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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2012

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

	endar year 2012, or tax year beginning	, 20,1	2, and ending ;	,	
	foundation	Maria t	1	Employer identification nur	nber
Number a	aret G. Buckner Scholarship and street (or PO box number if mail is not delivered to stre	eet address) m n.t.		43-1735027 Telephone number (see the	instructions)
P.O.	Box 625	15 M		(660) 886-340)8
Mars		MO	65340-0'625 C	If exemption application is	pending, check here
	eck all that apply Initial return	Initial Return of a for	mor public charity	1 Faraira arconizations abos	du boro
	Final return	Amended return		1 Foreign organizations, chec	u
	Address change	Name change		2 Foreign organizations meet here and attach computation	
H C	Check type of organization X Section 501 Section 4947(a)(1) nonexempt charitable tr	(c)(3) exempt private	private foundation E	If private foundation status	: was terminated
	air market value of all assets at end of year J Acc		Cash Accrual	under section 507(b)(1)(A)	
(from Part II, column (c), line 16)	Other (specify)	_F	If the foundation is in a 60	
Part		column (d) must be o	n cash basis)	under section 507(b)(1)(B)	, check here
rait	Expenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable
	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)	expenses per books	income	income.	purposes
	(see instructions))				(cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch) 2 Ck X if the foundn is not req to att Sch B	* 3			(A)
	3 Interest on savings and temporary		Sta Mar Sta Sta Co.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	cash investments 4 Dividends and interest from securities	9.	9.	9.	at in the street will be
	5a Gross rents	35,557.	35,557.	35,557.	
	b Net rental income or (loss)	** ** ** ** **	沙 * * * * * * * * * * * * * * * * * * *	T X X X X X	
R E	6 a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all				
٧	assets on line 6a 7 Capital gain net income (from Part IV, line 2)		0.		
É N	8 Net short-term capital gain				
U E	9 Income modifications		₩ 4 9 ± \$,		4 100° 200 200° 200°
-	10 a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit/(loss) (att sch)	# '	Car min Same	Sk sk Sk Sk code.	A CARLON CONTRACTOR
	11 Other income (attach schedule)				
	Schedule K-1's	-5,148. 30,418.		-5,148. 30,418.	STANDA AND
	13 Compensation of officers, directors, trustees, etc	30,410.	30,410.	30,410.	COOL COOL STATE OF MAKE
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits 16a Legal fees (attach schedule)				
≥a A	b Accounting fees (attach sch) L-16b Stmt	13,190.	1,250.	13,190.	11,940.
	c Other prof fees (attach sch)	13,150.	1,230.	13,190.	11,940.
°O ï	17 Interest				
TE Ť ∰R R	18 Taxes (attach schedule)(see instrs) See Line 18 Stmt 19 Depreciation (attach	374.	374.	374.	
E-z-shrat-sh	sch) and depletion				
Žď v	20 Occupancy				
DA E	21 Travel, conferences, and meetings22 Printing and publications		 	-	
₩ X	23 Other expenses (attach schedule)				-
AND EXPENSES	See Line 23 Stmt	173.	81.	173.	
	24 Total operating and administrative expenses. Add lines 13 through 23	13,737.	1,705.	13,737.	11,940.
D I	25 Contributions, gifts, grants paid	74,450.	17,03.	13,737.	74,450.
	26 Total expenses and disbursements. Add lines 24 and 25	88,187.	1 705	10 707	
	27 Subtract line 26 from line 12:	00,18/.	1,705.	13,737.	86,390.
	a Excess of revenue over expenses and disbursements	E7 760]		'
	b Net investment income (if negative, enter -0-)	-57,769.	28,713.	7	
	C Adjusted net income (if negative, enter -0-)		20,713.	16,681.	
DAA E	or Panerwork Reduction Act Notice, see inst			A0301 13/06/13	Form 990 PF (2012)

Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.

N F E U Unrestricted
T N D 26 Permanently restricted
Permanently restricted
Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.

E L C Capital stock, trust principal, or current funds

Mortgages and other notes payable (attach schedule)

22 Other liabilities (describe

(see instructions)

Loans from officers, directors, trustees, & other disqualified persons

625,160. 625,160. 415,684. 355,259. 1,040,844. 980,419.

980.419

Part III Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, building, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,040,844.
2	Enter amount from Part I, line 27a	2	-57,769.
3	Other increases not included in line 2 (itemize) Recoveries of distributions	3	3,338.
4	Add lines 1, 2, and 3	4	986,413.
5	Decreases not included in line 2 (itemize) Capital losses	5	5,994.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	980,419.

