90-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

For the 2018 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number WYATT FAMILY SCHOLARSHIP FUND CENTRAL NATIONAL BANK & TR CO, 20-7200575 Name change Number and street (or P.O box, if mail is not delivered to street address) E Telephone number Room/suite Initial return Final return/ terminated PO BOX 3448 580-233-3535 City or town, state or province, country, and ZIP or foreign postal code Group Exemption Amended return 73702-3448 ENID. OK Number -Application pending X Cash H Check X if the organization is Accrual Accounting Method. Other (specify) Website: ► N/A not required to attach Schedule B Tax-exempt status (check only one) - \times 501(c)(3) 501(c)) **◄**(insert no.) L 4947(a)(1) or [(Form 990, 990-EZ, or 990-PF). K Form of organization Corporation X Trust Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 9,674. column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts Membership dues and assessments 3 3 SEE SCHEDULE O 9,674. 4 Investment income Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c SCANNEL IVIAL (Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than 6a \$15,000) **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less, direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a Less, cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Other revenue (describe in Schedule O) 8 9,674. 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7,50<u>0.</u> 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 2,871. 12 Salaries, other compensation, and employee benefits 12 13 1,350. 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 37. 15 15 Printing, publications, postage, and shipping ogden. Ut Other expenses (describe in Schedule O) 16 11,758. 17 Total expenses Add lines 10 through 16 17 -2,084.18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 233,925. Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2018)

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	m 990-EZ (2018) CENTRAL NATIONAL BANK & 1 art II Balance Sheets (see the instructions for Part II)	R CO, TRUST	TEE	20-	<u> 72005</u>	575	Page 2
	Check if the organization used Schedule O to res	spond to any que	stion in this Part I	1			
			(A) Beginning of year		(B)	End of year	r
22	Cash, savings, and investments		233,925	. 22		231,	841.
23	Land and buildings			23			
24	Other assets (describe in Schedule O)			24			
25	Total assets	_	233,925	25		231,	<u>841.</u>
26	Total liabilities (describe in Schedule 0)		(<u> </u>
27			233,925		ļ	231,	<u>841.</u>
P	art III Statement of Program Service Accomplishme	•				xpenses	_
	Check if the organization used Schedule O to res		stion in this Part I			for section and 501(c	
Wha	at is the organization's primary exempt purpose? <u>SEE_SCHEDULE_C</u>)	·		organizati	ons; optio	
	Cribe the organization's program service accomplishments for each of its three largest program ner, describe the services provided, the number of persons benefited, and other relevant inforn		enses. In a clear and concise		others.)		
	PROVIDE EDUCATIONAL SCHOLARSHIPS FO		OF THE		 		
	ROGERS, ARKANSAS SCHOOL SYSTEM						
	(Grants \$ 7,500.) If this amount includes foreign g	grants, check here			28a	3,	<u>540.</u>
29							
		<u> </u>					
	10 control of the con				00.		
30	(Grants \$) If this amount includes foreign of	rants, cneck nere	<u></u>	<u> </u>	29a		
30							
		·					
	(Grants \$) If this amount includes foreign of	rants, check here		$\overline{\Box}$	30a		
31	Other program services (describe in Schedule O)	grants, oneon note					
•	(Grants \$) If this amount includes foreign of	rants, check here	•		31a		
32	·	ranto, onoskinoro			32	3,!	540.
32 P a	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E		one even if not compensated	see the	32		540.
32 P a	Total program service expenses (add lines 28a through 31a)	mployees (list each o			32		5 4 0.
32 P a	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees (list each o	stion in this Part IV	/ (d) не	instructions falth benefits,		
Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees (list each o pond to any ques (b) Average hours per week devoted to	(c) Reportable	(d) He contre	alth benefits, bubutions to bysee benefit	(e) Estil	mated of other
32 Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	mployees (list each o pond to any ques (b) Average hours	(c) Reportable compensation (Forms	(d) He contr emplo plans,	instructions fallth benefits, ributions to	or Part IV)	mated of other
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CENTRAL NATIONAL BANK & TR CO. TRUSTEE 20-7200575

Page 3

Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each X activity in Schedule O 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended Х documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b N was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Х 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 36 complete applicable parts of Schedule N Х 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b Х b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made Х in a prior year and still outstanding at the end of the tax year covered by this return? 38a N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter: N/A a Initiation fees and capital contributions included on line 9 39a b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. 0. 0 . ; section 4912 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any X of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on 0. organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed 0. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Х 41 List the states with which a copy of this return is filed ▶ OK 42a The organization's books are in care of ▶ CENTRAL NATIONAL BANK & TRUS Telephone no. \triangleright 580 - 233 - 3535 ZIP+4 > 73702-3448Located at ▶ PO BOX 3448, ENID, OK b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b X If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? 42c Х If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 and enter the amount of tax-exempt interest received or accrued during the tax year N/A Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Х 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead Х of Form 990-EZ 44b c Did the organization receive any payments for indoor tanning services during the year? 44c Х d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions Form 990-EZ (2018)

