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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150 2012

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

Sponsonng 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.

Open to Public

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J Tan-exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c)(1) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Form 990, 990-EZ, or 990-PP. K Check ▶ ☐ If the organization is not a section 520(a)(3) supporting organization or a section 527 organization and its gross recepts are normally not more than \$50,000. A Form 990-EZ or Person 990-EV or post form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return L Add ines 56, 6c, and 7b, to file or 950 determine gross recepts it gross recepts are \$200,000 or more, or if total assets (Parl II). Ine 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Parl I). Check if the organization used Schedule O to respond to any question in this Parl I. ☐ contributions, gifts, grants, and similar amounts received. 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments. 4 Investment income 4 Investment income 5 Gaming and fundraising events 6 Gaming and fundraising events (Subtract line 5b from line 5a). 5 Gaming and fundraising events (Subtract line 5b from line 5a). 6 Gaming and fundraising events (Subtract line 5b from line 5a). 7 Gross sincome from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 Gross sales of inventory, less returns and allowances. 7 Gross source from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 128932 10 Grants and similar amounts paid (list in Schedule O). 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salanes, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Cont											
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not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Parl II, line 25, column (E) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events 6 Gaming and fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions grow from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances 7 Gross sales of inventory, less returns and allowances 8 Other revenue (describe in Schedule O) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 A J 15 Professional fees and other payments to independent contractors 16 Compenses (describe in Schedule O) 17 D 18 Excess or (deficti) for the year (Subtract line 17 fr	_				,,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ,, ,	_=				
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sum of such gross income and contributions exceeds \$15,000). c Less' direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. 7b Less' cost of goods sold. 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 Other changes in net assets or fund balances (explain in Schedule O).	Š	"					COMMIDGUE	"			
c Less direct expenses from gaming and fundraising events	02		_	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			ŀ			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances			_						. }		
line 6c) 7a Gross sales of inventory, less returns and allowances							1 6b and sub	otract	1		
Ta Gross sales of inventory, less returns and allowances		"							6d		
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 128932 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 45949 20 Other changes in net assets or fund balances (explain in Schedule O) 20		72	•	ventory less returns and	llowances	7a	1	 	-		
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 128932 10 Grants and similar amounts paid (list in Schedule O) 120524 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 3953 17 Total expenses. Add lines 10 through 16 17 from line 9 18 3674 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 3674 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 45949		1 1		•							
8 Other revenue (describe in Schedule O)		L						 ∙	76		
Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Total expenses. Add lines 10 through 16 22 Other changes in net assets or fund balances (explain in Schedule O) 23 Other changes in net assets or fund balances (explain in Schedule O) 24 Other changes in net assets or fund balances (explain in Schedule O)								: : :			
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20	3	ـ ا۵	•	•		¥	Dr.	->			128932
Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O)	2	1 1 2				i i	ZEC:	7170	10-		
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20						Z		VE	(4) T	7	120027
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20			•			_ /₹/	MAR		12	,/ -	
Printing, publications, postage, and shipping	Se	13						20:1	13 4	[_	781
Printing, publications, postage, and shipping	2	14		- ·	•	Li	John				
Other expenses (describe in Schedule O)	Ę,	15					SUEW	1			
Total expenses. Add lines 10 through 16	\Box	16			•			<i>∪</i> ′/	_		2052
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	뛿	17						-			
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	Ź.	18	Excess or (defic	it) for the year (Subtract lin	e 17 from line 9)	<u> </u>					
end-of-year figure reported on prior year's return)	₩	19					(must agree	with	 +		- 5074
20 Other changes in net assets or fund balances (explain in Schedule O)	ويسي	1					_	1-	19		45949
21 Net assets or fund balances at end of year Combine lines 18 through 20) t	20									
	ž	21									49623

For Paperwork Reduction Act Notice, see the separate instructions.