1,040,844

X

28

0 Ě

R

PartilV	Capital Gains and L	osses for Tax on Investmen	t Income				
	(a) List and describe 2-story brick warehouse	the kind(s) of property sold (e.g., ree, or common stock, 200 shares MLC	al estate, Company)	(b) How acq P — Purch D — Dona	ase	(C) Date acquired (month, day, year)	(d)Date sold (month, day, year)
1a _{1,4}	00 shares Boardw	alk Pipeline Partners,	LP	P		12/14/10	01/18/12
		ll American Pipeline, I		P		06/12/07	02/06/12
c 640	shares Alliance	Bernstein Holdings LP		ę.		03/24/08	02/06/12
d _{1,0}	00 USB Capital X	I Notes		2		08/23/06	05/18/12
	Bank of North A			Ρ.,			<u> </u>
(e)	Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale			(h) Gain or (e) plus (f) m	(loss) inus (g)
a	38,897.		3	7,693.			1,204.
b	19,315.			1,623.			17,692.
С	10,229.		3	5,119.			-24,890.
d	25,000.			5,000.			0.
e	25,000.			5,000.			0.
	Fair Market Value as of 12/31/69	ng gain in column (h) and owned by (j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar	(i) iy		(I) Gains (Col in minus column (k n -0-) or Losses (fr), but not less
а							1,204.
b							17,692.
С							-24,890.
d							0.
е							0.
-	al gain net income or (net		enter in Part I, line 7 er -0- in Part I, line 7		2		-5,994.
PartiV		Section 4940(e) for Reduce foundations subject to the section 4					
Was the fo	foundation does not quali	ion 4942 tax on the distributable am fy under section 4940(e) Do not con n each column for each year, see the	plete this part		s	Yes	X No
B. Calen	(a) ase period years dar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets	(colu	(d) Distributior mn (b) divided	
	2011	64,172.	96	4,692.			0.066521
	2010	65,386.		2,859.			0.070092
	2009	69,869.		0,929.			0.083085
	2008	50,824.		6,053.			0.054882
	2007	50,263.	1,07	6,406.			0.046695
2 Total	of line 1, column (d)				2		0.321275
3 Avera	age distribution ratio for the per of years the foundation	e 5-year base period – divide the tot has been in existence if less than 5	al on line 2 by 5, or by the years		3		0.064255
4 Enter	the net value of noncharit	able-use assets for 2012 from Part)	K, line 5		4		811,739.
5 Multip	oly line 4 by line 3]	5		52,158.
6 Enter	1% of net investment inco	ome (1% of Part I, line 27b)		ļ	6		287.
7 Add l	ines 5 and 6				7		52,445.
8 Enter	qualifying distributions fro	om Part XII, line 4			8		86,390.
If line	e 8 is equal to or greater th VI instructions	an line 7, check the box in Part VI, I	ine 1b, and complete that pa	art using a	1% t	ax rate See the	•
BAA	VI IIIstructions						n 990-PF (2012)

Form 990-PF (2012) Margaret G. Buckner Scholarship Trust Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),		1735 instru			age 4
1 a Exempt operating foundations described in section 4940(d)(2), check here		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-t		30030
Date of ruling or determination letter (attach copy of letter if necessary – s		22.50	<u> </u>	********	<u> </u>
b Domestic foundations that meet the section 4940(e) requirements in Part V,		1			287.
check here 🕨 🗓 and enter 1% of Part I, line 27b		XX (1)	2 Y	V277	
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, or	column (b)	E. 27. 82.		4 / 4	7
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2			0.
3 Add lines 1 and 2		3			287.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	y Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5			287.
6 Credits/Payments				4	ZE ZE Ze getike
a 2012 estimated tax pmts and 2011 overpayment credited to 2012	400.				
b Exempt foreign organizations — tax withheld at source 6b)				
c Tax paid with application for extension of time to file (Form 8868)	:				
d Backup withholding erroneously withheld	<u> </u>				
7 Total credits and payments Add lines 6a through 6d		7			400.
8 Enter any penalty for underpayment of estimated tax. Check here	s attached	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	10			<u>113.</u>
11 Enter the amount of line 10 to be Credited to 2013 estimated tax 113. Part VIII A Statements Regarding Activities	. Refunded	11			
	 -		192034	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local participate or intervene in any political campaign?	legislation or did it		1 a	-	Х
b Did it spend more than \$100 during the year (either directly or indirectly) for political pu (see the instructions for definition)?	irposes		1 b	,	х
If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copi or distributed by the foundation in connection with the activities	es of any materials publ	ished			
c Did the foundation file Form 1120-POL for this year?			1 c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during (1) On the foundation ► \$ (2) On foundation managers			7		
e Enter the reimbursement (if any) paid by the foundation during the year for political exp	senditure tax imposed or	<u> </u>			
foundation managers •\$		•			
2 Has the foundation engaged in any activities that have not previously been reported to t	the IRS?		2		Х
If 'Yes,' attach a detailed description of the activities			1346	57-75-74 \$9-7-1600	55
3 Has the foundation made any changes, not previously reported to the IRS, in its government of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed confo	ing instrument, articles opy of the changes		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	year?		4 a		Х
b If 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b		Х
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	<u> </u>	Х
If 'Yes,' attach the statement required by General Instruction T					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	d either:				
 By language in the governing instrument, or 					
 By state legislation that effectively amends the governing instrument so that no manda with the state law remain in the governing instrument? 		flict	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column			7	Х	
8 a Enter the states to which the foundation reports or with which it is registered (see instru	ıctions) -	_			
			_		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				200	3 34
(or designate) of each state as required by General Instruction G ² If 'No,' attach explanation			8 b		* THYSVEA 2
9 Is the foundation claiming status as a private operating foundation within the meaning of for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part X	of section 4942(j)(3) or 4'	942(j)(Part Xi	(5)	Y	

