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# 50m 990-EZ

### **Short Form Return of Organization Exempt From Income Tax**

20**14** 

OMB No 1545-1150

Department of the Treasury

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. Internal Revenue Service A For the 2014 calendar year, or tax year beginning January 1 2014, and ending December 31 14 C Name of organization B Check if applicable D Employer identification number Address change Laclede Electric Trust, Inc. 43-1773194 Name change Number and street (or P O, box, if mail is not delivered to street address) Room/suite E Telephone number mitial return 417-532-3164 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Application pending Lebanon, MO 65536 Other (specify) H Check ► if the organization is not G Accounting Method required to attach Schedule B I Website: ▶ J Tax-exempt status (check only one) - 🗸 501(c)(3) 🔲 501(c) ( (Form 990, 990-EZ, or 990-PF). Other K Form of organization. 

Corporation **✓** Trust ☐ Association 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 . . . . 133317 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 . Contributions, gifts, grants, and similar amounts received . . . . 133213 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments . . . . . . . . . 4 4 Investment income 104 Gross amount from sale of assets other than inventory Less; cost or other basis and sales expenses . . . . . . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than . . . . . . . . . . . of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events. 6c Net income or (loss) from gaming and fundiaising events (add lines 6a and 6b and subtract (ine 6c) . . . . . . . . 6d 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold . APR 24. 2015 7a 7b Gross profit or (loss) from sales of Inventory (Subtract line 7 bifrom line 7a) 7c С Other revenue (describe in Schedule 0) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 8 8 9 133317 9 10 10 Grants and similar amounts paid (list in Schedule O) 145318 SCANNED MAY Benefits paid to or for members . . . . . . . 11 11 12 12 Salaries, other compensation, and employee benefits . . . 13 13 Professional fees and other payments to independent contractors. 1000 14 14 15 15 16 16 Other expenses (describe in Schedule O) . . . 3833 17 17 Total expenses. Add lines 10 through 16 . . . . . 150151 18 18 (16834)19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 57290 Set 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 40456

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642i

Form **990-EZ** (2014)

	Balance Sheets (see the instructions t	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this F	Part II	<u> </u>	<u> 🗆</u>
				(A) Beginning of year	(	B) End of year
22	Cash, savings, and investments			<u>57</u> 290		40456
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			57290	-	40456
26	Total liabilities (describe in Schedule O)				26	<u> </u>
27	Net assets or fund balances (line 27 of column			57290	27	40456
	Statement of Program Service Accom					Expenses
	Check if the organization used Schedule	O to respond to a	ny question in this i	Part III □	(Requ	ured for section
	t is the organization's primary exempt purpose?					)(3) and 501(c)(4)
as n	cribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the ach program title.	e services provided,	, the number of	orgar	nizations, optional for s)
28	During 2014, thirty-four (34) community organization					
	their programs and operations.					
	(Grants \$ 77388) If this amount	includes foreign gra	ants, check here .	🕨 🗆	28a	79580
29	During 2014, fifty-one (51) grants were awarded to in	dividuals, families ar	d senior citizens for u	utilities, housing,		
	transportation, medical needs and food.					
	(Grants \$ 46882) If this amount	t includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	29a	48048
30	During 2014, twenty (20) grants were given to studer	nts for higher educati	on expenses			
			·			
	(Out to the control of the control o	Lingly doe foreign av			30a	22522
	(Grants \$ 21048) If this amount Other program services (describe in Schedule O)		ants, check here		Sua	22523
31			ants, check here		31a	
32		through 31a)			32	150151
	List of Officers, Directors, Trustees, and Ke					
	Check if the organization used Schedule					
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ	ee (e)	
	···	devoted to position	(if not paid, enter -0-)	deferred compensation		their compensation
Wiln	na Hutsell				1	
Pres	ident	2	-0-		_	
Jim	Phillips					
_	President	2	-0-			
Gler	Cummins					
	retary	3	-0-		+-	<del>= -</del> -
	dra Kruse					
	isurer	2	-0-		-	
	bie Moore	<sub>2</sub>	-0-		-	
Dire			-0-		_	
Dire	y Meads	<sub>2</sub>	-0-			
	Branham				<u> </u>	
	ctor	2	-0-			
	erly Westerfield		-			
			1 -	l		
Dire		2	-0-	·l		
	ctor in Herrman	2	-0-			
Arm	ctor	2	-0-			
Arm	ctor in Herrman					
Arm	ctor in Herrman					
Arm	ctor in Herrman					
Arm	ctor in Herrman					
Arm	ctor in Herrman					

