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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 06/30,20 10 07/01, 2009, and ending A For the 2009 calendar year, or tax year beginning D Employer identification number C Name of organization LYNN COLBERT CHARITABLE FOUNDATION B Check if applicable use IRS label or 73-6131373 Doing Business As E Telephone number Room/suite Number and street (or P O box if mail is not delivered to street address) (580) 251-7027 BANCFIRST P.O. BOX 1468 City or town, state or country, and ZIP + 4 Instruc-Amended return Application pending DUNCAN, OK 73534 G Gross receipts \$ 504,876. H(a) is this a group return for affiliates? F Name and address of principal officer JON BOWERS Yes X No BANCFIRST, 16 SOUTH 9TH ST DUNCAN, OK 73533 H(b) Are all affiliates included? X | 501(c) (3) ◀ (insert no) 4947(а)(1) ог Tax-exempt status H(c) Group exemption number Website ► N/A L Year of formation 1971 M State of legal domicile OK Corporation X | Trust Other > Association Form of organization Part I Summary Briefly describe the organization's mission or most significant activities GRANT SCHOLARSHIPS TO STUDENTS ATTENDING MURRAY STATE COLLEGE & Governance — Inf-the organization discontinued its operations or disposed of more than 25% of its net assets.

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■ Inf-the organization disposed its net asset disposed its net a SCANNED DE 5 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 0. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7ь Net unrelated business taxable income from Form 990-T, line 34 Current Year Prior Year 0. 0. Contributions and grants (Part VIII, line 1h) 8 0. 9 Program service revenue (Part VIII, line 2g) Program service revenue (Part VIII, line 29) Investment income (Part VIII, column (A), lines 3, 4\and 37 1 5 2010 46,452. -110,34810 46,001. 564,914. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 92,453. Total revenue - add lines 8 through 11 (must equal-Part-VIII-column (A) 454,566. Grants and similar amounts paid (Part IX, column (A), (lines) (33) V, U 68,868 75,220. 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 16,707. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 45,683. 16 a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses, Part IX, column (D), line 25) 3,500. 5,037. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 118,051 96,964. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 336,515. -4,511. Revenue less expenses Subtract line 18 from line 12 Beginning of Year End of Year 1,368,650. 1,415,674 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 1,415,674. 1,368,650. 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block 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 are true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Jon C. Bowers Sr. Vice President Type or print name and title **RancFirst** Preparer's identifying number Date Check if Preparer's Paid signature employed Preparer's Firm's name (or yours 13-5565207 EIN **Use Only** if self-employed), address, and ZIP + 4 405-239-6411 210 PARK AVE . SUITE 2850 OKLAHOMA CITY.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

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	_			
	4d	•		

4e Total program service expenses ▶

75,220.

Part	Checklist of Required Schedules		-1	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	' ├	1	X	
2	<u></u>	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	- 1	i	
		3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		}	
		4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		Ī	
		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		_X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	· · · · · · · · · · · · · · · · · · ·	9		Х
_10	_Did_the_organization,_directly_or_through_a_related_organization,_hold_assets_in_term,_permanent,_or			
		10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		~	
	Schedule D, Part VI	v. [` , *	
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			;
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	*:	32	× ;
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	***	*	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11 2	# S	àige,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			· .
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	7	. 5.	÷ ':
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	/^.		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		3 2	, ;
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"		W. B	ris d
	· · · · · · · · · · · · · · · · · · ·	12		Х
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No		, ,	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	-		
13		13		_X_
14 a		4a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		1	
		4b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	- · · · · · · · · · · · · · · · · · · ·	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	· · · · · · · · · · · · · · · · · · ·	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
		17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	Ì		
	· · · · · · · · · · · · · · · · · · ·	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		j	
		19		<u> </u>
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_X

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
27 u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24U		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	051		١,,
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
-26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	1 1		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	- -		
	19? Note . All Form 990 filers are required to complete Schedule O	38	x	
	To the control of the		990	(2000)