for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

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Form **990-PF** (2012)

orn	1 990-PF (2012) Margaret G. Buckner Scholarship Trust	43-	173502	7	P	age 5
Pa	rt VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualification advisory privileges? If 'Yes,' attach statement (see instructions)	ed person	had	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	application	ın ²	13	Х	
	Website address N/A					
14	The books are in care of Mm. Gordon Buckner Telephon	e no 🏲	(660)	886	-340	8_
	Located at P.O. Box 721, Marshall, MO ZIP + 4	<u>653</u>	40-072	1		_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here				•	
	and enter the amount of tax-exempt interest received or accrued during the year	•	15			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other au bank, securities, or other financial account in a foreign country?	thority ove	er a	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the national foreign country.	me of the				
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	a During the year did the foundation (either directly or indirectly)	_	_		,	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No		, .	,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No	- · · · · · · · · · · · · · · · · · · ·	م به	ئ ئى ئىچى_ رىچى
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No	200		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No		14. A	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the			1.4		2 2
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	X No			\$ T.
t	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?			1 b		
	Organizations relying on a current notice regarding disaster assistance check here	•		3		
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?		_	1 c		رُ کر چُر X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).					
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d	_			< 3	
	and 6e, Part XIII) for tax year(s) beginning before 2012?	Yes	X No			3
	If 'Yes,' list the years 20 , 20 , 20 , 20					
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(including to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(including to incorrect valuation of assets) to the year's undistributed income?	a)(2))(2) to				
_	all years listed, answer 'No' and attach statement — see instructions)			2 b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he 20 , 20 , 20 , 20	ere				
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
t	olf 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to	_	_	,		
	determine if the foundation had excess business holdings in 2012)			3 Ь		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4 a		х
Ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could					
	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of			-		
BAA	the tax year beginning in 2012?		Г-	4 b rm 990	DF /	X 2012)
-~~				ハー・コンプレ	(/	/

Form 990-PF (2012) Margaret G. Buckne Part VII-B Statements Regarding Activiti	er Scholarship '	Trust 4720 May Be Reg		735027		Page 6
5a During the year did the foundation pay or incur		zo maj po med			~	
(1) Carry on propaganda, or otherwise attempt	•	(section 4945(e))?	Yes	X No	\$	
(2) Influence the outcome of any specific publion, directly or indirectly, any voter registrate		1955); or to carry	Yes	X No	** .>	^
(3) Provide a grant to an individual for travel, s	study, or other similar po	urposes?	X Yes	No	· 10 ·	
(4) Provide a grant to an organization other that in section 509(a)(1), (2), or (3), or section	an a charitable, etc, orga 4940(d)(2)? (see instruc	anization described itions)	Yes	X No	· · · · · · · · · · · · · · · · · · ·	ý
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	s, charitable, scientific, of cruelty to children of	literary, or r animals?	Yes	X No	& .:.	ל'ז
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to qua current notice regardi	ualify under the exception	ons		★ ★ 5 b	*55
Organizations relying on a current notice regar	dıng dısaster assıstance	check here	•			X
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsing tyes,' attach the statement required by Regu	ibility for the grant?	•	Yes			i i i i i i i i i i i i i i i i i i i
6 a Did the foundation, during the year, receive any on a personal benefit contract?			Yes	X No		
b Did the foundation, during the year, pay premit	ums, directly or indirectly	y, on a personal benefit			6 b	X
7 a At any time during the tax year, was the found				⊠ No _	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	T DE T
b If 'Yes,' did the foundation receive any proceed					7 b	
Information About Officers, Diagram and Contractors	rectors, Trustees,	Foundation Manag	gers, Highly Paid	I Employ	yees,	
1 List all officers, directors, trustees, foundation	n managers and their co	ompensation (see instru	uctions).			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferre compensation	t i otl	pense ad her allow	
Wm. Gordon Buckner						
P.O. Box 721,	Trustee					
Marshall MO 65340	3.00	0.	(0.		0.
Leslie Coslet						
761 S. Brunswick,	Director					
Marshall MO 65340	1.00	0.	(0.		0.
William B. Kessinger 2917 Tomahawk, Shawnee	n					
	Director	0	,	,		•
Mission KS 66208 Frederick E. Hartley	1.00	0.		0.		0.
104 N. Brunswick,	Director					
Marshall MO 65340	1.00	0.		o.		0.
2 Compensation of five highest-paid employees					IE.	
(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 and deferred compensation	t `´otf	pense ac her allow	
NONE			·			
			<u> </u>			
				+		
				L		
Total number of other employees paid over \$50,000				•		None
BAA	TEEA0306 12	7/25/12		Forn	n 990-PF	(2012)

Form 990-PF (2012) Margaret G. Buckner Scholarship Trust 43-1	L735027 Page 7
PartVIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	·
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	
Total number of others receiving over \$50,000 for professional services	None
Partix: Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 Scholarship Grants	
Scholarship Granes	
	74,450.
2	
	·
3	
*	· — -
4	
Partix Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	7 tillouit
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	•

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Form **990-PF** (2012)

Form 990-PF (2012) Margaret G. Buckner Scholarship Trust 43-1735027 Fait X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