rart	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П
	modedate for that ty officer if the organization used deficulte of to respond to any question in this	rait	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		1
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		<b>†</b>
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		<b>✓</b>
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a Did the organization file Form 1120-POL for this year?	37b		1
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		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	30a		_
39	Section 501(c)(7) organizations. Enter:			ł
a b	Initiation fees and capital contributions included on line 9	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4915 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40ь		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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		1
41	List the states with which a copy of this return is filed ▶ none			
42a			2-316	••
b	Located at ► 1400 E. Route 66, Lebanon, MO ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	6553	5-0900	
_		42b	165	No
	If "Yes," enter the name of the foreign country: ▶			<del>                                     </del>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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 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		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	44b		1
c	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 explanation in Schedule O	44d		
45a	• • • • • • • • • • • • • • • • • • •	45a		✓
b	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		

Form 99	90-EZ (2014	)						F	Page 4
40	Did the	Organization angaga, directly or in	directly in political a		a babalf af au			Yes	No
46	to candi	organization engage, directly or in dates for public office? If "Yes," o	idirectiy, in political c complete Schedule C.	ampaign activities of Part I	n benail of or	in opposition	46		,
Part		ection 501(c)(3) organizations		, , , , , , , , , , , , , , , , , , , ,	• • •	<del></del>	40		
ranc		section 501(c)(3) organizations		stions 47_49h and	52 and cor	molete the t	ablee f	or lin	<b>AC</b>
		and 51.	s must answer que	3110113 41 -430 and	JZ, and Coi	ilbiere rije r	ables i	OI III I	55
		neck if the organization used Sch	andula O ta rannand	l to any avoation in	thio Dort VI				_
		ieck ii tile organization used Sci	redule O to respond	i to any question in	uiis Fait VI	<del></del>	<del>· · · ·</del>		
47	Did the	organization engage in lobbying	activities or have a	saction 501(b) alactic	on in offeet o	luring the toy		Yes	No
71		"Yes," complete Schedule C, Part		section 501(n) election					١,
40	•	·					47	ļ .	<b>  √</b>
48		ganization a school as described in					48	<u> </u>	✓
49a		organization make any transfers to					49a	<b>├</b>	<b>-</b> ✓
ь		was the related organization a se					49b		Ļ
50	Comple	te this table for the organization's	tive nignest compen	isated employees (ot	ner than offic	ers, directors	, truste	es an	d ke
	employe	ees) who each received more than	1 \$ 100,000 of comper	isation from the orga			enter "N	vone."	
	(-) N.		(b) Average	(c) Reportable	(d) Health I contributions t		Estimate	ed amoi	unt of
	(a) Na	me and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, a	and deferred of	other con		
				(, c	compen:	sation			
None									
					_				
						l l			
f	Total nu	ımber of other employees paid ov	er \$100,000	. ▶		-			
51	Comple	te this table for the organization	's five highest comp	ensated independen	t contractors	who each re	eceived	more	tha
	\$100,00	00 of compensation from the orga	inization. If there is no	one, enter "None."					
	(a) Na	me and business address of each independ	dent contractor	(b) Type of ser	rvice	(c) Co	mpensat	ion	
		·		( ) , , , , , , , , , , , , , , , , , ,					
None									
*		***************************************							
				]					
			_						
•••••									
				<u> </u>	1				
d	Total nu	umber of other independent contra	actors each receiving	over \$100,000 .	. ▶				
52	Did the	e organization complete Schedi	ule A? Note. All se	ection 501(c)(3) ora	anızatıons m	ust attach a	1		
		And Onlanded A	. <b></b>	• • • • •			✓ Yes	s 🗆	No
Under	penalties of	penury, I declare that I have examined this	return, including accompar						ıt ıs
true, co	orrect, and c	omplete Declaration of preparer (other that	n officer) is based on all info	ormation of which prepare	has any knowled	dge	.oogo u	G 505.,	,
	1	Wilma Hutsel			٦. ٦	116/15		_	
Sign	ı   J	Signature of officer			Date	7.10/10			
Here	•   •	Wilma Hutsell, President							
		Type or print name and title							
Dair	, P	rint/Type preparer's name	Preparer's signature	<u> </u>	Date	Chr. II	PTIN		
Paic	, I	· · · · · · · · · · · · · · · · · · ·				Check if self-employed	1		
•	parer	ırm's name ▶			F	n's EIN ▶	1		
use	· Unity	irm's address ▶	<del>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			ne no			
May		scuss this return with the prepare	r shown above? See	instructions .	•	•	☐ Ye	<u>.                                      </u>	No
							<u>. و و ر</u>		.13