Pa	Balance Sheets (see the instructions f	•			_	
	Check if the organization used Schedule	O to respond to a	ny question in this			(D) Ford of the con-
				(A) Beginning of year	00	(B) End of year
22	Cash, savings, and investments			45949	23	49623
23	Land and buildings				24	
24	Other assets (describe in Schedule O)			45949		49623
25 26	Total liabilities (describe in Schedule O)			4 <u>3</u> 943	26	49023
27	Net assets or fund balances (line 27 of column			45949		49623
Par				Part III)	-: 1	
· ai	Check if the organization used Schedule				/Day	Expenses guired for section
Wha	is the organization's primary exempt purpose?	<u> </u>	., q			(c)(3) and 501(c)(4)
	ribe the organization's program service accomplis	hmanta for each o	f its three largest i	rogram conject		anizations and section
as n	leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	e services provide	d, the number of		7(a)(1) trusts, optional others)
28	During 2012 twenty one (21) community organization	s were awarded fund	ls from Laclede Elec	tric Trust Inc for		
	their operations	•				
	(Grants \$ 46921) If this amount				28a	48767
29	During 2012, sixty four (64) grants were awarded to fa	amilies for utilities, h	ousing, transportati	on, medical needs		
	and food.					
				•••••		
	(Grants \$ 55925) If this amount				29a	58103
30	During 2012, nineteen (19) grants were awarded for h	igher education.				
	(O	meludos forsion ara	nto shook horo	 □	30a	10200
04	(Grants \$ 17678) If this amount Other program services (describe in Schedule O)		ants, check here .		308	18388
31		ıncludes foreign gra			31a	
32	(Grants \$) If this amount Total program service expenses (add lines 28a t	hrough 31a)	ints, check here .	· · · · <u></u>	32	125258
Par		Fmnlovees List each	n one even if not con	pensated (see the in		
i ai	Check if the organization used Schedule					
	CHOOK II the organization does consulted	(b) Average	(c) Reportable	(d) Health benefits,	Ή	
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		(Estimated amount of other compensation
Wilm	a Hutsell	<u></u>		-	\top	
	Hwy 38, Mtn Grove, Mo 65711	President		0	ı	
	Phillips	1103.40.11			1	
	aughn, St Robert, MO 65584	Vice President		o		
	Cummins					_
	5 Olympic Dr, Lebanon, MO 65536	Secretary		о		
	ra L Kruse					
	lobby Dale Dr, Waynesville, MO 65583	Treasurer		o		
Debt	ie Moore				-	
PO E	ox 2036, Lebanon, MO 65536	Director		0	\perp	
Kent	on Miller					
<u>PO E</u>	ox 3215, Camdenton, MO 65020	Director		0	Ц	- <u>-</u>
Don	Branham					
<u>150 l</u>	High, Camdenton, MO 65020	Director		0	+	
Roge	r McClanahan					
	McClanahan Rd, Hartville, MO 65667	Director		0	+	· · · · · · · · · · · · · · · · · · ·
	rly Westerfield					
<u>2734</u>	Pelican Dr, Lebanon, MO 65536	Director		0	+	
				 	+	
		•				
					_	
		İ		1		

