress-Roberta Wellman	379 00									ĺ			379 00	
3101 Lowe's Home Improvement	_	319 00	319 00												
3102 Paula Paddon	_	300 00				300 00									
3103 Central Bank of Lebanon	Mortgage-John Harris	1024 00				1024 00									
3104 Amengas	Propane-Sherne Wilkey	200 00	200 00												
3105 Ferrell Gas	Propane-Jeannie Walker	200 00	500 00												
	Lot Rent-Laune Arnold	675 00				6/5 00									
310/ City of Lebanon	Utillies-Brenda Sadler	203 04	00 000			203 O4		+							
3108 Ferrell Gas	Propane-Unda Doublin	00 000	00 000		1					00000					
3109 Lebaron nigh Piol Grad	Donation	3000								30000					
2111 Whispoord Diese Trailor Dk Bont-Barbara Sillor	Pont Barbara Sitler	245 00				245 00									
3112 Americas	Propane-Debra Herd	200 005	200 00												
3113 Howard Walker	Rent-Sara Yacks	200 00				200 00									
3114 David Hopkins	Rent-Sherrie Wilkey	350 00				350 00									
3115 Bill Ford	Rent-Virginia Brown	385 00				385 00									
	Program expenses	300 00								300 00					
3117 Laguey Project Grad	Program expenses	300 00				00				300 00					
3118 Wells Fargo home Mortgage Mortgage-John Cromer	e Morgage-John Cromer	911 68				81188							0000		
3119 Molts Auto Salvage	I rarsmission-Edna Jones	375.00											375 00		
2121 Committee Control	Dry m Evenese	30000								300.00					
	Program Expenses	300 000								300 000					
3123 Kwanis Club of Pulaski Co	Waynesville Proj Grad	300 00				-				300 00					
3124 Wright Co Library-Hartville		250 00		250 00											
3125 Whispring Pines Trailer Pk		260 00				260 00									
3127 Bonnie Rabe		1269 44				1269 44									
3128 Lowe's Home Improvement	Tub/Faucet-Anna Smith	344 00				94 00 4 00									
3123 VOID 3130 S.R. S. Transmission	Auto transmission-Susan K Haves	950.00											950 00		
3131 VOID	מינים מינוים ומוסיום מינים														
3132 Leb R-3 School District	Whiteboards-Lebanon School	2500 00		2500 00											
3133 Mattax Neu Prater	Eyeglasses- Stella Campbell	286 00												286 00	
3134 Lowe's Home Improvement		908 57				908 57									
3135 David McDonald		700 00				200 00									
3136 Point Lookout Villas	Rent-Alisha Banner	520 00				520 00									
3137 NWTF-Bunt Cumbea Chapte Youth gun Safety	td Youth gun Safety	200 00					_		!	500 00					
3138 Monroe Estates	Rent-Michael Russell	211 00				211 00									
3139 Whispering Pines Trailer Pk		200 00				200 00									
3140 Credit Acceptance	Car Payment-Alisha Banner	00 086											380 00		
3141 Lewis Used Cars	Auto Ratton-Michael Russell				1		+						101 99		
3142 Auto Zone	Rent-Casey N Codez	750 00				750 00		-					?		
2000 1000	ו יכווי סמסכל וא סמוכד														

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Grant Disbursements															
Payee	Description	Grant	Heating/	Literacy	Fire Dept	Housing	H	Н	Community	Youth	Food &	H	Vehicle	Medical	gor
i		Payment	Clility	Programs	Supplies	000	Assistance	Victims	Development	Programs	Clothing	Citizens	Assistance	Assistance	Support
3144 I erence Blue	Windows & Poors   ada Makingo	300 00				1213 00									
ARC Auto		200 000				20.21.21							200 00		•
Alan Harmon	Rent-Chancie Luzum	750 00				750 00									
3148 Goodnch Gas	Propane-Joann Schindler	400 00	400 00												
3149 Fields Hardware & Lumber	Well repairs-Joann Schindler	1009 94	1009 94												