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

## **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.

formation about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

		ut Schedule A (For	11 330 01 330-E27 and its		13 13 41 17 11	Employer identification	number
	of the organization de Electric Trust, Inc.					43-17	
Lacie	Reason for Public Cha	rity Status (All	organizations must	comple	te this p		
1 2 3	organization is not a private foundate of the convention of church in A school described in section in A hospital or a cooperative howard in A medical research organization hospital's name, city, and state	ation because it is thes, or association 170(b)(1)(A)(ii). ( spital service orgon operated in co	s: (For lines 1 through on of churches descri (Attach Schedule E.) panization described in	11, chec bed in se	k only on ction 170 170(b)(1	ne box.) 0(b)(1)(A)(i). )(A)(iii).	
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit described in
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its supp	in <b>sectio</b> port from	<b>n 170(b)</b> a goveri	(1)(A)(v). nmental unit or fron	the general public
	✓ A community trust described in the second of the se						
	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	d to its exempt ent income and after June 30, 197	functions—subject to unrelated business t 75. See <b>section 509(</b> a	certain axable in <b>)(2).</b> (Cor	exception ncome (la nplete Pa	ns, and (2) no more ess section 511 ta art III.)	than 331/3% of its
10	☐ An organization organized and	d operated exclus	sively to test for public	safety. S	See <b>secti</b>	ion 509(a)(4).	
11	An organization organized and one or more publicly supporte the box in lines 11a through 11	d organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
а	Type I. A supporting organization the supported organization organization. You must cor	s) the power to re	egularly appoint or ele	led by its ct a majo	supporterity of the	ed organization(s), ty e directors or trustee	rpically by giving es of the supporting
b	control or management of the organization(s). You must c	ne supporting org	panization vested in the sections A and C.	e same p	ersons th	nat control or manag	je the supported
С	its supported organization(s	) (see instructions	s). You must comple	te Part i\	/, Sectio	ns A, D, and E.	
d	Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The organi	zation generally must	satisfy a	distributi	on requirement and	ed organization(s) an attentiveness
е	Check this box if the organic functionally integrated, or Ty						I, Type III
f			orted organization(s)				
g	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	ation (iv) is the organization (v) Amount of monetary (vi) A mount of monetary support (see other sition document?		(vi) Amount of other support (see instructions)	
				Yes	No		
(A)							
(B)							
(C)							
(D)				!			
(E)							
Tota	ı		6.		ar.		