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		\Box
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	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		✓
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		
С	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			
ь	Did the organization file Form 1120-POL for this year?	37b		✓
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		-
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		>	<i>(</i>
39	Section 501(c)(7) organizations. Enter:	1	*,	ŝ
a	Initiation fees and capital contributions included on line 9		Ť	^, *;
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
700	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		78	
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	401		,
С	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u>√</u>
·	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	7 *		
	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's books are in care of ▶ Located at ▶ ZIP + 4 ▶			
h	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b		√
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1.	,	
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
70	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		√
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	44b		✓
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4-	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Form 990	J-EZ (2012)						Yes	No
	Did the organization engage, directly or to candidates for public office? If "Yes,"							7
Part V		s only				_	or lin	es
	Check if the organization used So	chedule O to respond	to any question i	n this Part	VI	<u></u>	· · ·	<u></u>
							Yes	No
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa	rt II				. 47		1
	Is the organization a school as described						<u> </u>	1
	Did the organization make any transfers If "Yes," was the related organization a s							_
50	Complete this table for the organization employees) who each received more that	s five highest compen	sated employees (other than	officers, direct	ors, truste	es an lone."	d key
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) He contribute benefit pla	ealth benefits, ons to employee ans, and deferred npensation	(e) Estimate other com	d amou	unt of
						•		
		-						
			_					
		0		0	0			0
51	Total number of other employees paid or Complete this table for the organization \$100,000 of compensation from the org	n's five highest compe	ensated independe	ent contract	tors who each	received	more	than
(a) N	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of s	service	(c)	Compensati	on	
						_		
		<u> </u>						
d	Total number of other independent conti	ractors each receiving	over \$100,000 .	. ▶	<u> </u>			
52	Did the organization complete Schedule nonexempt charitable trusts must attach	A? Note: All section 5	601(c)(3) organizatio			► ☑ Yes		No
Under pe	enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other than	return, including accompan an officer) is based on all info	lying schedules and state	ements, and to rer has any kno	the best of my krowledge	nowledge and	l belief,	ıt ıs
	Wilma Hut	sell/			3/18/13	·		
Sign Here	Signature of Officer Wilma Hutsell, P	resident			Date			
	Type or print name and title		,					
Paid Prepa	Print/Type preparer's name	Preparer's signature		Date	Check self-emplo			
Use C	Only Firm's name >	-			Firm's EIN ▶			
May the	Firm's address Fig. 18 discuss this return with the prepare	er shown above? See	instructions	<u></u>	Phone no	► □ Yes	. 🗇	No
···	proper						<u> </u>	

SCHEDULE 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

Par			rity Status (All orga						nstructio	ons.	_
The c	organization 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 church	hes, or association of	churches	describe	ed in sec	tion 170((b)(1)(A)(i).		
2			170(b)(1)(A)(ii). (Attac								
3	☐ A hospital or a	cooperative hos	spital service organiza	ition desc	cribed in a	section 1	70(b)(1)(A)(iii).			
4	A medical rese	earch organization	on operated in conjunc	ction with	a hospit	al descrit	oed in se	ction 170)(b)(1)(A)	(iii). Enter the	
		ne, city, and state									
5		on operated for to the complete of the complet	the benefit of a collect	ge or uni	versity o	wned or	operated	by a go	vernment	tal unit described in	ì
6	☐ A federal, stat	e, or local govern	nment or government	al unit de	scribed in	section	170(b)(1)(A)(v).			
7			receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	governr	nental un	it or fron	n the general public	;
8	✓ A community	trust described (n section 170(b)(1)(A)	(vi). (Con	nplete Pa	ırt II.)					
9	☐ An organization	on that normally	receives: (1) more tha	an 331/3%	of its su	apport fro	m contri	butions,	members	ship fees, and gross	ŝ
	receipts from	activities related	to its exempt funct	ions—sul	oject to d	certain ex	ceptions	s, and (2)	no more	e than 331/3% of its	3
			nt income and unrel						n 511 ta	x) from businesses	ì
	acquired by th	ne organization a	fter June 30, 1975. Se	e sectio	n 509(a)(2). (Comp	olete Part	t III)			
10			operated exclusively								
11	☐ An organization	on organized an	d operated exclusive	ely for th	e benefit	t of, to p	erform t	the funct	ions of,	or to carry out the	è
			licly supported organ								١
	509(a)(3). Che	ck the box that o	describes the type of								
	a 🗌 Type I	b 🗌 Type								tionally integrated	
е	By checking to	his box, I certify	that the organization	is not co	ntrolled d	lirectly or	ındirectl	y by one	or more	disqualified persons	š
		_	rs and other than one	e or more	publicly	supporte	ed organi	zations o	lescribed	l in section 509(a)(1)
	or section 509						_				
f			written determination	on from t	the IRS 1	that it is	а Туре	I, Type I	i, or Typ		
		check this box .								🗆	
g	following pers	ons?	ne organization accep								_
			ndirectly controls, eith				persons	described	d in (ii) ar	nd Yes No	_
	• •		ody of the supported of							11g(i)	_
			on described in (i) abo							11g(ii)	_
			a person described in							11g(in)	-
h	Provide the fo	llowing informati	on about the support	ed organı	zation(s).	, . <u></u>		,		T	_
(i)	Name of supported	(II) EIN	(iii) Type of organization		rganization		ou notify lization in	(vi) li organizat	s the	(vii) Amount of monetary support	,
	organization		(described on lines 1–9 above or IRC section		document?	col (i)	of your	(i) organi	zed in the	зарроге	
			(see instructions))	32			xort?		S?	-	
				Yes	No	Yes	No	Yes	No		-
(A)				1							
				 							-
(B)											
(C)											-
(0)					_						_
(D)											
(E)											-
											-
Tota	ı										