Part	tV Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	17
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	Instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			لـــــــــــــــــــــــــــــــــــــ
	this return?	3a		Х
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a_		_x_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
•	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		
h	teme natural and a second a second and a second a second and a second a second and a second and a second and	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		х
	If "Yes," indicate the number of Forms 8282 filed during the year	,,,		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		÷Ž.	
е		7e	· Aliki	X
	benefit contract?	7f		X
		7g		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	- 13		
n		7h		
8	required?	r 1.1		
0				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<i>ئ</i> ــــــــــــــــــــــــــــــــــــ
0	Sponsoring organizations maintaining donor advised funds.	•		
9	,	9a		
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	•	30		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12		ĺ	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ø	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 5			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •	form?	11	х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	į		
a	The second of the CEO Essential Desertion and the CEO Essential CEO Esse	15a		Х
b	Other officers or key employees of the organization	15b		Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		-	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure		-4.9	
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only			
. •	available for public inspection. Indicate how you make these available. Check all that apply	•		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
. •	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ►JON BOWERS BANCFIRST, 16 SOUTH 9TH ST DUNCAN, OK 73533			
	(580) 251-7027			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

.00 .00	Posit Individual trustee X X X	Institutional trustee	theck Officer	all Key employee	ਜ਼ੂ Highest compensated ਜ਼ੂ employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation — from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
.00	x	stitutional trustee	fficer	ay employee	ghest compensated nployee	ormer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
.00	х						0.	0	
.00	х						0.	0.	
.00									
.00									
	х			1			0.	0	(
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.00							0.	0	(
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	X						0.	0.	(
.00		X					16,707.	0.1	(
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							_		"
	.00	.00	.00 X	.00 X	.00 X	.00 X	.00 X	.00 X 16,707.	.00 X 16,707. 0

Form 990 (2009)								73-6131373				Page (
Part VII Section A. Officers, Directors, Tru	ustees, K	ey En	nple	oye	es,	and	Hig	hest Compensa	ted Emplo	yees(ontinue	1)	
(A) `	(B)	(C)						(D)	(E)		(F)		
Name and title	Average hours per week	Por director	Institutional trustee	Officer	Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compens from rela organizat (W-2/1099-	ation ated tions	amo compe froi orgai and	mated punt of ther ensation m the nization related iizations	
									-	,			
												-	
			ļ										
			_										
												_	
1b Total					<u> </u>		>	16,707.		0.		0	
2 Total number of individuals (including but not lim reportable compensation from the organization	nited to thos	se liste		bov	e) w	ho re	ceıv	red more than \$100	,000 in				
				-								Yes No	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	or or ch indi	tru <i>vidu</i>	stee ual	э, I •••	кеу є 	empl	loyee, or highest	compens	ated	3	X	
4 For any individual listed on line 1a, is the the organization and related organizations	greater th	an \$	150	,000)?	If "Y	es,"				13.		
5 Did any person listed on line 1a receive	or accru	ue co	omp	ens	atıo	n fro	m	any unrelated o	rganization	for		X X	
services rendered to the organization? If "Yes," Section B. Independent Contractors	complete 3	scnea	uie .	J TOI	r su	cn pei	rson	7			5	X	
Complete this table for your five highest compensation from the organization	compensate	ed in	dep	end	ent	cont	ract	tors that received	I more tha	an \$10	0,000	of	
(A) Name and business addr	ess						T	(B) Description of ser	vices	C	(C) Compensa	tion	
NONE							1		<u></u>			0.	
							-						
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nited		thos	e li	sted above) who	received	•			
The state of the s						-			بـــــ	· ,, ',		100 (2000)	