	······································		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
	Average monthly fair market value of securities	1 a	615,567.
	Average of monthly cash balances	1 b	208,534.
	Fair market value of all other assets (see instructions)	1 c	
	Total (add lines 1a, b, and c)	1 d	824,101.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
_	(attach detailed explanation)	800	
	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	824,101.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3	1 1	
_	(for greater amount, see instructions)	4	12,362.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	811,739.
<u>6</u>	Minimum investment return. Enter 5% of line 5	6	40,587.
Har	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera	iting to	oundations
	and certain foreign organizations check here ► □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	40,587.
	Tax on investment income for 2012 from Part VI, line 5		
	Income tax for 2012 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2 c	287.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	40,300.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	40,300.
6	Deduction from distributable amount (see instructions)	6	
	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	40,300.
Par	Qualifying Distributions (see instructions)		
	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes	1000	
'a	Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	86,390.
	Program-related investments – total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	24	
ďa	Suitability test (prior IRS approval required)	3 a	
t	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	86,390.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	287.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	86,103.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether a qualifies for the section 4940(e) reduction of tax in those years	the four	
BAA			Form 990-PF (2012)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7	_	,	۵	40,300.
2 Undistributed income, if any, as of the end of 2012				40,300.
a Enter amount for 2011 only			0.	y 75 , /
b Total for prior years 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2012		,	7 3	
a From 2007 0.				. > 2 4
b From 2008 0.	*		, ,	
c From 2009 30, 269.	1	ás.	¥	
d From 2010 24, 040.	7 %	* .	, , , , , , , , , , , , , , , , , , , ,	See to
e From 2011 64,546.		₽ ^,		The State of the S
f Total of lines 3a through e	0. 0, 269. 4, 040. 4, 546. 118, 855. Part 390. ne 2a tor years corpus 40, 300. 40, 300. 164, 945. btract stributency tion ssed			
4 Qualifying distributions for 2012 from Part	v 4 3 4	<i>(</i>		43 6, 30 6
XII, line 4 [.] \$86,390.		, r ,		. ,
a Applied to 2011, but not more than line 2a	Sp & . 5-	🍇		第一等
b Applied to undistributed income of prior years	3.			4. 6. 12
(Election required – see instructions)	* ** 4	7		
 Treated as distributions out of corpus (Election required — see instructions) 		\$ C 4		
d Applied to 2012 distributable amount	- Mar. 2 55 - Mar.			
e Remaining amount distributed out of corpus				/ YSO- C'54 - 24- C'5,
5 Excess distributions carryover applied to 2012		i. L. Sa. ii.	1/2 B. (E) A	40,300.
(If an amount appears in column (d), the same amount must be shown in column (a))		130 July 1911 -	You \$ 1000 or	April Helps High
Same amount must be shown in column (a)	with the same of the	Kira alka ata in		o sir oso sir vi
6 Enter the net total of each column as	Lister Shire And Eller	***************************************	* ** ** **	, , , , , , , , , , , , , , , , , , ,
indicated below:		to miles	A A A A A	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	164,945.			
b Prior years' undistributed income Subtract	16 w 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1% 3 3 3 3 3 3 3 3 3 3	
line 4b from line 2b	Ž.	0.	4 7	
 Enter the amount of prior years' undistributed income for which a notice of deficiency 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			an i Marine Alle 18 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 -
has been issued, or on which the section	. %. 3			
4942(a) tax has been previously assessed	·/ W			
d Subtract line 6c from line 6b Taxable amount — see instructions	* · · · · · · · · · · · · · · · · · · ·	0	* *	, , <u>(</u>
		<u> </u>		
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount — see instructions	. ; 💑	∳ √ 2.' €	0.	4 7 9 7
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be	×ý //	*	* *	
distributed in 2013				0.
7 Amounts treated as distributions out of	7			
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)				
8 Excess distributions carryover from 2007 not		· · · · · · · · · · · · · · · · · · ·		
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2013.				·····
Subtract lines 7 and 8 from line 6a	164,945.			
10 Analysis of line 9:			ļ	
a Excess from 2008 0.				
b Excess from 2009 0.				
c Excess from 2010 14,009.				
d Excess from 2011 64,546.				
e Excess from 2012 86,390.				

