See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning January 1 , 2013, and ending December 31 , 20 13

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☑ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Laclede Electric Trust, Inc.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box M

City or town, state or province, country, and ZIP or foreign postal code
Lebanon, MO 65536

D Employer identification number
43-1773194

E Telephone number
417-532-3164

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☑ Trust ☐ Association ☐ Other

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 (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 132674

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 ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	132348
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	326
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	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	132674
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	120321
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	1000
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	3686
	17	**Total expenses.** Add lines 10 through 16 ▶		17	125007
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7667
	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	49623
	20	Other changes 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	57290

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	49623	22	57290
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	49623	25	57290
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	49623	27	57290

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 During 2013, twenty-two (22) community organizations were awarded funds from Laclede Electric Trust, Inc. for their programs and operations.

(Grants $ 60420) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a 62763

29 During 2013, forty (40) grants were awarded to families for utilities, housing, transportation, medical needs and food.

(Grants $ 43901) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a 45635

30 During 2013, seventeen (17) grants were awarded for higher education.

(Grants $ 16000) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a 16609

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 125007

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Wilma Hutsell President	2	-0-		
Jim Phillips Vice President	2	-0-		
Glen Cummins Secretary	3	-0-		
Sandra Kruse Treasurer	2	-0-		
Debbie Moore Director	2	-0-		
Kenton Miller Director	2	-0-		
Don Branham Director	2	-0-		
Beverly Westerfield Director	2	-0-		
Armin Herrman Director	2	-0-		

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
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		✓
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		✓
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		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	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 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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		✓
c	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 ▶			
e	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's books are in care of ▶ **Laclede Electric Cooperative** Telephone no. ▶ **417-532-3164**			
	Located at ▶ **1400 E. Route 66, Lebanon, MO** ZIP + 4 ▶ **65536-0900**			
b	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		✓
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
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 ▶ 43			
			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		✓
c	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		
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		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 . . ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☑ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Wilma Hutsell — Signature of officer — Date 5/8/14

▶ Wilma Hutsell President — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
Laclede Electric Trust, Inc	43-1773194

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state.

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☑ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives (1) more than 33⅓% 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 33⅓% 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 organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	128365	127917	125581	128875	132348	643086
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	128365	127917	125581	128875	132348	643086
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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	128365	127917	1125581	128875	132348	643086
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	606	392	207	57	326	1588
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						644674
12 Gross receipts from related activities, etc (see instructions)					12	644674

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	100 %
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	100 %

16a **33⅓% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** *The organization qualifies as a publicly supported organization* ▶ ☐

17a **10%-facts-and-circumstances test—2013.** 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 organization ▶ ☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the *"facts-and-circumstances" test, check this box and* **stop here** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 ***Public support*** *(Subtract line 7c from* line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 *Amounts from line 6*						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** *The organization qualifies as a publicly supported organization* ▶ ☐

b **33⅓% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** 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
43-1773194
2013-Form 990-EZ
Schedule Supporting Part I, Line 10