	Support Schedule for Organiza						
_	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support				4.0.004.0		·
	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")	127917	125581	128875	132348	133213	647934
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf			- 1			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	127917	125581	128875	132348	133213	647934
	· · · · · · · · · · · · · · · · · · ·	12,01,	120001				
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on			i			
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	į.					
6	Public support. Subtract line 5 from line 4.	<del></del>					
Secti	on B. Total Support					-	-
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	127917	125581	128875	132348	133213	647934
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources	392	207	57	326	104	1086
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	<u> </u>					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	;					649020
12	Gross receipts from related activities, etc					12	649020
13	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u></u>			▶ 🗆
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line					14	100 %
15	Public support percentage from 2013 Sci	nedule A, Part I	l, line 14 .			15	100 %
16a	331/2% support test – 2014. If the organi box and stop here. The organization qua	lifies as a publi	cly supported	organization			. ▶ ☑
b	331/3% support test-2013. If the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 33 <sup>1</sup> /3%	or more,
	check this box and stop here. The organ						. ▶ 🗆
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "torganization	ets the "facts-a	and-circumsta	nces" test, che st. The organiz	eck this box ar	nd <b>stop here.</b> E	Explain in
ь	10%-facts-and-circumstances test—2	013. If the orga	nization did n	ot check a box	on line 13. 16	a. 16b. or 17a	and line
J	15 is 10% or more, and if the organiza Explain in Part VI how the organization m	tion meets the	"facts-and-ci	rcumstances"	test, check th	nis box and st	op here.
		ieets the lacts					. <b>•</b> □
18	Private foundation. If the organization d				a, or 17b, chec	k this box and	see

Supp	ort Schedule for	Organizations Described 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 II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	under the te	ssis listed bei	ow, please co	ompiete rait	11.7	<u>.                                    </u>
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
Calen 1	Gifts, grants, contributions, and membership fees	(a) 2010	(0) 2011	(6) 2012	(u) 2013	(6) 2014	(i) iotai
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		<del> </del>			<del> </del>	
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the		<del> </del>			<del> </del>	
•	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		<u> </u>				
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
þ	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						
	Add lines 7a and 7b		<u> </u>			<u> </u>	
8	Public support (Subtract line 7c from line 6.)				·		
Soot:	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6	(a) 2010	(6) 2011	(6) 2012_	(4) 2013	(6) 2014	(i) Total
10a	Gross income from interest, dividends,		†		<del>  -</del>		
	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						1
	loss from the sale of capital assets						
	(Explain in Part VI.)		<del> </del>	ļ			
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	_			h, or fifth tax y		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line		•	13, column (f))		15	%_
16	Public support percentage from 2013 Scl			· · · · · ·	<u> </u>	16	<u>%</u>
	on D. Computation of Investment In					14=1	
17	Investment income percentage for 2014 (						<u>%</u>
18	Investment income percentage from 2013					18	% and line
19a	331/3% support tests—2014. If the organ 17 is not more than 331/3%, check this box						
L	331/3% support tests—2013. If the organization	_	_	="		_	<del></del>
b	line 18 is not more than 331/3%, check this						·
20	Private foundation. If the organization di						

#### **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		_	
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations	110		
Section	on B. Type I dupporting diganizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	,		
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	:		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	'		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	:		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Ė		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
' a	The organization satisfied the Activities Test. Complete line 2 below.			,
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Ves	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			<b>,</b>
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b		6:		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u></u>	

Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970. See ii	nstructions. All
other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			, )·
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	<u>-</u>	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-ın	tegrated Type III supportin	g organization (see
instructions).			