r Enterprises	Well repair labor-Joann Schindler	360 00	360 00									70			
3151 Tom Hill	Porch & wheelchair ramp- Charles	1413 81										141361		+	
Total College	Porshe	000		+		+	1000 00								
3152 Ozarks Lechnical College	Scholarship-Demoxa Glegory	20 0001				368.27	3	-							
3153 Kloeppel Welding & Fab	Francet-Ama Smith	2000	90 09			2000									
3156 Pointe Lookout Villas	Rent-Molly Doberty	423 00				423 00									
3157 Allens Appliance	Stove-Donna Mordan	225 00	225 00												
2011	Stove- Janet Lawson	225 00	225 00					-							
3158 Goodneth Gas	Propane-Ashley Nicole Brown	101 00	101 00												
h Bros Lumber	Flooring & drywall-Nancy Roberts	2032 21				2032 21									
3160 Henderson Mayer	Rent- Ashley Nicole Brown	00 006				900 00									
3161 Dennis Zeiger		625 00				625 00						+			
3162 Lowe's Home Improvement		00 09				90 00									
CA	_	1500 00								1500 00					
3164 Oakwood Park Estates	Trailer & lot Pymt-Tammy Perrym	918 34				91834									
3165 LAMB House		2000 00				2000 00									
Lowe's Home Improvement	_	778 00							778 00						
	Elementary School	000				170.00		+							
e's Home Improvement	3167 Lowe's Home Improvement Microwave & roof coating-Metody	1/9 00				00.6/1									
's Appliance	Stove & fng-Melocy McNellis	350 00			-	350 00									
3169 Steve Mott	Renid ora Barker	800 00				800 00									
Edna Barber	Rent-Chad DuLong	1125 00				1125 00									
3171 Professional Prop Mamt	Rent-Inraah Ahmad	1800 00				1800 00									
3172 Lowe's Home Improvement	-	529 00	529 00												
3173 Mary Baldwin College	1	1000 00					1000 00							-	
Univ of Mo-Kansas City	Scholarship-Jason Laughtin	1000 00					1000 00								
3175 Ozark Christian College	Scholarship-Haley Hendrix	1000 00					1000 00	1							
Southwest Baptist Univ	Scholarship-Menk Burgess	1000 00					00000	$\dagger$							
College of the Ozarks	Scholarship Bendon Kithi	000 00					100000								
3170 Orogio Tohami	_	0000					1000								
3180 Ozalks Technical Comm College	Scholarship-Sarah Cook	1000 00					1000 00								
Kansas State Univ	Scholarship-Chelsea Porter	1000 00					1000 00								
echnical Comm College	3182 Oz Technical Comm College Scholarship-Rachel Jackson	1000 00					1000 00								
3183 Wofford College	Scholarship-Kathryn Harmon	1000 00					1000 00								
3184 Mo State University	Scholarship-Kody L Tipton	1000 00					1000 00								
3185 Harding University	Scholarship-Dallis Bailey	1000 00					1000 00								
Mo State Univ	Scholarship-M Caitlin Shoults	1000 00					1000 00								
3187 MFA Propane	Propane-2657 Claudene Waterma	400 00	400 00										10000		
Tooley Auto	Auto repairs-2663 Stanley Pearce	313 87				000							3138/		
3189 Bill Knapp	Rent-2664 Dons Nicholas	00 009				900 000									
set Village of the Ozark	3190 Sunset Village of the Ozarks Rent-2665 Velma J Davis	287 00		00 0000		787 00									
3191 Newborns in Need, inc	Mort Pyrmts-2672 Amanda Willis	864 00		0000		864 00									
Wilkinson Homerare Foun	_	420 77										420 77			
3194 Daily University	Scholarship-Heather Payne	1000 000					0000								
				_			מח מחחר								