Grant Disbursements

Check #	Payee	Description	Grant Payment	Heating/ Utility	Literacy Programs	Fire Dept Supplies	Housing	Education Assistance	Disaster Victims	Community Development	Youth Programs	Food & Clothing	Senior Citizens	Vehicle Assistance	Medical Assistance	Job Support
3361	God s Storehouse	Food Expense	2000 00									2000 00				
3362	Radiophone Engineering	Pagers-Leb Rural Fire Dept	2418 00			2418 00										
3363	American Family Insurance	Car Insurance-Sheppard	907 20											907 20		
3364	Titan Propane	Propane-Mary Weed	500 00	500 00												
3665	Pro Gas LLC	Propane-Tammy Miller	838 16	838 16												
3366	Conway H S Project Grad	Project Graduation	500 00								500 00					
3367	Jim s Auto Service	Car Engine-Ramirez	600 00											600 00		
3369	Katrina Morser	Rent-Krystal Best Jordan	1101 00				1101 00									
	Chk 3369 lost-reissued ck 3385		1101 00				-1101 00									
3370	St Robert Transmission	1/2 transmission Fairchild	725 00											725 00		
3371	Eagle Eye Heating & Air	Furnace-Emily Hughes	1525 00	1525 00												
3372	Lillie Snider	Rent-Samantha Thielen	525 00				525 00									
3373	Saint Robert Transmission	Car Repairs-Joseph Fairchild	656 82											656 82		
3374	Jim s Auto Service	Car Repairs-Felicia Ramirez	477 50											477 50		
3376	Wright Co Library Hartville	Summer reading program	300 00		300 00											
3377	S C A N	Program expenses-SCAN	3000 00								3000 00					
3378	Pointe Lookout Villas	Rent Brian Shupe	500 00				500 00									
3379	KIA Motors Finance	Car payments-Brian Shupe	431 18											431 18		
3380	Oakwood Park Estates	Mortgage payments/lot rent-Wells	922 50				922 50									
3381	Summit Gas Company	Natural gas bill-Lisa Clough	313 34	313 34												
3382	Laquey Project Graduation	Program expenses	500 00								500 00					
3383	Stoutland Project Graduation	Program expenses	500 00								500 00					
3384	Kiwanis Club of Pulaski Co	Waynesville Project Graduation	500 00								500 00					
3385	Oak Point Townhomes	Rent-Krystal Best Jordan	1101 00				1101 00									
3386	Bell Properties	Lot rent-Clark N Purdy Sr	545 00				545 00									
3387	Hughes Senior Center	Food expense	5000 00										5000 00			
3388	Salvation Army-Lebanon	Client assistance-utilities/food	5000 00	5000 00												
3389	B & N Tree Service & Debris Removal	Tree removal Thekla O Reilly	525 00										525 00			
3390	Bank of America	Mortgage payments-Jerry Denny	1261 20				1261 20									
3391	First National Bank of Camdenton	Car payment-Jerry Denny	564 97											564 97		
3392	Chris Schultz	Rental deposit Cindy Allison	1100 00				1100 00									
3393	Donald Raef	Security light wiring-COPE	247 50							247 50						
3394	HEP Supply Co Inc	Security light supplies-COPE	239 51							239 51						
3395	Lebanon High School Project Grad 2012	Project Grad	500 00								500 00					
3396	Hartville High School Project Graduation	Project Grad	500 00								500 00					
3397	Stryker Orthodontics	Orthodontics-Hunter McCabe	2500 00												2500 00	
3398	Mercy Medical Supply	Lift Chair-Amos Beasley	1058 00										1058 00			
3399	Tony Jennings	Rent-Lora M Barker	600 00				600 00									
3400	VOID	VOID	0 00													
3401	Pointe Lookout Villas	Rent Barbara J Evans	423 00				423 00									
3402	Grovespring Lions Club	Restroom facility	2000 00							2000 00						
3403	Grovespring Area Voluntary Fire Prot Assoc	Water tanks for brush trucks	3000 00			3000 00										
3404	New Life Project	Program expenses	5000 00							5000 00						
3405	Vanderbilt Mortgage	Mortgage-Diana/Adam Johnson	1520 17				1520 17									
3332	check returned uncashed-Patricia Campbell	Car repairs	35 00											-35 00		
3407	Laclede Co Collector	Real estate taxes 2010-2012 Linda Owens	538 26				538 26									
3408	Sutherlands	Air conditioner & water heater Kristi Nailon	542 99	542 99												
3409	Laclede Co General Revenue	Storm siren-Stoutland community	1415 00							1415 00						
3410	Security Bank	Mortgage payments-Basil R Campbell	1475 28				1475 28									
3411	Henderson Heating & Cooling	Heatpump-Carol Miller	2500 00	2500 00												
3412	Drury University	Scholarship-Alexandra Brewer	1000 00					1000 00								
3413	College of the Ozarks	Scholarship-Matthew J Chastain	1000 00					1000 00								
3414	Missouri State University	Scholarship-Ashton D Jones	1000 00					1000 00								
3415	North Central Missouri College	Scholarship Meagan J O Dell	1000 00					1000 00								
3416	College of the Ozarks	Scholarship-Kassie F Robinson	1000 00					1000 00								
3417	Ozarks Technical Community College	Scholarship-Eric S Norman	1000 00					1000 00								
3418	Missouri State University	Scholarship-Kelsey L DeVasure	1000 00					1000 00								
3419	University of Missouri-Columbia	Scholarship-Shaynna M Prork	1000 00					1000 00								