orm 990-PF (2012) Margaret G. Buck Part XIV Private Operating Founda	tions (see instruc	tions and Part		<u> </u>	
1 a If the foundation has received a ruling or of is effective for 2012, enter the date of the	letermination letter tha ruling	at it is a private ope	erating foundation, a		02/20/96
b Check box to indicate whether the foundat	•	ing foundation des	cribed in section	X 4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		J
income from Part I or the minimum investment return from Part X for	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
each year listed	16,681.	30,435.	29,394.	30,673.	107,183.
b 85% of line 2a	14,179.	25,870.	24,985.	26,072.	91,106
 Qualifying distributions from Part XII, line 4 for each year listed 	86,390.	64,546.	65,770.	69,869.	286,575
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	86,390.	64,546.	65,770.	69,869.	286,575.
3 Complete 3a, b, or c for the alternative test relied upon:					· <u>-</u>
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter		·			
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization		-		-	
(4) Gross investment income					
Part XV Supplementary Information	(Complete this p	art only if the f	oundation had	\$5,000 or more	in
assets at any time during th		tructions.)			
Information Regarding Foundation Managers a List any managers of the foundation who have close of any tax year (but only if they have	ave contributed more	than 2% of the totan \$5,000) (See se	al contributions rece ction 507(d)(2))	eived by the foundat	ion before the
William G. Buckner		, ,	(,,,,		
b List any managers of the foundation who ca partnership or other entity) of which the	wn 10% or more of th foundation has a 10%	e stock of a corpor or greater interest	ation (or an equally	large portion of the	e ownership of
None					
2 Information Regarding Contribution, Gran Check here ☐ If the foundation only n requests for funds. If the foundation makes complete items 2a, b, c, and d	nakes contributions to	preselected charita	able organizations a	nd does not accept ations under other	unsolicited conditions,
a The name, address, and telephone numbe	r or e-mail of the pers	on to whom applica	ations should be add	dressed.	_
William G. Buckner, Truste		- 1-1			
P.O. Box 625					
Marshall	MO 65340-	-0625 (660)) 886-3408		
b The form in which applications should be s					
See attached application					
c Any submission deadlines					
No					
d Any restrictions or limitations on awards, s	uch as by geographic	al areas, charitable	fields, kinds of inst	itutions or other fa	ctors:

No

3 Grants and Contributions F	aid Duri	ng the Yea	ar or Approved for Futu	re Payment		
Recipient			If recipient is an individual, show any relationship to any foundation manager or	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home	or busine	ss)	substantial contributor	rocipient		
a Paid during the year						
Bleim, Paul) 	Scholarship	
1219 S. Mildred		CE 2.01	None	N/A		1 000
Sedalia	MO	65301			Gallanah da	1,000.
Buie, James			37	NT / N	Scholarship	
23462 N Saline 65 Hw Marshall		65240	None	N/A		3,000.
Bultman, Charlene	MO	65340			Cabalarabia	3,000.
3510 NE Akin Blvd #8	12		None	N/A	Scholarship	
Lees Summit	MO	64064	None	N/A		4,000.
Carrell, Jeanne	МО	04004			Scholarship	4,000.
1522 West College			None	N/A	Scholarship	
Marshall	МО	65340	None	N/A		2,500.
Castle, Christian	110	03340			Scholarship	2,500.
626 S. Lake Drive			None	N/A	Scholarship	
Marshall	МО	65340	None	N/ A		5,000.
Clemons, Rachel	140	03340			Scholarship	5,000.
107 E Mission			None	N/A		
Marshall	МО	65340	None	IV/ A		2,900.
Coslet, Sara	110	03310			Scholarship	2,500.
20687 Pheasant Ave			None	N/A	Seneralismp	
Marshall	MO	65340		'''		9,000.
Fisher, Shawna					Scholarship	2,000.
23525 Highway O			None	N/A	Some rear Smrp	
Smithton	MO	65350				4,000.
Hartley, Abbey					Scholarship	
30 N. Brunswick				N/A		
Marshall	MO	65340				3,000.
See Line 3a statement						
						40,050.
Total					► 3a	74,450.
b Approved for future paymer	nt					
					}	
				1		
					ļ	
Total			L	<u> </u>	 	
Total					- 30	

Enter gross amounts unless otherwise indicated.	Unrelated	d business income	Excluded	by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue			code		_ `
a		<u> </u>			
b		 			
c				. <u> </u>	
a					
e					
T					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	9.	
4 Dividends and interest from securities	3000	m. delta. The common to the the Marie	14	35,557.	~ 5000 % A 100 MITAN
5 Net rental income or (loss) from real estate	黎教· 教·教·				
a Debt-financed property					
b Not debt-financed property		<u>-</u>			
6 Net rental income or (loss) from personal property					
7 Other investment income		 		 	
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory	As Sec. Che! Mildows		2007 ADDRESS AND A	7777 A. J. A. S. C. C. E. B. S. C.	200 (Sept. Comp. or 100 (Sept. 200 (Sept. 20
11 Other revenue	A STATE OF THE STA		\$67.88.E.C		3/2 3/2 3/2 3/2 3/2 3/2 3/2 3/2 3/2 3/2
a					
b					
c					
d					
e	Sandaria e w terro comen.		\$5.55.756 45 5.45 4)		
12 Subtotal Add columns (b), (d), and (e)				35,566.	
13 Total. Add line 12, columns (b), (d), and (e)				13	35,566
(See worksheet in line 13 instructions to verify calculated	tions.)				·
Part:XVI€B Relationship of Activities to t	ne Accompli	shment of Exemp	Purpo	ses	
Line No. Explain below how each activity for which	Incomo la ranor	tod in column (a) of De		contributed importantly	to the