Grant Dis burs ements   Description	Description Propane-2680 Michele Graham Rent-2681 Florence Haigbea Rent-2685 Jeffrey A Greeno Utilities-2692 Karen M Adams Rent-Jackie Funches 2693 Propane-2700 Ashley Towe Mongage-2701 Melody Curis Rent-2695 Victoria Clark Const Material-2666 Medical Missions for Chinal Rent-2699 Lora Barker Rent-2699 Lora Barker Rent-2699 Lora Barker	Grant Payment	700000									Sentor	cloudo),		
Withe Ozarks  e e e e e e e e e e e e e e e e e e	Description  Jane-2680 Michele Graham  1-2681 Florence Haigbea  1-2685 Jeffrey A Greeno  1-2685 Karen M Adams  1-2689 Karen M Adams  1-2689 Victoria Clark  SI Material-2686 Medical  Siors for Chinst  1-2689 Lora Barker  1-2692 Karen M Adams	1	1000,000		1		-		_			Sentor	\/ohiolo		_
MFA Propane Surset Village of the Ozarks Surset Village of the Ozarks Lany Cole Reality Executive City of Lebanon MFA Propane Varderbit Mortgage Green Hills Duplexes High Bros Lumber Slave Mott Twin Maples Apis	ane-2680 Michele Graham 1-2681 Florence Haigbea 1-2685 Jeffrey A Greeno 1-2685 Victoria Clark 1-2685 Victoria Clark 1-2685 Victoria Clark 1-2685 Lora Barker 1-2685 Lora Barker 1-2682 Karen M Adams	Payment	Heating/	acy	Fire Dept	Housing	$\vdash$	Н	Community	Youth	Food &	İ	Venicie	Medical	doc
Surves I Village of the Ozarks Surves I Village of the Ozarks Lany Cole Reality Executive Flory of Lebanon Flory Prop Mgmt MFA Propane Vanderbilt Mortgage Green Hills Duplexes High Bros Lumber Sleve Mott Twin Maples Apis Twin Maples Apis Twin Maples Apis	John State Of March S		Utility	Programs	Supplies		Assistance	Victims	Development	Programs	Clothing	Cilizens	Assistance	Assistance	Support
Lany Cole Reality Executive City of Lebanon City of Lebanon City of Lebanon MFA Propane Varderbil Mortgage Green Hills Duplexes High Bros Lumber Slave Mott Twin Maples Apis Twin Maples Apis Twin Maples Apis Twin Maples Apis	1-Katily A Chandler 2884 1-2685 Jeffrey A Greeno 1-2685 Jeffrey A Greeno 1-2685 Jeffrey A Greeno 1-3582 Karen M Adams 1-3582 Karen M Adams 1-3582 Victoria Clark 1-3585 Victoria Clark 1-2685 Victoria Clark 1-2685 Lora Barker 1-2685 Lora Barker 1-2685 Karen M Adams	1150 00	200	-		1150 00									
Reality Executive City of Lebanon City of Lebanon MFA Propane Warderbil Mortgage Vanderbil Mortgage Green Hills Duplexes High Bros Lumber Sleve Mott Twin Maples Apis Twin Maples Apis Twin Maples Apis Twin Maples Apis	1-2685 Jaffrey A Greeno lies-2692 Karen M Adams 1-Jackie Funches 2693 sane-2700 Ashley Towe 1-2695 Victoria Clark si Material-2666 Medical siors for Chirst 1-2699 Lora Barker 1-2699 Lora Barker 1-2699 Lora Barker 1-2699 Karen M Adams	540 00				540 00									
City of Lebanon Prof Prop Mgmi Prof Prof Prof Prof Prof Prof Prof Prof	Lies-2692 Karen M Adams Llackie Funches 2693 sane-2700 Ashley Towe 1-2695 Victoria Clark si Material-2666 Medical sions for Chins sions for Chins 1-2699 Lora Barker 1-2692 Karen M Adams	770 00				270 00									
Prof Prop Mgmt MFA Propane Varderbult Mortgage Green Hills Duplexes High Bros Lumber Steve Mott Twin Maples Apis Twomas Kennedy of Mo	L-Jacke Funches 2693 ann-2700 Ashley Towe agges-2701 Melody Curis 1-2695 Victoria Clark sin Matenal-2666 Medical sions for Chins 1-2699 Lora Barker 1-2692 Karen M Adams	120 77	120 77												
MFA Propane Vanderbil Mortgage Green Hills Duplexes High Bros Lumber Steve Motl Twin Maples Apis Thomas Kennedy of Mo	ane-2700 Ashley Towe Igage-2701 Melcdy Curtis 1-2695 Victoria Clark 1-2865 Victoria Clark 1-2689 Loza Barker 1-2689 Loza Barker 1-2692 Karen M Adams	1800 00				1800 00	-								