					1/41/		· ·
Part	Support Schedule for Organiza	ations Descri	bed in Secti	ions 170(b)(1)(A)(iv) and 1	/70(b)(1)(A)(vi	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	r the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support					4) 0040	<u> </u>
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	128319	128365	127917	125581	128875	639057
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf			_			_ · <u>_ </u>
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	128319	128365	127917	125581	128875	639057
5	The portion of total contributions by			٠	*	Jan.	
	each person (other than a				εψ.		
	governmental unit or publicly			: š.	la contraction	* ,	
	supported organization) included on) 200		(1	146.2	***	
	line 1 that exceeds 2% of the amount		77.		I'', 3mes \$ I'' des	· (1)	
	shown on line 11, column (f)	<u> </u>	****	100,000	/ i.e	*	
6	Public support. Subtract line 5 from line 4.	6 inchin		, Á	F	·	
	on B. Total Support		# \ 0000	4 2 2 2 4 2	4.0.0044	(-) 0040	(O Total
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	128319	128365	127917	125581	128875	639057
8	Gross income from interest, dividends,					;	
	payments received on securities loans,						
	rents, royalties and income from similar						
_	sources	1116	606	392	207	57	2378
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.)						
44		**	*			<u> </u>	C44.42C
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	L 1	ne)			12	641435
13	First five years. If the Form 990 is for the						641435 n.501(c)(3)
13	organization, check this box and stop he			,			▶ □
Sacti	on C. Computation of Public Suppor			· · · - · - · - · - · - · - · - · - · -			
14	Public support percentage for 2012 (line			1 column (fl)		14	100 %
15	Public support percentage from 2011 Sch					15	100 %
16a	331/3% support test—2012. If the organi	zation did not	check the box	on line 13, and	d line 14 is 33 ¹		
	box and stop here . The organization qua	lifies as a publi	cly supported	organization			. ▶ ☑
ь	331/3% support test-2011. If the organ						
-	check this box and stop here. The organ	uzation qualifies	s as a publicly	supported org	janization .		. ▶ □
17a	10%-facts-and-circumstances test - 26	012. If the orga	nızation did ne	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me						
	Part IV how the organization meets the "f						
	• •						. ▶ □
b	10%-facts-and-circumstances test - 26						
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m					n qualifies as a	
	supported organization						. ▶ 🛚
18	Private foundation. If the organization di	id not check a l	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

• •	_		
(Complete only if you	checked the box o	n line 9 of Part I or if the organ	ization failed to qualify under Part II.
If the organization fai	ls to qualify under the	e tests listed below, please co	omplete Part II)