	Type III Non-Functionally Integrated 509(a)(	3) Supporting Organi	zations (continued)	<del></del>
Sect	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exc	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	•		
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	ch the organization is res	sponsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		
<u> </u>	Zirio o airioant airiood by Zirio o airioant		(ii)	(iii)
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6		1	
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)		'	
3	Excess distributions carryover, if any, to 2014:		. این خدا خا دختاندا	
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е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			
<u> </u>	Applied to 2014 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
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С				
d	Excess from 2013			
е	Excess from 2014			

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	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.)
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Roof regar-Jeffrey S Wakefield         100 00         100 00           Bio Technology study program-Michael W O'Dornel         1500 00         3000 00           Bio Technology study storagam-Michael W O'Dornel         1500 00         3000 00           Loan payof-Willam Cdy Alen         889 72         889 72           VISA cards/frank exp-cancer-William Cdy Alen         1500 00         3754 02           Neach-Loader-Mood Family and Cdy Alen         1500 00         1500 00           Near-Loader-Mood Samarkan         3755 00         2750 00           Rent-Scola Parmeter         3000 00         2700 00           Fence panels         1000 00         2000 00           Meta-Sp E Olsen-scholarship         1000 00         2000 00           Alysas K Amole-scholarship         1000 00         2000 00           Alysas K Amole-scholarship         1000 00         2000 00           Casadopala Antonelle Tracey Panel-Hullon         1500 00         1000 00           Casadopala Antonelle Tracey Panel-Hullon         1500 00         2000 00	NOID I										-			_		-
Bio Technology study program-Addratel W O'Donned         1500 00         1500 00         3000 00           Mobile Ford Parity visits         3000 00         869 72         869 72         869 72           Loan payer Milam Caty Alen         869 72         869 72         869 72         869 72           ViSA cardsdravel exp-cancer-William Caty Alen         1500 00         875 00         875 00         875 00           Reach-Korde Parmerter         3754 02         875 00         875 00         875 00         875 00           Rent-Solar Samaritan         3754 02         3000 00         875 00         875 00         875 00           Rent-Solar Samaritan         3754 02         3000 00         3000 00         875 00         875 00           Rent-Solar Samaritan         3754 02         3000 00         3000 00         875 00         875 00           Rent-Solar Samaritan         3754 02         3000 00         3000 00         875 00         875 00           Rent-Solar Samaritan         1000 00         1000 00         1000 00         1000 00         1000 00           Alyssa K Amode-extractivar Special Samaritan S	Mark Roding Inc	Roof repair-Jeffrey S Wakefield	ĺ			-	100 001									
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Loan payoft-William Coty Men         869 72         869 72           VISA cardsfurved exp-cancer-William Coty Men         1500 00         875 00           VISA cardsfurved exp-cancer-William Coty Men         1500 00         875 00           Rearch-to-code-food party-Good Samartan         875 00         875 00           Renk-to-cancer-to-code-food party-Good Samartan         875 00         875 00           Renk-to-code-food party-Good Samartan         770 00         770 00           Renk-to-code party-Good Samartan         770 00         770 00           Renk-to-code-food party-Good Samartan         1000 00         1000 00           Observat Social American Samartan         1000 00         1000 00           Alyssa K Amold-scholarship         1000 00         2000 00           Casadopala Antonaria Tracay Panet-Hullon         1500 00         1500 00           Casadopala Antonaria Tracay Panet-Hullon         1500 00         1500 00	7 Crossines Ministry	Mobile Food Paritry Visits								_		3000 00				