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions.)
	<u> </u>
	

Form 990-PF (2012) Margaret G. Buckner Scholarship Trust 43-1735027 Part:XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

d€	escribe	organization directly d in section 501(c) o to political organizati	f the Code (otl	ngage in any of the her than section	the following 501(c)(3) org	with an janizati	y other or ons) or in	ganization section 52	7,			Yes	No
a Ti	ansfer	s from the reporting	foundation to a	a noncharitable	exempt organ	ızatıon	of			ľ			
(1) Cash	ו								ſ	1 a (1)	****	Х
(2) Othe	er assets									1 a (2)		Х
b O	ther tra	ensactions:								[]			9900 W
(1) Sale	s of assets to a none	charitable exer	mpt organization	1						1 b (1)		Х
(2) Purc	hases of assets from	n a noncharital	ble exempt orga	nızatıon					Γ	1 b (2)		Х
(3) Rent	tal of facilities, equip	ment, or other	assets						Ī	1 b (3)		Х
(4) Rein	nbursement arranger	nents							Ī	1 b (4)		Х
(5) Loar	ns or loan guarantee:	s								1 b (5)		Х
(6) Perf	ormance of services	or membership	p or fundraising	solicitations					Γ	1 b (6)		Х
c S	harıng	of facilities, equipme	ent, mailing list	ts, other assets,	or paid empl	oyees					1 c		Х
th	e good	swer to any of the at ls, other assets, or s saction or sharing ar	ervices given t	by the reporting	foundation If	the fou	indation re	eceived les	s than fair	market va	et value lue in	of	
(a) Line	no	(b) Amount involved	(c) Name o	of noncharitable exen	npt organization		(d) Desci	iption of tran	sfers, transact	ions, and sh	arıng arran	gements	;
				-	 .								
		·			·								
													
								_					
		-											
	<u> </u>		ļ <u> </u>										
						_							
			l										
d€	escribe	undation directly or in d in section 501(c) o complete the followin	f the Code (oth	ited with, or rela her than section	ted to, one or 501(c)(3)) or	more t in sect	ax-exemp ion 527?	t organiza	ions		Yes	x	No
	(a)	Name of organization	on	(b) Type	of organizat	ion		(c) Descriptio	n of relati	onship		
											-		
										_			
	Under pe	enalties of perjury, I declare and complete Declaration	e that I have exami	ined this return, including than taxpayer) is base	ding accompanyir	g schedu	les and state	ments, and to	the best of my	knowledge a	ınd belief, i	t is true,	
ign Iere		200 M	BL	onen dapayery is sus-	اد ـ c	O	•	-	euge		May the I	n with th	e I
	Signat	ture of officer or trustee	Curre		Date	<u> </u>	Trus	<u>tee</u>			(see insti		, ,
	 -	Print/Type preparer's nam	ne	Prepares		-	Date	!	Check	₩ IF	TIN	Yes	No
aid		 Ted J. Tracz	ewski, CF	Z	Maczew	- स	CPA 5	7-13	self-empl	Ned T	01038	705	
	-			CZEWSKI CE		2VI,	CFA		Firm's EIN			100	
Prepa Jse O			00 S HIGH		Δ				- iiii 3 Eli¥	43-10:	1213		
o c U	illy	_	EXINGTON	MUI II		MO	64067-	-0400	Phone no	(660)	259-4	13/12	
BAA	_			 -		1-10	04007	2400	. 7010 10		orm 990		2012)
											JIII 331	· · · · · (,_,

Form 990-PF, Page 1, Part I, Line 18

	_	_		
Line		ж	~1	mt
		·	-	

Taxes Section 4940(e) tax Foreign taxes	Rev/Exp Book	Net Inv Inc 374.	Adj Net Inc 374.	Charity Disb
Total	374.	374.	374.	

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Bank charges	92.		92.	
Investment expenses	81.	81.	81.	
T. I. I.				

Total <u>173.</u> <u>81.</u> <u>173.</u>

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

Name and address (home or business) an individual, show any relationship to any foundation manager or substantial contributor an individual, show any relation status of recipient manager or substantial contributor an individual, show any relation status of recipient manager or substantial contributor	
(home or business) relationship to of reany foundation cipient Amount manager or substantial	
manager or substantial	
substantial	
• I I	
contributor	
a Paid during the year	
Hartley, Kathryn Scholarship Person or X	7
30 N. Brunswick Business	7
Marshall MO 65340 N/A 6,000	<u>-</u>
Heinzler, Stephanie Scholarship Person or X	
1515 W. Kay None N/A Business	
<u>Marshall</u> <u>MO 65340</u> 4,500	<u>.</u>
Heying, Kylie Scholarship Person or X	╛
1111 Stonehaven Ave. None N/A Business	╛
Marshall MO 65340 2,500	<u>.</u>
Igo, Angela Scholarship Person or X	╛
18549 Hwy E None N/A Business	╛
Marshall MO 65340 1,050	<u>-</u> ,
Jacobs, Wendy Scholarship Person or X	_
436 N Brunswick Street None N/A Business	╛
Marshall MO 65340 1,000	<u>.</u>
Johnson, Karen Scholarship Person or X	4
19354_142nd_Trail None N/A Business	
<u>Sweet Springs MO 65351 1,250</u>	_
Knott, Christie None Scholarship Person or X	4
1715 S Benton Business Business	
Marshall MO 65340 1,000	<u>-</u>
Malter, Kim None Scholarship Person or X	_
16994_220th_Road N/A Business	⅃
Malta Bend MO 65339 1,250	<u>-</u>