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

Form 990-EZ (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

WYATT FAMILY SCHOLARSHIP FUND

OMB No 1545-0047

Open to Public Inspection

Employer identification number

20-7200575 CENTRAL NATIONAL BANK & TR CO, 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 12, 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 (Form 990 or 990-EZ)) 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 hospital's name, city, and state 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) 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. X Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (II) EIN (v) Amount of monetary (vi) Amount of other (III) Type of organization (i) Name of supported your governing documen (described on lines 1.10) support (see instructions) support (see instructions) organization Yes No above (see instructions)) ROGERS, AR 7,500 DEVELOPMENT FOUNDAT 71-0684375 8 X

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WYATT FAMILY SCHOLARSHIP FUND
Schedule A (Form 990 or 990-EZ) 2018 CENTRAL NATIONAL BANK & TR CO, TRUSTEE

Part II Support Schedule for C						vi) /
(Complete only if you checked	_					• /
fails to qualify under the tests i				on railed to quality	diderrarem in in	/
Section A. Public Support	isted Below, pie	asc complete r an				
			1 1 10010	1 0047	1 110000	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not			1			1
include any "unusual grants ")		 	-	 	/	
2 Tax revenues levied for the organ-				/		
ization'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			ļ	<i>/</i>		
5 The portion of total contributions				1		
by each person (other than a						
governmental unit or publicly						
supported organization) included		1		ĺ	1	1
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)			/			<u> </u>
6 Public support. Subtract line 5 from line 4		L	<i>X</i>	L	<u> </u>	<u> </u>
Section B. Total Support			T		· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4		 		<u> </u>	 	
8 Gross income from interest,		/				
dividends, payments received on		/				
securities loans, rents, royalties,		/				
and income from similar sources		/				
Net income from unrelated business	/	1				
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 VI)			 			
11 Total support. Add lines 7 through 10			J			
12 Gross receipts from related activities, e	<i>,</i> .	•			12	
13 First five years. If the Form 990 is for the	=	s first, second, thi	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3)	
organization, check this box and stop h		roontago				
Section C. Computation of Public					T T	
14 Public support percentage for 2018 (line			column (f))		14	<u>%</u>
15 Public support percentage from 2017 S					15	
16a 33 1/3% support test - 2018. If the org				14 is 33 1/3% or i	nore, check this bo	x and
stop here. The organization qualifies as						. ▶□
b 33 1/3% support test - 2017. If the org				line 15 is 33 1/3%	6 or more, check th	is box
and stop here. The organization qualified				10.1010.		
17a 10% -facts-and-circumstances test -	_					
and if the organization meets the "facts					rt VI how the organ	ization
meets the "facts-and-circumstances" te	=					
b 10% -facts-and-circumstances test -	_					
more, and if the organization meets the						
organization meets the "facts and circui		=				▶⊢
18 Private foundation. If the organization of	did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
1				Sah	edule A (Form 990)	a- 000 E7) 2010

Schedule A (Form 990 or 990 EZ) 2018 CENTRAL NATIONAL BANK & TR CO

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (a) 2014 (c) 2016 (d) 2017 (e) 2018 Calendar year (or fiscal year beginning in) **(b)** 2015 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (b) 2015 Calendar year (or fiscal year beginning in) (a) 2014 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form \$90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 % 16 % 16 Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not from than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 832023 10-11-18

20-7200575 Page 3

TRUSTEE

Schedule A (Form 990 or 990-EZ) 2018 CENTRAL NATIONAL BANK & TR CO, TRUSTEE 20-7200575 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A

^			
		Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)	
		and B if you checked 12b of Part I, complete Sections A and C. If you checked 12b of Part I, complete	

, , ,	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	}		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part Vi how the organization determined that the supported			ľ
	organization was described in section 509(a)(1) or (2)	2_	ļ	X
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a	ļ	X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	ļ	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If]	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	_4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	1		
	was accomplished (such as by amendment to the organizing document)	5a		<u>X</u>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b_		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		<u>X</u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		_X_
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	_	<u>X</u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		}	
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		<u>X</u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	ŀ		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		Χ_
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		ĺ	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		_X_
Оа	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated]]		
	supporting organizations)? If "Yes," answer 10b below	10a		<u>X</u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	106	1	

		/2005/	<u>5 P</u>	age 5
	Int IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	100
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ĺ		İ
	below, the governing body of a supported organization?	11a		Х
ь	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	ction B. Type I Supporting Organizations		.l	1 41
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			[
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	}
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		ļ
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1	ł	
	supervised, or controlled the supporting organization	2		1
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			j
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	İ		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_	X	<u></u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s)	2_	X	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard	3_		X
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	ıs).		
a	The organization satisfied the Activities Test Complete line 2 below			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions	[]	
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	<u>2</u> b_		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	<u>3a</u>		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2018 CENTRAL NATIONAL BANK & TR CO, TRUSTEE 20-7200575 Page 6