VISA cards/travel exp-cannot-Vibillam Cody Allon         1500 00         Proceedings of the process	B Central Bank of Lebanon	Loan payoff-William Coty Allen					889 72									i
Reach-in code-food parity-Good Samarilan         3754 02         875 02         875 02           Rent-Kord te Parmenter         875 00         875 00         875 00         875 00           Rent-Seda M Shepard         720 00         720 00         720 00         720 00           Restr-Seda M Shepard         100 00         100 00         100 00           Avissa K Andel-excharishing         100 00         100 00         100 00           Salvation Amy-clear I dailer-foodine-damed transpor         500 00         200 00         100 00           Cassadora Antonerie Tracey Parinet-fullion         1500 00         1500 00         1500 00	39 Commerce Bank of Lebanon	VISA cards/travel exp-cancer-William Coty Allen													1500 00	
Rent-Korde Parmenter         875 00         875 00         3000 00           Fence panels         3000 00         720 00         720 00           Destribution         720 00         720 00         720 00           Metasy E Olsen-scholarshp         1000 00         1000 00           Myssa K Amples etholarshp         1000 00         2000 00           Salvation of Cassiopala Antonieller Untiles Candon Pannel Luttlion         1500 00         2000 00           Cassiopala Antonieller Tacopy Pannel-Luttlion         1500 00         1500 00	10 Elite Restaurant Equipment	Reach-in cooler-food pankry-Good Samaritan					-			3754 02	1					
Feares panels         3000 00         3000 00           Rent-Solad Michaelst         770 00         770 00           Destiny Solad Supported         770 00         770 00           Netsey E Obser-scholarish         1000 00         1000 00           Ketsey E Obser-scholarish         1000 00         1000 00           Sahalbor K Amorderat Unities/Cooffineds/med transpor         5000 00         2000 00           Cassiopea Antonate Transpor         5000 00         2000 00           Cassiopea Antonate Transport         1500 00         1500 00	11 Realty Executives	Rent-Korde Parmenter					875 00									
Rent-Selar M Shappard         720 00         720 00         720 00           Destroy Codes-recholarship         1000 00         1000 00         1000 00           Alysas K Amold-escholarship         1000 00         2000 00         1000 00           Salvation Amy-client Unities*Tood/ineds/med transpor         5000 00         2000 00         1000 00           Cassiopela Antonetie Tracey Parinet-Luttion         1500 00         1500 00	12 Ladede Co 4H Council	Fence panels	1		+						300000		+		1	1
Design	13 Collins-Camden Partnership	Rent-Seola M Sheppard	1		+		/20 00				+	1				
Ketsey E Olsen-schodarship         1000 00         1000 00           Alysas A Mand's-schodarship         1000 00         2000 00           Salvasian A may-clear tuthiles/local/meds/med transpor         5000 00         2000 00           Cassiopala Antonette Tracey Pamel-futtion         1500 00         1500 00	14 Southwest Baptist University	Destray Dodson-scholarship	1				1	1000 00					1	†	İ	
Alysta K Amode schlostarship         1000 00         20	15 Drury University	Kelsey E Olsen-scholarship					+	0000			+	1	+	†	1	
Salvation Amy-clent utilities/food/meds/med transpor 5000 00 2000 00 (15000	16 John Brown University	Alyssa K Amold-scholarship				1		2000				0000			0000	
Cassiopeia Antonette Tracey Pamel-Luttion 1500 00 1500 U	17 Salvation Army-Lebanon	7		8								300	-	1	S S S	
	40 Dall Tacharas Install Contest		-											-		