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	rt VIII			· -	73-6131373		1 age 0
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,	, ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e	Tederated campaigns					
Contribu	g	and similar amounts not included above . If Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		 0.		<u>.</u> .	3 3
Program Service Revenue	2a b c d		Business Code				
Prog	f g	All other program service revenue Total. Add lines 2a-2f	<u></u>	0			
	4	Investment income (including dividends, intere other similar amounts)	roceeds	39,585 0.			39,585
	5 6a	Royalties · · · · · · · · · · · · · · · · · · ·	(II) Personal	46,001.	1		46,001.
	b c d	Less rental expenses Rental income or (loss)		0			* ".
	7a	Gross amount from sales of assets other than inventory (i) Securities 419,290	(II) Other			,	
	c d	Less cost or other basis and sales expenses 412,423 Gain or (loss) 6,867 Net gain or (loss)		6,867.	- 1	n - n	6,867.
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18			,		
Other	b c	Less direct expenses			non con home constitut or conficient or a square		
	9a	Gross income from gaming activities See Part IV, line 19		* * .	٠, ،	,	, :
	0 0 10a	Less direct expenses		0.			
	b c	returns and allowances	▶	0.			,
	11a	Miscellaneous Revenue	Business Code				
	c d	All other revenue					
	e 12	Total. Add lines 11a-11d				0	92,453.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
•	organizations in the U.S. See Part IV, line 21	75,220.	75,220.	•	
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	16,707.		16,707.	
6	Compensation not included above, to disqualified				
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salanes and wages	0.			·····
	Г				
8	Pension plan contributions (include section 401(k)	0.			
	and section 403(b) employer contributions)				
	Other employee benefits	0.			
10	Payroll taxes	U,			
11	Fees for services (non-employees)	_			
	Management	0.			
b	Legal	0.			
	Accounting	5,037.		5,037.	
d	Lobbying	0.			
е	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	0.			
g	Other	0.			
12	Advertising and promotion	0.			
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			-
21	Payments to affiliates	0.	·		
22	Depreciation, depletion, and amortization	0.			
23	Insurance	0.			
24	Other expenses Itemize expenses not			·	
	covered above (Expenses grouped together			ļ	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
2	·				
b					
d		·			
a e					
_			-		
	All other expenses	96,964.	75,220.	21,744.	
	Total functional expenses Add lines 1 through 24f	30,304.	13,220.	21, /44.	
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
JSA				<u>.</u>	Form 990 (20)

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Part	Balance Sheet			
		(A) Beginning of year		(B) End of year
	Cash - non-interest-bearing	-43,734.	1	36,894
1:	2 Savings and temporary cash investments		2	
	Pledges and grants receivable, net	·	3	
	Accounts receivable, net		4	
	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees Complete Part II of			
	Schedule L		5	
	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L		6	
. ا <u>ي</u> د	Notes and loans receivable, net		7	
ΰ	Inventories for sale or use		8	• ••
- 1	Prepaid expenses and deferred charges		9	
	a Land, buildings, and equipment cost or 10a			· · · · · ·
'`	other basis Complete Part VI of Schedule D			
	b Less accumulated depreciation		10c	
1.		1,411,066.		1,283,615.
12			12	
			13	
14	, ,		14	
1:		48,342.		48,141.
16		1,415,674.	16	1,368,650.
17		1,113,011.	17	1,300,000.
18			18	
19	, ,		19	
20			20	
	, , , , , , , , , , , , , , , , , , , ,		21	···
Liabilities 73	· · · · · · · · · · · · · · · · · · ·		21	
<u>≅</u> 24	employees, highest compensated employees, and disqualified			
E.			22	
	persons Complete Part II of Schedule L		23	
23	, , , , , , , , , , , , , , , , , , , ,		24	
1-		· ··· · · · · · · · · · · · · · · · ·	25	
2:	·		26	···········
	Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34.		20	
2 2		1,415,674.	27	1,368,650.
alar 28		1,.10,0,4.	28	2,000,000.
8 29			29	
Net Assets or Fund Balances	Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
S 30	, -		30	
sets			31	
ASS 3	S D I I I I I I I I I I I I I I I I I I		32	
# 3	, , , , ,	1,415,674.	33	1 360 650
- 1				1,368,650.
34	Total liabilities and net assets/fund balances	1,415,674.	34	1,368,650.