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year Melies, Dana 14599 Birdsong Ave Sweet Springs MO 6535	None	 N/A	 Scholarship	Person or X Business 2,500.
Peuster, Jennifer 1531 W. Broadmoor Lane Marshall MO 6534	None	<u>N/A</u>	Scholarship	Person or X Business 1,000.
Prier, Phyllis 801 Krohn Street Boonville MO 6523	None	 N/A	Scholarship	Person or X Business 4,000.
Reichert, Ali 28780 Hwy Y Brunswick MO 6523	None	 N/A	Scholarship	Person or X Business 3,000.
Rossman, Jeremy 606 W Morrow Marshall MO 6534	None	 N/A	Scholarship	Person or X Business
Van, Amy 814 W Morrow Marshall MO 6534	None	<u>N/A</u>	Scholarship	Person or X Business
Vogel, Tara 415 N Main Slater MO 6534	None	<u>N/A</u>	Scholarship	Person or X Business
Vogelsmeier, Jennifer 13797 157th Road Sweet Springs MO 6535	None	 N/A	Scholarship	Person or X Business 6,000.

Total

40,050.

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Ted J Traczewski, CPA Elizabeth A Kennon	Tax return preparation Bookkeeping	1,250. 11,940.	1,250.	1,250. 11,940.	11,940.

Total <u>13,190.</u> <u>1,250.</u> <u>13,190.</u> <u>11,940.</u>

Form 990-PF, Page 2, Part II, Line 10b L-10b Stmt

	End of	Year
Line 10b - Investments - Corporate Stock:	Book	Fair Market
	Value	Value
Bank of America Corp Auto Cap - 5,000	50,000.	49,900.
Buckeye Partners LP - 600 shares	14,542.	27,246.
Developers Diversified Realty Corp - 400 shares	13,053.	6,264.
Digital Realty Trust - 500 shares	26,442.	33,945.
Dominion Res Inc 301 shares	12,924.	15,592.
Enbridge Energy Partners, LP - 1,200 shares	34,425.	33,480.
General Growth Properties, Inc 12 shares	174.	238.
Macerich Co REIT - 211 shares	13,258.	12,302.
MacQuarie Infrastructure Co LLC - 2,000 shares	67,023.	91,120.
Northeast Utilities - 511 shares	12,901.	19,970.
PG&E Corp - 610 shares	25,597.	24,510.
Plains All American Pipeline - 700 shares	11,640.	31,668.
PPL Corporation - 1,084 shares	30,365.	31,035.
TC Pipelines, LP - 500 shares	20,559.	20,180.
Vodafone Group PLC New - 1,300 shares	35,451.	32,747.
Westar Energy Inc - 1,000 shares	25,764.	28,620.
Total	394,118.	458,817.

Form 990-PF, Page 2, Part II, Line 10c L-10c Stmt

	End of	Year
Line 10c - Investments - Corporate Bonds:	Book Value	Fair Market Value
25,000 General Electric Capital Corp 3.5% 6/29/15	25,415.	26,566.
25,000 General Electric Capital Corp	25,534.	26,566.
25,000 JP Morgan Chace 3.7% 1/20/2015	25,175.	26,322.
1.1M Merrill Lynch 7.28%	27,500.	27,555.
25,000 Goldman Sachs 6.25% 9/1/2017	26,764.	29,491.
40,000 Citigroup Inc. 4.45% 1/10/17	41,475.	44,312.
Total	171,863.	180,812.

Form 990-PF, Page 2, Part II, Line 13 L-13 Stmt

	End o	f Year
Line 13 - Investments - Other:	Book Value	Fair Market Value
Blackrock Capital & Income Strategy Fund - 1,008 shares	25,000.	12,519.
Clearbridge Energy MLP Fund - 1,250 shares	25,000.	28,788.
Eaton Vance Enhanced Equity Income Fund - 1,500 shares	30,000.	15,990.
Eaton Vance Tax-Managed Global Diversified Fund - 1,250 shares	25,000.	11,013.
Flaherty & Crumrine Claymore Preferred Sec Income Fund - 1,900 shares	47,547.	37,145.
Flaherty & Crumrine Claymore Total Return Fund - 2,000 shares	50,000.	40,280.
Gabelli Global Deal Fund - 1,500 shares	30,000.	17,130.

43-1735027

1

Form 990-PF, Page 2, Part II, Line 13 L-13 Stmt

Continued

		End of Year			
	Line 13 - Investments - Other:	Book Value	Fair Market Value		
Total		232,547.	162,865		

Supporting Statement of:

Form 990-PF, p2/Line 2(b)

Description	Amount
Wood & Huston Administrative Expense Account	4,968.
Merrill Lynch Money Market Account	31,523.
Merrill Lynch CD's	145,000.
Total	181,491.

Margaret G. Buckner Scholarship Trust

William G. Buckner, Trustee P.O. Box 625 Marshall, Missouri 65340

PURPOSE AND ELIGIBILITY

The Trust's primary purpose is to benefit the residents of the Saline County, Missouri, area by helping to provide an adequate number of recently trained, full-time doctors, dentists, registered nurses, practical nurses, medical technicians and other trained health care providers to serve the health care needs of those residents. The Trust will fulfill this purpose by providing scholarships to persons, particularly those from the Saline County area, who want to obtain original or additional health care training and who agree to use that training by providing health care services in the Saline County area for specific minimum periods of time.