Vanderbit Morgage Green Hils Duplexes High Bros Lumber Sleve Motl Twin Maples Apis Fromas Kennedy of Mo	igage-2701 Melody Curtis 1-2895 Vidoria Clark st Material-2686 Medical 1-2889 Lora Barker 1-2692 Karen M Adams	400 00	400 00		1										
Green Hills Duplexes High Bros Lumber Sleve Molt Twin Maples Apis Firmons Kennedy of Mo	1-2895 Victoria Clark si Material-2686 Medical siors for Chnst 1-2689 Lora Barker 1-2692 Karen M Adams	1435 00				1435 00		1							
	st Material-2686 Medical stors for Christ 1-2689 Lora Barker 1-2692 Karen M Adams	750 00				00 00		+							
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	1-2692 Karen M Adams	00000			+	00 009	+	+							
	ויבטטל ויפופון ואו המפווט	30000		+	+	300 005		+							
1	12 Mork 2606 Richard Flags	985 00				200		+						985 00	
	Terick Dymis 2683 Im Walters	586 37											686.37		
2	Mod pymis-2683 Jim Walters	398 71			+	398 71		lacksquare							
Amy Amy	Lithiy Find 2713	5000 00	5000 00				-								
	Rent-2715 Molly B Doherty	846 00	3			846 00									
l	Dancert & rent-2716 Achley Brown	1050 00				1050 00									
ĺ	Rent 2722 Karen Williams	1000 00			-	1000 00									
Roh Pendemiafi Rentals	Rent-2718 Christopher T Davis	850 00		-		850 00									
ď	1-2708 Diana Malone	575 00			-	575 00						-			
Oakwood park Estates	Lot Rent-2710 Mary Shafer	300 00				300 00		-							
Γ	Propane-2710 Mary Shafer	227 88	227 88												
Estates	Mort Pymt-2710 Mary Shafer	324 00				324 00									
	Car Loan-2702 David Doublin	570 00											570 00		
e Serv, LLC	Mort Pymi-2702 David Doublin	270 00				270 00									
П	Washer & Dryer-2720 E Wilson	250 00				250 00									
Alten's Appliance	Washer-2714 Janet Lawson	150 00				150 00									
3225 C & B Lawn & Landscaping Ran	Ramp-2709 James Williams	865 00			-							865 00			
Good Samantan Resouce	Program Expenses-2760	1000 00						1000 00							
$\neg$	Food Expense-2737	1000 00									1000 00				
Salvation Army of Lebanon	Food Expense-2750	1000 00		1		00 00,	+	1			ກາ ກາກາ				
JI VIIIas	Keni-2/35 Brian Shupe	4/000		1		1,000		+					27 975		
Mazda Credit	Car Pymt- 2/35 Brian Shupe	37000		1		+	+	+			1000000		320 / 3		
	FOOD EXP-2/ 30 CHOSSIII IES	00000	1								100000				
3234 Ozark Food Haivest Food	Propage 2753 Virginia Webster	493 16	493.16								200				
MPA OII	Mod Pymt-2764 Poors Moulder	522 70	2			522 70									
Ellott	Rent-2756   ennette Tamley	1605 00		T		1605 00									
E7 Disposal	Trash Pickin-27561 Taroley	80 00	80 00												
Norman Schafer	Mob Hm Skirt ror-2697 G Williams	1130 00				1130 00									
God's Storehouse	Food Exp-2766 Gods Storehouse	2000 00									2000 00				
St Johns Medical Stronty	if Chair-2749 Kevin Smith	800 00										800 00			
Supply Village of the Ozarks	it-2773 Charles Davis	862 50				862 50									
Nickels Rentals	Rent-2774 Angela West	1000 00				1000 00	-								
	Mortgage Pymt-2767 N Carreau	294 19		-		294 19		_							
Big O Tires #25015	Tires/oil chge-2739 Edna Jones	304 99											304 99		
	Rpr Windows-2769 Gail Rambo	37 04				37 04									
3250 Jerry Letterman Mor	Mort Pymt-2769 Gail Rambo	415 00				415 00									
		00 030777	1,0000			24.04.0	00000	- 00	00 07.70	4250 00	00 0000	0000	6640.03	0000	6
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