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0012
OMB No 1545-0047
2000
Open to Public Inspection

Form **990**

Return of Organization Exempt From Income Tax

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

The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

A For the 2000 calendar year, or tax year period beginning , 2000, and ending , 20

B Check if applicable:
☐ Change of address
☐ Change of name
☐ Initial return
☐ Final return
☐ Amended return

C Name of organization
William Paul Hatfield Scholarship Trust
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
206 Parker Hall, 300 W. 13th Street
City or town, state or country, and ZIP code
Rolla, MO 65401

D Employer identification number
43:6791767

E Telephone number
()

F Check ☒ if application pending

G Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 527 or ☐ 4947(a)(1)
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) ▶

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a completed return.

Note H and I are not applicable to section 527 orgs.
H(a) Is this a group return for affiliates? ☐ Yes ☐ No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See inst.)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No
I Enter 4-digit group exemption no. (GEN) ▶
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

| | | | | | | | | | | | |
|------------|---------|--|--|--|-----------|--|----|--|----|--------|-----------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1a | | 1b | | 1c | | 1d | | |
| | a | Direct public support | | | | | | | | | |
| | b | Indirect public support | | | | | | | | | |
| | c | Government contributions (grants) | | | | | | | | | |
| | d | Total (add lines 1a through 1c) (Cash \$ noncash \$) | | | | | | | | | |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | | | | | | | | | |
| | 3 | Membership dues and assessments | | | | | | | | | |
| | 4 | Interest on savings and temporary cash investments | | | | | | | | | |
| | 5 | Dividends and interest from securities | | | | | | | | 27,732 | |
| | 6a | Gross rents | | | | | | | | | |
| | b | Less: rental expenses | | | | | | | | | |
| | c | Net rental income or (loss) (subtract line 6b from line 6a) | | | | | | | | | |
| Revenue | 7 | Other investment income (describe) | | | | | | | | | |
| | 8a | Gross amount from sales of assets other than inventory | (A) Securities | | (B) Other | | | | | | |
| | b | Less: cost of other basis and sales expenses | 8a | | 8b | | | | | | |
| | c | Gain or (loss) (attach schedule) | 8c | | | | | | | | |
| | d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | | | | | | | | 63,232 | |
| | 9 | Special events and activities (attach schedule) | | | | | | | | | |
| | a | Gross revenue (not including \$ of contributions reported on line 1a) | 9a | | 9b | | | | | | |
| | b | Less: direct expenses other than fundraising expenses | | | | | | | | | |
| | c | Net income or (loss) from special events (subtract line 9b from line 9a) | | | | | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | 10a | | 10b | | | | | | |
| | b | Less: cost of goods sold | | | | | | | | | |
| | Revenue | | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | | | | | | | | |
| | | Other revenue (from Part VII, line 103) | | | | | | | | | |
| | | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | | | | | | | | 90,964 | |
| Expenses | | 13 | Program services (from line 44, column (B)) | | | | | | | | 36,506 |
| | | 14 | Management and general (from line 44, column (C)) | | | | | | | | 5,119 |
| | | 15 | Fundraising (from line 44, column (D)) | | | | | | | | |
| | | 16 | Payments to affiliates (attach schedule) | | | | | | | | |
| | | 17 | Total expenses (add lines 13 and 14, column (A)) | | | | | | | | 41,625 |
| Net Assets | | 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | | | | | | | | 49,339 |
| | | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | | | | | | | | 950,866 |
| | | 20 | Other changes in net assets or fund balances (attach explanation) | | | | | | | | 21,363 |
| | | 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | | | | | | | | 1,021,567 |