Secti	on A. Public Support						-
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						_
	received. (Do not include any "unusual grants.")			į .			
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					i	
	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 .						
L	· · · ·						***************************************
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						
С	•						
8	Add lines 7a and 7b	· '4 1/25.	433	7 X			
•	line 6.)	, 1,2,2,2,0					
Secti	on B. Total Support				* * *	E3 50 0 300 8.4	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(4) 2000	(5) 2000	(0) 2010	(4) 2011	(0) 2012	(i) rotar
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						
С	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						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)				İ		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th	e organization	's first, secon	d, third, fourth	, or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8	3, column (f) dı	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2011 Sch			<u></u> .	<u> </u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2012 (• •	•	` ''	17	%
18	Investment income percentage from 2011					18	%
19a	331/3% support tests-2012. If the organi						
	17 is not more than 331/3%, check this box					_	_
b	331/3% support tests—2011. If the organiz						
	line 18 is not more than 331/3%, check this i		_	-			
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, c	heck this box	and see instru	ctions 🕨 🔲

chedule A ((Form 990 or 990-EZ) 2012	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).	
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3251 PC Plus	Laptop Computer-Brenda Riggs	\$ 61900					5	╁)					
	Computer Software-Brenda Riggs	29 00					29 00								
3253 Monroe Estates	Rent-Kathryn E Allen	314 00				314 00						_			
3255 Randy Lewis	Rent-Carolyn Barker	890 00				00 068									
3256 Allen's Appliance	Washer & Dryer-Missy Trammel	400 00	616 22			400 00									
3257 Ferrell Gas	Propane-Paul Doublin	27 010	27 010			846.00									
3259 Mae Zeigenbein	Rent-Crystal Strcklan	450 00				450 00									
3260 Cox home Medical Supply	Wheelchair Battenes-K Allen	110 35						<u> </u>						110 35	
3261 S & W Propane	Propane-Diana Farmer	200 00	200 00												
3262 Wright Co Library-Hartville	Summer Reading Program	300 00		300 00											
3263 Doug Richardson	Rent-Ashley Dillinger	720 00				720 00									
3264 4J Land & Cattle Co	Rent-LaDeil Giles	775 00				00 6//									
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3271 Stordled Pro Grad	Program Expenses	00 005						1		20000					
2272 Loboton Bro. Grad	Program Expenses	00 005								0000		<u> </u>			
3273 Kwanis Club of Pulaski Co	Waynesville Proi Grad expenses	200 000								500 00					
3274 Richland Proi Grad		00 009								500 00					
3275 Conway Proj Grad	Program Expenses	200 00								200 00					
3276 Laclede Co OATS Committe Matching bus Grant	Matching bus Grant	1200 00										1200 00			
3277 Christiane Davis	Rent- Roy Max Collins	00 055				250 00									
3278 Trent Miller-Green Hills Dup Rent-Doug A Clark	Rent-Doug A Clark	425 00				425 00									
3279 Summit Gas Co	Gas Bill-Doug A Clark	150 00	150 00			00 000									
3280 Silverwood Mobile Hm PK	Kent-Canda Beckman	320 00				00 009									
	Modosoe Pumi-Lora Barker	480.00				480 00									
3283 Laclede Industries	Heat Pump- Laclede Industries	4000 00	4000 00												
3284 Camden Co Sr Citizen Asso		,										4805 00			
3285 Mobile Finance Co						00 006									
3286 Try Us Properties LLC	Sec dep & Rent-Cameron Allen	700 00				200 00									
3287 Debby Stephenson	Mortgage Pymt-Ashley Frey	410 00				410 00							0000		
3288 Jefferson Bank	_	8/036				1266 02						1	8/036		
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3294 Titan Propane	Propane-Deborah Myers	200 00	200 00			İ									
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3296 Bank of America	Mortgage Pymts-Daniel Kemper	2407 80				2407 80									
3297 New Life Project	Program Expenses	3600 00							3600 00						
3298 Progressive Ozark Bank	Mortgage Pymts-Daniel Kemper	806 00				806 00									
3300 Valerie Stonitsch	Rent-Chancie L Luzum	00 006				00 006									
3301 Pointe Lookout Villas	_	846 00				846 00									
3302 Sunset Village of the Ozark	-	00 000				00 000									
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