Form 990 (2009) Page 12 Part XI **Financial Statements and Reporting** Yes No Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х 2a Х b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Consolidated basis Separate basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in X 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

V 09-8.4

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. See separate instructions. OMB No 1545-0047 20**n**g Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number LYNN COLBERT CHARITABLE FOUNDATION 73-6131373 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 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). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II c | Type III - Functionally integrated d | Type III - Other e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box X Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Νo and (iii) below, the governing body of the supported organization? 11g(ı) Х (ii) A family member of a person described in (i) above? Х 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Х Provide the following information about the supported organization(s) (i) Name of supported (II) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col above or IRC section governing document? col (i) of your (I) organized in the (see instructions)) support? US? Yes No Yes Yes No Murray State College 73-6017987 02 Х 75,220. Total 75,220.

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for

Schedule A (Form 990 or 990-EZ) 2009

Par	Support Schedule for Org (Complete only if you check				o)(1)(A)(IV) ai	na 170(b)(1)(A	()(VI)
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning ın)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		* 1,		3		
5	The portion of total contributions by each	,	, ,	*			
	person (other than a governmental unit or	, -~	15 1	4	4.	,	
	publicly supported organization) included		13	ĵ.	4	N.	
	on line 1 that exceeds 2% of the amount	est of		, ,	,	,	
	shown on line 11, column (f)		` ,			`	
6	Public support. Subtract line 5 from line 4	^~ , ,	L				
	tion B. Total Support	4 3 0005	# \ 0000	() 2007	(4) 2000	(-) 2000	(f) Total
Cale	endar year (or fiscal year-beginning in)—▶	— (a)-2005—	(b) 2006	—(c) 2007—	(d) 2008	(e) 2009	(f)_Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support Add lines 7 through 10		X *'		1 % 1 3 1 %	¥ `` ^	
12	Gross receipts from related activities, etc. (se					12	
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	tion's first, secor	nd, third, fourth,	or fifth tax ye		
Sec	tion C. Computation of Public Sup					T	
14	Public support percentage for 2009 (line					14	%
15	Public support percentage from 2008 Se					15	%
16a	33 1/3 % support test - 2009. If the o	-					re, check
	this box and stop here. The organization						▶ 🗀
b	33 1/3 % support test - 2008. If the c						
4-	check this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me						
	Part IV how the organization meets t						supported
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the organization	2008. If the or	ganization did r	ot check a box	on line 13, 16	a, 16b, or 17a,	
	Explain in Part IV how the organization supported organization	on meets the '	facts-and-circun	nstances" test	The organization	n qualifies as a	a publicly
18	Private foundation. If the organization instructions	n did not che	ck a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this box	and see
`—						Schedule A (Form 9	

Schèdule A (Form 990 or 990-EZ) 2009

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Calendary year (or facet year beginning m) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total of Side (c) 2009 (f) 2008 (f) 2009 (f) Total of Side (c) 2009 (f)	Sec	tion A. Public Support									
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2 Goss recepts from admissions merchandes sold or service performed, or facilities furnished in any activity that is related to the organizations to exercise the property of		membership fees received (Do not include									
2 Goss recepts from admissions merchandes sold or service performed, or facilities furnished in any activity that is related to the organizations to exercise the property of		any "unusual grants ")									
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Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15		organization, check this box and stop here	<u></u>			<u></u>	<u></u>	▶ 🗍			
Public support percentage from 2008 Schedule A, Part III, line 15	Sect	tion C. Computation of Public Sup	port Percenta	age							
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	15		• •	-			15	%			
Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	16	Public support percentage from 2008 Schedu	ule A, Part III, line	15	· · · · · · · · · · ·		16	%_			
Investment income percentage from 2008 Schedule A, Part III, line 17	Sect						, <u>,</u>				
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	b	33 1/3 % support tests - 2008. If the org	anization did not	check a box on	line 14 or line 19	9a, and line 16 is	more than 33 1/3	3 %, and			
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		Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b						

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Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information. See instructions

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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OMB No 1545-0047