913 9

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|--|-----------|----------------------|----------------------------|-----------------|
| 22 | Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) | 22 36,506 | 36,506 | | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | | | |
| 24 | Benefits paid to or for members (attach schedule) | 24 | | | |
| 25 | Compensation of officers, directors, etc. | 25 5,119 | | 5,119 | |
| 26 | Other salaries and wages | 26 | | | |
| 27 | Pension plan contributions | 27 | | | |
| 28 | Other employee benefits | 28 | | | |
| 29 | Payroll taxes | 29 | | | |
| 30 | Professional fundraising fees | 30 | | | |
| 31 | Accounting fees | 31 | | | |
| 32 | Legal fees | 32 | | | |
| 33 | Supplies | 33 | | | |
| 34 | Telephone | 34 | | | |
| 35 | Postage and shipping | 35 | | | |
| 36 | Occupancy | 36 | | | |
| 37 | Equipment rental and maintenance | 37 | | | |
| 38 | Printing and publications | 38 | | | |
| 39 | Travel | 39 | | | |
| 40 | Conferences, conventions, and meetings | 40 | | | |
| 41 | Interest | 41 | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) | 42 | | | |
| 43 | Other expenses (itemize). a | 43a | | | |
| b | | 43b | | | |
| c | | 43c | | | |
| d | | 43d | | | |
| e | | 43e | | | |
| 44 | Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 | 44 41,625 | 36,506 | 5,119 | |

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? **Support the University of Missouri-Rolla**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

| Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.) | |
|--|--|
| a | Distribute funds to the University of Missouri-Rolla to fund scholarships for students studying civil engineering (Grants and allocations \$ _____) 36,506 |
| b | (Grants and allocations \$ _____) |
| c | (Grants and allocations \$ _____) |
| d | (Grants and allocations \$ _____) |
| e | Other program services (attach schedule) (Grants and allocations \$ _____) |
| f | Total of Program Service Expenses (should equal line 44, column (B), Program services) 36,506 |

Part IV Balance Sheets (See Specific Instructions on page 23.)

| Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|------------|--------------------|
| Assets | 45 Cash—non-interest-bearing | | 45 | |
| | 46 Savings and temporary cash investments | | 46 | |
| | 47a Accounts receivable 47a | | 47c | |
| | b Less: allowance for doubtful accounts 47b | | 47c | |
| | 48a Pledges receivable 48a | | 48c | |
| | b Less: allowance for doubtful accounts 48b | | 48c | |
| | 49 Grants receivable | | 49 | |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| | 51a Other notes and loans receivable (attach schedule) 51a | | 51c | |
| | b Less: allowance for doubtful accounts 51b | | 51c | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | | 53 | |
| | 54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 950,866 | 54 | 1,021,567 |
| | 55a Investments—land, buildings, and equipment: basis 55a | | 55c | |
| | b Less: accumulated depreciation (attach schedule) 55b | | 55c | |
| 56 Investments—other (attach schedule) | | 56 | | |
| 57a Land, buildings, and equipment: basis 57a | | 57c | | |
| b Less: accumulated depreciation (attach schedule) 57b | | 57c | | |
| 58 Other assets (describe <input type="checkbox"/>) | | 58 | | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | 950,866 | 59 | 1,021,567 | |
| Liabilities | 60 Accounts payable and accrued expenses | | 60 | |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64a Tax-exempt bond liabilities (attach schedule) | | 64a | |
| | b Mortgages and other notes payable (attach schedule) | | 64b | |
| | 65 Other liabilities (describe <input type="checkbox"/>) | | 65 | |
| 66 Total liabilities (add lines 60 through 65) | 0 | 66 | 0 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | 67 | |
| | 67 Unrestricted | | 67 | |
| | 68 Temporarily restricted | | 68 | |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74 | | 70 | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| | 73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) | 950,866 | 73 | 1,021,567 |
| | 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | 950,866 | 74 | 1,021,567 |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A **Reconciliation of Revenue per Audited
Financial Statements with Revenue per
Return (See Specific Instructions, page 25)**