Schedule Supporting Part I, Line 10

Grant Disbursements

Check #	Payee	Description	Grant Payment	Heating/ Utility	Literacy Programs	Fire Dept Supplies	Housing	Education Assistance	Disaster Victims	Community Development	Youth Programs	Food & Clothing	Senior Citizens	Vehicle Assistance	Medical Assistance	Job Support
3420	University of Missouri-Kansas City	Scholarship Robyn Breanna Brown	1000 00					1000 00								
3421	University of Missouri-Columbia	Scholarship-Josie H Melton	1000 00					1000 00								
3422	Missouri State University	Scholarship-Haley D Harr	1000 00					1000 00								
3423	CS Construction	Wheelchair ramp Barbara Snow	1885 00										1885 00			
3424	Hodges Heating & Cooling	Heat pump Beth Armstrong	2000 00	2000 00												
3425	Preferred Hearing Care	Hearing aids-Noel Dickinson	2500 00										2500 00			
3426	Avila University	Scholarship-Timothy L Moore	1000 00					1000 00								
3427	Missouri State University	Scholarship-MacKinzie L Tabor	1000 00					1000 00								
3428	Orthotic & Prosthetic Lab	Walk-aids-Faith E Miller	1473 00												1473 00	
3429	University of Missouri-Columbia	Scholarship-Kyle D Cunningham	1000 00					1000 00								
3430	Salvation Army-Pulaski County	Flood victim relief	5000 00						5000 00							
3431	Good Samaritan Resource Center	Flood victim relief	10000 00						10000 00							
3432	Ozarks Technical Community College	Balance of 2012 scholarship-Britnie Miller	855 23					855 23								
	Ref fr OTCC-Britnie Miller 2012 scholarship	Returned for fall 2013 semester	-855 23					-855 23								
3433	Twin Oaks One Stop	Gasoline expense-Faith Miller	300 00												300 00	
3434	Newborns in Need Inc -ck voided-lost mail	Program supplies	3000 00							3000 00						
3434	Newborns in Need Inc	--check voided--	-3000 00							-3000 00						
3435	Armed Services YMCA	Family Camping weekends	1500 00							1500 00						
3436	Assistance Assoc MO Veteran s Cemetary	Wreaths for veterans cemetery	1000 00							1000 00						
3437	Berklee Online	Scholarship-Jessica Harp	1000 00					1000 00								
3438	Bob Pendergraft	Rent-Christopher T Davis	500 00				500 00									
3439	Eagle Eye Heating & Air	HVAC-David Kimberlin	2500 00										2500 00			
3440	College of the Ozarks	Scholarship-Brittany Allee	1000 00					1000 00								
3441	LAMB House	School shoe program	1000 00									1000 00				
3442	Pulaski County Salvation Army	Assistance programs	5000 00	5000 00												
3443	Key Sports	Uniforms-Laquey High School Girls Bball	1300 00								1300 00					
3444	Newborns in Need Inc SW MO Chapter	Reissue lost check for supplies	3000 00							3000 00						
3445	The Red Fox	Rent-Mary G Lewis	1450 00				1450 00									
3446	Osage Beach Family Dentistry	Dental work and dentures-Diana L Farmer	1678 00												1678 00	
3448	J Richard Zeigenbein	Rent-Katie M Dooley	1380 43				1380 43									
3449	Stames Auto Sales	Vehicle-Tina M Rector	2000 00											2000 00		
3450	Allen s Appliance	Stove-Deanna Brake	149 00									149 00				
3451	Mercy Pharmacy	Prescription for child-Steven L English	167 14												167 14	
3452	Titan Propane	Propane-Jay D Dinwiddie	500 00	500 00												
3453	Mid MO Credit Union	Car payment-Connie S Dame	276 90											276 90		
			120321 05	18719 49	300 00	5418 00	13841 84	16000 00	15000 00	14402 01	7300 00	3149 00	13468 00	6604 57	6118 14	0 00