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Grant Disbursements																
Check # Payee	Description	Grant	Heating/	₩	Fre Dept	Housing	Education	Disaster	Community	Youth	Food &	Senior	Vehicle	Medical	qor o	
3520 I vnch's Frentitie & Appliance	Genesis (Women's Shelter)-refraerator	1299 42	Commo	e in the later of	Septions		╀	+	1299 42		Time of the second	Culteria	DAI BACICEU	Daniel Bridge	100	
3521 Ozarks Technical Community College		1000 00					1000 00									
3522 University of Missoun Columbia		1000 00					1000 00									
3523 Evangel University	Maca Hoskins-scholarship	1000 00		_			1000 00									
3524 University of Central Missouri	Katelyn L Todd-scholarship	1000 00					1000 00									
3525 Missouri State University	Grace E Goslee-scholarship	1000 00			+		1000 00	+								
3528 Missouri S & T		1000 00				1	00000	1				200				
3527 Buckhorn Mattress & Carpet Center		302.12		1				Ì				302.02				
3528 Randall L Meador		M25 00		<u>†</u>			4000 00	1				00 078				
3529 Ozarks Technical Community College	ĺ	00000		1	+		3000	1								
3530 Missoun S & T		00000			1		0000	$\dagger$				2000				
3531 Ladede Electric Cooperative (VISA)		\$0,000				2000		T				<b>\$0.000</b>				
3532 Pointe Lockout	Mortrage parents. Trades Isman/Abuthan Brackett	250000				25000		$\dagger$								
25.25 Utilisses of Central Missouri	Scholarsha-Marena Coorod	1000 00				3	1000 00									
3535 Central Bank of Lebanon	Mortgage payments-Orval L & Regina Curtis	2250 00				2250 00			i							
3536 Hartvalle High School	10 student computers	3500 00							3500 00							
3537 Missoun State University	Scholarshp-Megan Prather	1000 00					1000 00									
3538 Northwest Missoun State University		1000 00			_		1000 00									
3539 Bohannon Pump		975 00										975 00				
3540 Santander Consumer USA	Car payments-Robert/Theresa Greene	71038												71038		
3541 21st Mortgage Corporation	Mortgage payments-Robert/Theresa Greene	1000 00				1000 00										
3542 Community TechKnowledge	Software upgrade-COPE, Inc	2100 00							2100 00							
3543 Newborns in Need, Inc	Program supplies	300000								3000						
3544 Oakwood Park Estates	Mortgage pmts/lot rent-Dorothy C Momson	1058 96			+	1058 96		1								
3545 PC Plus, Inc	Laptop computerMisty Obermark	529 00	4		+		529 00									
3546 Orschein Farm & Home	Space heaters-Freddie Moster	22000	250 00		$\parallel$			1					ŀ			
3547 Pulasid County Salvation Army	Modern assistance-waters	1759 00	m mnc		+	1758 OU										
2549 Points Lokert	Rent-Affect Ford	945 00				645 00										
3550 Dr. Cleo VanAmburo DDS	Dentures-Christma E Scanion	00 098										950 00				
3551 Lowe's Home Centers, Inc.	Stove-Linda J Hopkins	360 97									360 97					
3552 MFA Propane	Propane-Ashley M Towe	200 00	200 00													
3553 Jeffrey M Saxton	Electrical work-Letha E. Adams	1640 51										1640 51				
3554 Missoun S & T	Scholarship-Jacob Caudle	1000 00					1000 00									
3555 PC Plus, Inc	Laptop computer-Jason S McKinnon	519 00					519 00									
3556 Massoun S & T	Scholarship-Garrett Chastam	1000 00			-		1000 00									
3557 Ladede Electric Cooperative	Electrical supplies-VISA-Letha Adams	582 07			1							582 07				
3558 God's Starehouse	Food/paper goods/overhead	2000 00									2000 00					
3559 Parte Lockout Villas	Rent-Danielle B Day	10/2 00				1072 00				00 090						
Scott some E ballom C-3 School	Destruction Destruction of automated	00002				320.00				200						
3563 Cithadanda	Water bester-Books K. Sainders	243 99			+	200		Ì				243.99				
3564 Gloria Coalson	Rent-Brian M Resves	450 00				450 00		l								
3565 MFA Propage	Debra R Crall-propane	250 00	250 00													
3568 Goodrich Gas	Anthony Goza-propane	200 00	200 00													
3567 L-LIFE Food Bank	L-LIFE Food Bank-purchase food	2000 00									5000 00					
3588 Ladede Literacy Council	Ladede Literacy Council-Imagination Library program			2000 000												
3569 Pointe Lookout Villas	Krystan M Hermg-rent	1313 00			+	1313 00		2								
3570 Lowe's	Trevor West-appliances	2847 00			+			2847 00								
3571 Dentures & Dental Services	Edna Alder-deritures	000			+	1						00 588				
3573 Dentures & Dental Services	Tammy Moroan-dentures	895 00			+							995 00				
			1 1													
	-	\$145,317.69   \$		9 900 00   \$2 000 00   \$2 245 00   \$2 4 770 57   \$ 21 048 00   \$3 147 00   \$ 28 953 44   \$12 590 00   \$14 360 97   \$19 841 71   \$ 2 250 82   \$ 4 210 38   \$	91 00 370 04										ĺ	