| | |
|---|----------|
| a Total revenue, gains, and other support per audited financial statements . . . ▶ | a |
| b Amounts included on line a but not on line 12, Form 990 | b |
| (1) Net unrealized gains on investments \$ _____ | |
| (2) Donated services and use of facilities \$ _____ | |
| (3) Recoveries of prior year grants . . . \$ _____ | |
| (4) Other (specify) _____ _____ \$ _____ | |
| Add amounts on lines (1) through (4) ▶ | b |
| c Line a minus line b. ▶ | c |
| d Amounts included on line 12, Form 990 but not on line a: | |
| (1) Investment expenses not included on line 6b, Form 990 . . . \$ _____ | |
| (2) Other (specify) _____ _____ \$ _____ | |
| Add amounts on lines (1) and (2) ▶ | d |
| e Total revenue per line 12, Form 990 (line c plus line d) . . . ▶ | e |

| Part IV-B | Reconciliation of Expenses per Audited Financial Statements with Expenses per Return |
|-----------|--|
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|----------|--|----------|--|
| a | Total expenses and losses per audited financial statements . . . ▶ | a | |
| b | Amounts included on line a but not on line 17, Form 990. | b | |
| (1) | Donated services and use of facilities \$ _____ | | |
| (2) | Prior year adjustments reported on line 20, Form 990 . . . \$ _____ | | |
| (3) | Losses reported on line 20, Form 990 \$ _____ | | |
| (4) | Other (specify). _____ _____ \$ _____ | | |
| | Add amounts on lines (1) through (4) ▶ | b | |
| c | Line a minus line b ▶ | c | |
| d | Amounts included on line 17, Form 990 but not on line a : | | |
| (1) | Investment expenses not included on line 6b, Form 990 \$ _____ | | |
| (2) | Other (specify). _____ _____ \$ _____ | | |
| | Add amounts on lines (1) and (2) ▶ | d | |
| e | Total expenses per line 17, Form 990 (line c plus line d) ▶ | e | |

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? **►** ☐ Yes ☒ No
If "Yes," attach schedule—see Specific Instructions on page 26.

Part VI Other Information (See Specific Instructions on page 26)

| | N/A | Yes | No |
|--|-----|-----|----|
| 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. | | | ✓ |
| 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | | | ✓ |
| 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | | ✓ |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | | |
| 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | | | ✓ |
| 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | ✓ | | |
| b If "Yes," enter the name of the organization University of Missouri-Rolla and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt | | | |
| 81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81. 81a 0308-40395R | | | |
| b Did the organization file Form 1120-POL for this year? | | | ✓ |
| 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | | ✓ |
| b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III.) 82b | | | |
| 83a Did the organization comply with the public inspection requirements for returns and exemption applications? | | ✓ | |
| b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | | ✓ | |
| 84a Did the organization solicit any contributions or gifts that were not tax deductible? | | | ✓ |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | |
| 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | | | |
| b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | | |
| c Dues, assessments, and similar amounts from members 85c | | | |
| d Section 162(e) lobbying and political expenditures 85d | | | |
| e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e | | | |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f | | | |
| g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? | | | |
| h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | | |
| 86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a | | | |
| b Gross receipts, included on line 12, for public use of club facilities. 86b | | | |
| 87 501(c)(12) orgs. Enter a Gross income from members or shareholders. 87a | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b | | | |
| 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | | | ✓ |
| 89a 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 89a , section 4912 89a , section 4955 89a | | | |
| b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction. | | | ✓ |
| c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 89c | | | |
| d Enter: Amount of tax on line 89c, above, reimbursed by the organization. 89d | | | |
| 90a List the states with which a copy of this return is filed 90a | | | |
| b Number of employees employed in the pay period that includes March 12, 2000 (See inst.) 90b | | | |
| 91 The books are in care of University of Missouri Telephone no. (573) 882-3611 Located at 215 University Hall, Columbia, MO ZIP code 65211 | | | |
| 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 | | | |

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

| Enter gross amounts unless otherwise indicated. | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | | | |
| 96 Dividends and interest from securities | | | 13 | 27,732 | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 18 | 63,232 | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 90,964 | |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | |

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| ▼ | |
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Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

| | | | | |
|---------------------------------|---|-------------------|---|-------------------------------------|
| Please Sign Here | 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. (Important. See General Instruction W, on page 14.) | | | |
| | Signature of officer <i>E. J. Schneider</i> | Date 9/6/12 | Trustee Type or print name and title. | |
| Paid Preparer's Use Only | Preparer's signature <i>L. M. Adams</i> | Date 8-30-12 | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN P01469808 |
| | Firm's name (or yours if self-employed) and address, and ZIP code Lathrop & Gage LLP 2345 Grand Blvd., Ste. 2200, Kansas City, MO 64108 | EIN 43-0948710 | Phone no (816) 292-2000 | |



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2000

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

William Paul Hatfield Scholarship Trust

Employer identification number

43 : 6791767

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| None | | | | |
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| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 ▶ | | | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
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| | | |
| Total number of others receiving over \$50,000 for professional services ▶ | | |

Part III Statements About Activities

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?

If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

If the answer to any question is "Yes," attach a detailed statement explaining the transactions

- 3** Does the organization make grants for scholarships, fellowships, student loans, etc.?

4a Do you have a section 403(b) annuity plan for your employees?

b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☒ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| University of Missouri | 6 |
| | |
| | |

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) | (a) 1999 | (b) 1998 | (c) 1997 | (d) 1996 | (e) Total |
|--|----------|----------|----------|----------|--------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28) | | | | | |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose | | | | | |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | | | | | |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | |
| 23 Total of lines 15 through 22 | | | | | |
| 24 Line 23 minus line 17 | | | | | |
| 25 Enter 1% of line 23 | | | | | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. ▶ | | | | | 26a |
| b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. ▶ | | | | | 26b |
| c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ | | | | | 26c |
| d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ | | | | | 26d |
| e Public support (line 26c minus line 26d total) ▶ | | | | | 26e |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ | | | | | 26f % |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year: (1999) _____ (1998) _____ (1997) _____ (1996) _____ | | | | | |
| b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) _____ (1998) _____ (1997) _____ (1996) _____ | | | | | |
| c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ | | | | | 27c |
| d Add: Line 27a total _____ and line 27b total _____ ▶ | | | | | 27d |
| e Public support (line 27c total minus line 27d total) ▶ | | | | | 27e |
| f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ 27f | | | | | |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ | | | | | 27g % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ | | | | | 27h % |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.) | | | | | |

Part V Private School Questionnaire (See page 5 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | Yes | No |
|---|------------|----|
| 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | |
| 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | |
| 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) | 31 | |
| 32 Does the organization maintain the following | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | |
| If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) | | |
| 33 Does the organization discriminate by race in any way with respect to | | |
| a Students' rights or privileges? | 33a | |
| b Admissions policies? | 33b | |
| c Employment of faculty or administrative staff? | 33c | |
| d Scholarships or other financial assistance? | 33d | |
| e Educational policies? | 33e | |
| f Use of facilities? | 33f | |
| g Athletic programs? | 33g | |
| h Other extracurricular activities? | 33h | |
| If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) | | |
| 34a Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement | 34b | |
| 35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)
Check here **a** ☐ if the organization belongs to an affiliated groupCheck here **b** ☐ if you checked "a" above and "limited control" provisions apply

| Limits on Lobbying Expenditures | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|---|-----------------------------------|---|
| (The term "expenditures" means amounts paid or incurred) | | | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 | Other exempt purpose expenditures | 39 | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 | Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40. Over \$500,000 but not over \$1,000,000 . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 | 41 | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 | Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 | 43 | |
| 44 | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | 44 | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 9 of the instructions)

| Calendar year (or fiscal year beginning in) ► | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)). | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots nontaxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

| | Yes | No | Amount |
|---|-----|----|--------|
| a Volunteers | | ✓ | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | | ✓ | |
| c Media advertisements | | ✓ | |
| d Mailings to members, legislators, or the public | | ✓ | |
| e Publications, or published or broadcast statements | | ✓ | |
| f Grants to other organizations for lobbying purposes | | ✓ | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | ✓ | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | ✓ | |
| i Total lobbying expenditures (add lines c through h) | | | |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☐ No

b If "Yes," complete the following schedule

[illegible]