Part V Type III Non-Functionally Integrated F00(a)(2) Supporting Operation

1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		rt VI) See instructions. A
other Type III non functionally integrated supporting organizations must co Section A - Adjusted Net Income	mpiete Se	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	0.	0.
2 Recoveries of prior-year distributions	2	0.	0.
3 Other gross income (see instructions)	3	9,201.	9,674.
4 Add lines 1 through 3	4	9,201.	9,674.
5 Depreciation and depletion	5	0.	0.
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	513.	718.
7 Other expenses (see instructions)	7	4,502.	3,540.
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	4,186.	5,416.
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1		٠
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a	214,129.	204,881.
b Average monthly cash balances	1b	33,691.	32,147.
c Fair market value of other non-exempt-use assets	1c	0.	0.
d Total (add lines 1a, 1b, and 1c)	1d	247,820.	237,028.
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	_		
Acquisition indebtedness applicable to non-exempt-use assets	2	0.	0.
3 Subtract line 2 from line 1d	3	247,820.	237,028.
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1		
see instructions)	4	_3,717.	3,555.
5 Net value of non-exempt use assets (subtract line 4 from line 3)	5	244,103.	233,473.
6 Multiply line 5 by 035	6	8,544.	8,172.
7 Recoveries of prior-year distributions	7	0.	0,
8 Minimum Asset Amount (add line 7 to line 6)	8	8,544.	8,172.
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		4,186.
2 Enter 85% of line 1	2		3,558.
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		8,544.
4 Enter greater of line 2 or line 3	4		8,544.
5 Income tax imposed in prior year	5		0.
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		8,544.
7 Check here if the current year is the organization's first as a non-functionally	/ integrate	d Type III supporting organi	
instructions)	•	., .,	,

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 CENTRAL NATIONAL BANK & TR CO, 20-7200575 Page 7 TRUSTEE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 7,500. Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 4.502. 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions 12,002. Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive 7,500. (provide details in Part VI) See instructions 8,544. Distributable amount for 2018 from Section C, line 6 87.78% Line 8 amount divided by line 9 amount 10 (i) (ii) (111) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 8,544. Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) A Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D. 12,002. a Applied to underdistributions of prior years 8,544. b Applied to 2018 distributable amount 3,458. c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 3j 3,458 and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 3.458. e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-E	Z) 2018 CENT	'RAL NA'I	IONAL	BANK	& TR	<u></u>	<u> </u>	<u> 20-7200575</u>	Page 8
Part VI	Supplementa Part IV, Section A line 1, Part IV, Sec Section D, lines 5,	I Information, lines 1, 2, 3b, 3c ction D, lines 2 an 6, and 8, and Pa	Provide the 6 5, 4b, 4c, 5a, 6 d 3. Part IV. S	explanations 5, 9a, 9b, 9c section E. lin	s required , 11a, 11b, es 1c. 2a,	by Part II, II , and 11c, F 2b, 3a, and	ine 10, Pa Part IV, S d 3b, Part	art II, line 17a d ection B, lines : V, line 1, Part	or 17b, Part III, line 12, 1 and 2, Part IV, Secti V. Section B, line 1e, F	on C,
	(See instructions)	<u></u>	<u> </u>	*		<u> </u>	 .			
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047_-

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WYATT FAMILY SCHOLARSHIP FUND

CENTRAL NATIONAL BANK & TR CO TRUSTEE Employer identification number 20-7200575

CENTRAL NATIONAL BANK & IR CO, IROSTEE 20 72	
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
T ROWE PRICE GROWTH STOCK FUND	1,408.
DODGE & COX INCOME FUND	166.
PARNASSUS ENDEAVOR FUND INSTL CLASS	523.
VANGUARD WELLESLEY INCOME FUND	2,045.
MAIRS & POWER BALANCED FUND	203.
PIMCO INCOME FUND	217.
VANGUARD GNMA FUND - ADMIRAL	1,191.
CONSUMER STAPLES SELECT SECTOR	1,568.
BANK OF AMERICA	1,500.
CREDIT SUISSE BOND	750.
CENTRAL NATIONAL BANK	103.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	9,674.
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: ROGERS DEVELOPMENT FOUNDATION INC	
GRANTEE ADDRESS: 119 N FOURTH ROGERS, AR 72756	
GRANTEE RELATIONSHIP: SUPPORTED ORGANIZATION	
AMOUNT GIVEN:	7,500.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - GRANTS TO BE UTI	LIZED BY
THE ORGANIZATION'S SUPPORTED ORGANIZATION TO PROVIDE ADDITIONAL	
SCHOLARSHIPS TO DESERVING STUDENTS	

Schedule O (Form 990 or 99)	0-EZ) (2018)			Page 2
Name of the organization		Y SCHOLARSHIP F IONAL BANK & TR		Employer identification number 20 – 7200575
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EODY 000 FF D	N. T.	AMTON DEGADOTIG	DED CONST. DESIGN	AT M. CONTINUE & CITICA
FORM 990-EZ, P	ART V, INFORMA	ATION REGARDING	PERSONAL BENEF	TT CONTRACTS:
THE ORGANIZATION	ON DID NOT, DI	JRING THE YEAR,	RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY,	TO PAY PREMIT	JMS ON A PERSONA	AL BENEFIT CONT	RACT.
THE ORGANIZATION	ON, DID NOT, I	OURING THE YEAR	, PAY ANY PREMI	UMS, DIRECTLY,
		L BENEFIT CONTRA		
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