Open to Public Inspection

Employer identification number

73-6131373		No X Yes No	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Use	A	(f) Method of valuation (g) Description of (h) Purpose of grant (book PMx, appraisal non-cash assistance other)	COLLEGE SCHOLARSHIPS						A	4
	æ, the grantees' eligib	:	Juited States. Com Check this box if no		(d) Amount of cash grant (e) Amount of non-cash assistance								
	e grants or assistance	of grant funds in the	nizations in the L	needed	(d) Amount of cash grai	75, 220							
	e amount of the	ce?	its and Orga at received n	nal space is	(c) IRC section if applicable	501 (C) (3)						rganizations	
ION	substantiate the	nts or assistand edures for moni	Governmen y recipient th	90) if additio	(b) EIN	73-6017987						government o	
LYNN COLBERT CHARITABLE FOUNDATION	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	the selection criteria used to award the grants or assistance?	Part II Grants and Other Assistance to Form 990, Part IV, line 21, for an		(a) Name and address of organization or government	MURRAY STATE COLLEGE.						2 Enter total number of section 501(c)(3) and government organizations	3 Enter total number of other organizations

Page 2

Schedule | (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990)		if additional space is needed.	ded.			
(a) Type of grant or assistance	(b) Number of reapients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of FMV, app	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this	te this part to	provide the infor	mation required i	in Part I, lin	e 2, and any	s part to provide the information required in Part I, line 2, and any other additional information
SUPPLEMENTAL INFORMATION 1	 					
SCHEDULE I, PART I, LINE 2						
SI ESO	TO GRANT SCH	SCHOLARSHIPS TO	STUDENTS			
ATTENDING MURRAY STATE COLLEGE. SE	E ATTACHED	SEE ATTACHED "PROCEDURES	- LYNN COLBERT	ERT		
CHARITABLE FOUNDATION SCHOLARSHIP".	 			 		
	 	 	; ; ; ; ; ; ;			
						Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LYNN COLBERT CHARITABLE FOUNDATION

Employer identification number

73-6131373

ATTACHMENT 1

GENERAL STATEMENT 1

PART VI, SECTION A, LINE 3

BANCFIRST, ACTING IN THE CAPACITY OF A CORPORATE TRUSTEE, HANDLES THE DAILY ACTIVITY ASSOCIATED WITH INVESTMENT MANAGEMENT AND CUSTODY OF THE FOUNDATION'S ASSETS.

GENERAL STATEMENT 2

PART VI, SECTION A, LINE 7A

THE TRUST AGREEMENT PROVIDES THAT THERE SHALL BE FIVE TRUSTEES, ONE OF WHOM IS THE PRESIDENT OF MURRAY STATE COLLEGE, THREE OF WHOM ARE ELECTED BY THE GOVERNING BODY OF MURRAY STATE COLLEGE, AND THE FIFTH IS BANCFIRST, A CORPORATE TRUSTEE.

GENERAL STATEMENT 3

PART VI, SECTION B, LINE 11A

BANCFIRST, CORPORATE TRUSTEE, ENGAGES A THIRD PARTY PAID PREPARER

EXPERIENCED IN THE PREPARATION OF FORM 990 TO PREPARE THE RETURN. THE

TRUSTEE WORKS CLOSELY WITH THE PAID PREPARER TO ADDRESS ANY QUESTIONS OR

ISSUES RELATED TO THE RETURN. BANCFIRST WILL REVIEW THE RETURN PRIOR

TO FILING AND WILL PROVIDE COPIES OF THE RETURN TO ALL TRUSTEES.

GENERAL STATEMENT 4

PART VI, SECTION C, LINE 19

THESE DOCUMENTS ARE CONSIDERED CONFIDENTIAL AND ARE NOT MADE AVAILABLE TO

 Schedule O (Form 990) 2009
 Page 2

Name of the organization

LYNN COLBERT CHARITABLE FOUNDATION

Employer identification number
73-6131373
ATTACHMENT 1 (CONT'D)

THE PUBLIC.

SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

See separate instructions.

Attach to Form 990.