William Paul Hatfield Scholarship Trust
FEIN: 43-6791767

Attachment to Form 990 (2000)

| | | |
|----------|-------------------------------|--------------------------|
| Line 20: | Other Changes in Fund balance | \$21,363 unrealized gain |
|----------|-------------------------------|--------------------------|

Power of Attorney and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No 1545-0150

For IRS Use Only

Received by

Name

Telephone

Function

Date / /

Part I Power of Attorney

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7

Taxpayer name and address

William Hatfield Scholarship Trust
206 Parker Hall, 300 W 13th Street
Rolla, MO 65401

Identifying number

43-6791767

Daytime telephone number

Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact.

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address

Lisa J. Hansen, Lathrop & Gage LLP
2345 Grand Blvd, Ste 2200, Kansas City, MO 64108

CAF No 4005-76477R

PTIN P01469808

Telephone No 816-460-5718

Fax No 816-292-2001

Check if to be sent notices and communications ☐

Check if new: Address ☐

Telephone No. ☐

Fax No. ☐

Name and address

Kyle Hertel, Lathrop & Gage LLP
2345 Grand Blvd, Ste 2200, Kansas City, MO 64108

CAF No 0308-40395R

PTIN P01517941

Telephone No 816-460-5816

Fax No 816-292-2001

Check if to be sent notices and communications ☐

Check if new: Address ☐

Telephone No ☐

Fax No ☐

Name and address

CAF No

PTIN

Telephone No

Fax No

Check if new: Address ☐

Telephone No ☐

Fax No. ☐

to represent the taxpayer before the Internal Revenue Service for the following matters:

3 Matters

| Description of Matter (Income, Employment, Excise, Whistleblower, PLR, FOIA, Civil Penalty, etc.) (see the instructions for line 3) | Tax Form Number (1040, 941, 720, etc.) (if applicable) | Year(s) or Period(s) (if applicable) (see the instructions for line 3) |
|---|--|--|
| Exemption, Income | 990, 1023 | 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012 |
| | | |
| | | |

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Uses Not Recorded on CAF** ☐

5 Acts authorized. Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) are not authorized to substitute another representative or add additional representatives, to sign certain returns, or to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

☐ Disclosure to third parties,

☐ Signing a return;

☐ Substitute or add representatives,

☐ Other

(see instructions for more information)

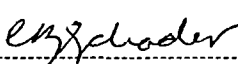
Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific deletions to the acts otherwise authorized in this power of attorney:

- 6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐ **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

- 7 Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.


 Signature _____ Date 9/6/12 Trustee _____ Title (if applicable) _____
 Dr. Cheryl B. Schrader _____ William Paul Hatfield Scholarship Trust _____
 Print Name _____ PIN Number _____ Print name of taxpayer from line 1 if other than individual _____

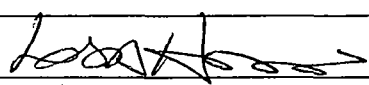
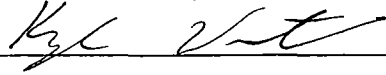
Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
 - d Officer—a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee—a full-time employee of the taxpayer
 - f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230)
 - h Unenrolled Return Preparer - Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
 - i Registered Tax Return Preparer—registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
 - k Student Attorney or CPA—receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e))

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE. See the instructions for Part II.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

| Designation—Insert above letter (a-r) | Licensing jurisdiction (state) or other licensing authority (if applicable) | License/Bar or Enrollment Number (if applicable) | Signature | Date |
|---------------------------------------|---|--|--|---------|
| a | MO | 48154 |  | 8-30-12 |
| a | MO | 62944 |  | 9/19/12 |
| | | | | |