You may contact the Trustee to determine if the Trust is currently accepting applications for scholarship and, if so, to determine the type or types of health care training the Trust is currently interested in financing. If the Trust is not currently accepting applications or is interested in financing training in which you are not interested, you should not submit a scholarship application at this time.

To be eligible for consideration for a Trust scholarship, you must be a high school graduate. You may be a recent high school graduate or you may have graduated from high school in the past. You may now be studying in a health care training institution or you may now be in the work force and want to have initial or additional health care training.

Margaret G. Buckner Scholarship Trust

William G. Buckner, Trustee P.O. Box 625 Marshall, Missouri 65340

TERMS OF SCHOLARSHIP

By making the attached application the undersigned acknowledges and agrees to the following terms of the scholarship, if initially granted.

- A. Termination. The Trustee and Directors reserve the right to review the Student's expenses, academic record and potential benefit to the residents of Saline County, Missouri each semester, and if, in their sole discretion, they determine that the Student is no longer a qualified recipient of scholarship funds, the scholarship may be terminated by written notice to the Student.
- B. Respondent. If, in the sole discretion of the Trustee and Directors, the Student voluntarily abandons the course of medical/health care education upon which the scholarship is based or, upon completion of such education course, fails to apply such training for the benefit of the residents of Saline County, Missouri for a reasonable length of employment service in such County, the Trustee and Directors may demand repayment of Scholarship funds paid to or for the benefit of the Student, and upon receipt of such written demand, the undersigned agrees to repay such sum demanded within 60 days.

Dated:	
	
	Applicant

Margaret G. Buckner Scholarship Trust
William G. Buckner, Trustee
P.O. Box 625 Marshall, Missouri 65340

SCHOLARSHIP APPLICATION

1.	What is your full name?
2.	What is your permanent mailing address? (This is the address where the Trust will send correspondence to you.)
3.	What is your telephone number? (This is the number the Trust will use to call you.)
4.	What type of health care provider do you want to become? (For example: "medical doctor specializing in internal medicine;" "licensed practical nurse;" "x-ray or medical imaging technician;" "dentist;" "physical therapist;" "registered nurse;" etc.)
5.	What health care training do you want to obtain with a Trust scholarship? (For example, "undergraduate college degree in chemistry and medical doctor degree, with residency in obstetrics;" "complete junior college courses necessary for certification as a licensed practical nurse;" etc.)
6.	When would you complete your training? (For example, "June, 2007".)

7. What total amount of Trust Scholarship funds will you need to complete your training?
8. How long would you agree to use your training to provide health care services in the Saline County, Missouri are" (For example: "5 years.")
9. In what capacity would you agree to provide health care services in the Saline County, Missouri area? (You may provide those services as a private practitioner, as a member of a group of practitioners, as an employee of a local hospital, nursing home or other local medical facility, etc. Specific private practice or employment arrangements are not necessary at this time; only a general answer is requested by this question. For example: "employee of local hospital or doctors' office".)
10. Would you agree to live in Saline County, Missouri while you are providing your post-training health care services described in your answers to questions 8 and 9?

Please answer the following questions on separate sheets of papers and attach those sheets to this Application.

- 11. What is your prior academic record? Please identify with names, dates and general descriptions the high school from which you graduated and all of your post-high school education, if any. Please attach an official transcript of your record from each of these educational institutions. If you wish, you may also attach the results of standard national academic achievement tests, such as ACT or SAT tests.
- 12. Where and when would you obtain the training described in question 5? Have you applied for admission to, or been accepted as a student by, one or more of these educational institutions? What curriculum or course of study would you pursue at each institution? When would you graduate? What degree of certification would you obtain upon graduation?
- 13. How did you calculate the amount set out in question 7? Please prepare and attach a budget of your anticipated income and expenditures during the proposed training period. The Trust may authorize a scholarship to pay some or all of the costs of your

training. These costs may include tuition, books and supplies, room and board, and other anticipated expenses. You may ask the Trust to pay some of these costs and agree to pay the remaining costs yourself from your income, savings or other sources, or you may ask the Trust to pay all of these costs. Please describe how you would pay or provide for your training costs and living expenses which are not paid by a Trust scholarship (Trust scholarships are not awarded based on economic need, although that is considered. Rather, Trust scholarships are awarded to those applicants whom the Trust's Directors believe are most likely to effectively benefit the residents of the Saline County, Missouri area by successfully completing their training and by using that training to provide health care services in that area for the agreed upon minimum periods of time).

- 14. How long have you been, or during what periods were you, a resident of Saline County, Missouri? Do you have any other ties or relationships with the Saline County, Missouri area. (Preference will be given to applicants who are residents of, or who have other ties to, this area.)
- 15. Please briefly set out any other information which you want the Trust to consider regarding this application? (For example, what personal motivations, characteristics, activities, employment history or commitments indicate that you are likely to successfully complete your proposed training and to use that training to provide health care services in the Saline County, Missouri area for the agreed upon minimum period of time? Also, you may attach up to three references to this form.)

By signing this Scholarship Application, I promise that the information set out in the answers to the questions in this application, including all attachments to this application, are true and complete to the best of my knowledge and belief.

Applicant's signature	
Date signed:	