Open to Public Inspection Employer identification number

Schedule R (Form 990) 2009 (f)
Direct controlling
entity (f) Direct controlling entity N/A 73-6131373 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (e)
Public chanty status
(if section 501(c)(3)) (e) End-of-year assets LINE 11-I (d) Exempt Code section (d) Total income 501 (C) (3) Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33) (c)
Legal domicite (state
or foreign country) (c)
Legal domicile (state
or foreign country) OK (b) Pnmary activity (b) Primary activity COLLEGE 73-6017987 OK 73460 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 TISHOMINGO, (a)
Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity LYNN COLBERT CHARITABLE FOUNDATION MURRAY STATE COLLEGE ONE MURRAY CAMPUS Part II Part I

V 09-8.4

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Schedule R (Form 990) 2009

(J) General or managing partner? Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) ŝ (h) Depropriemente efections? Yes (g) Share of end-of-year assets 73-6131373 (f) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (d)
Direct controlling
entity (c) Legal domicile (state or foreign Primary activity (a)
Name, address and EIN of related organization Part IV Part III

(a) Name address, and ElN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entry (C corp S corp. or trust)	Share of total moome	(9) Share of end-of-year assets	(h) Percentage ownership
						Schedule R (Form 990) 2009	990) 2009

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78-6131373 Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 Yes × (c) Amount involved 13 10 9 5 5 5 16 19 두 7 4 ¥ If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.) (b) Transaction type (a-r) During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Sharing of facilities, equipment, mailing lists, or other assets Shanng of paid employees Reimbursement paid to other organization for expenses Reimbursement paid by other organization for expenses Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. (a) Name of other organization Lease of facilities, equipment, or other assets from other organization(s) Gift, grant, or capital contribution from other organization(s) Other transfer of cash or property from other organization(s) Other transfer of cash or property to other organization(s) Gift, grant, or capital contribution to other organization(s) Part V Ε 0 U σ σ 2 (1) 2 ල **3** 9 9

9E1309 1 000

73-6131373

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Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership(Complete if the organization answered 'Yes' on Form 990, Part IV, line 37) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name address and EIN of entrty	(b) Primary activity	(c) Legal domicile	(d) Are all partners	(e) Share of	(f) Disproportionate	(g) Code V-UBI	(h) General or
		country)	501(c)(3) organizations? Yes No	assets	Allocations?	of Schedule K-1 (Form 1065)	partner?
					 		
		,					
						:	
	:	·					
						Schedule R (Form 990) 2009	990) 2009

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PROCEDURES LYNN COLBERT CHARITABLE FOUNDATION SCHOLARSHIP

- 1. The Murray State College Financial Assistance Committee (FAC) will determine the amount and number of scholarships to be awarded. There will be two types of scholarships: one for tuition, fees, and books, and one for on-campus housing. Preference will be given to applicants from Stephens County. Scholarship awards for residents of on-campus housing will be available in amounts up to the cost of room and board. This scholarship when combined with other types of aid may not exceed the student's cost of attendance. Funds will be utilized as follows:
 - a. 5% for administrative costs
 - b. 10% recruitment and promotion
 - c. 85% for scholarships
- 2. The FAC will create a subcommittee consisting of the Chair/Financial Aid Director, one additional member of the FAC, and one Lynn Colbert Charitable Foundation Trustee. The subcommittee will be responsible for reviewing the applications and selecting scholarship recipients. The review will need to be completed as soon after the April 15 priority deadline as possible since school awards assemblies take place in late April and early May. The subcommittee will take into consideration the following criteria when selecting recipients:
 - a. The need of the applicant.
 - b. The character of the applicant.
 - c. The scholastic record and intelligence of the applicant (gpa and ACT/SAT scores).
 - d. Preference will be given to applicants from Stephens County.
 - e. Preference will be given to returning students.
- 3. Murray State College will develop an application and brochure and promote the scholarship. Murray State College will distribute these to high school counselors.
- 4. Eligibility and retention criteria will be consistent with that of the eligibility criteria in the Murray State College Scholarship Policies and Procedures. Students must reapply for the scholarship annually.
- 5. Murray State College will be responsible for notifying the student of the scholarship and providing a certificate to be presented at awards assemblies.