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 1545-0047

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.

Open to Public Inspection

Δ	For the	2019 calendar year, or tax year beginning	and e	ndina				
В	Check if	C Name of organization			D Empl	over iden	tification number	
	applicab	THE THE TAKE I AGUAL ADGULD HIDTO			2 2			
늗	7	ess change WYATT FAMILY SCHOLARSHIP FUND			20-7200575			
늗	∐Name □	change STRIDE BANK, N.A. Number and street (or P.O. box if mail is not delivered to street a	nddress)	Room/suite	E Telephone number			
느			1001033)	Nooni/suite	·			
누	termır	City or town, state or province, country, and 7IP or foreign post	al code	J		580-233-3535		
느	_		11 6006	031		Group Exemption		
<u></u>		ation pending ENID, OK 73702-3448				Number		
		iting Method: X Cash Accrual Other (specify) ▶	· · · · · · · · · · · · · · · · · · ·				If the organization is	
		e. ► <u>N/A</u>				•	o attach Schedule B	
<u>J</u>	Tax-ex		insert no) 4947(a)(1) or 527	(Forn	n 990, 99	00-EZ, or 990-PF).	
		f organization Corporation X Trust Association						
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are	\$200,000 or more, or if to	tal assets (Part I	l,			
		(B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ				<u> \$ </u>	<u> 128,937.</u>	
P	art I	Revenue, Expenses, and Changes in Net Assets	or Fund Balances	S (see the instru	ctions f	or Part I)		
		Check if the organization used Schedule O to respond to any question in	this Part I				X	
	1	Contributions, gifts, grants, and similar amounts received				1		
	2	Program service revenue including government fees and contracts				2		
	3	Membership dues and assessments			L	3		
	4	Investment income	SEE SCHE		L	4	<u>8,983.</u>	
	5a	Gross amount from sale of assets other than inventory	5a	119,9				
	ь	Less; cost or other basis and sales expenses	5b	108,5	19.			
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from	om line 5a)			5c	11,435.	
	6	Gaming and fundraising events:						
ø.	a	Gross income from gaming (attach Schedule G if greater than						
Ē		\$15,000)	6a					
Revenue	Ь	Gross income from fundraising events (not including \$	of contribution	ons				
œ		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			Į		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a an		6d				
	7a	Gross sales of inventory, less returns and allowances	7a					
	Ь	Less, cost of goods sold	7b					
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a	1)			7c		
	8	Other revenue (describe in Schedule 0)				8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	20,418.	
•	10	Grants and similar amounts paid (list in Schedule 0)	SEE SCHE	DULE O		10	7,500.	
.9 >	11	Benefits paid to or for members	5 mm 2 mm 8 mm 8 mm 2 mm 8 mm 2 mm 8 mm 2			11		
-	12	Salaries, other compensation, and employee benefits	RECEIVE		L	12	2,902.	
nse.	13	Professional fees and other payments to independent contractors				13	920.	
Expenses	14	Occupancy, rent, utilities, and maintenance	APR 10 20	20 (82)	L	14		
Ш	15	Printing, publications, postage, and shipping	APR 1020	^က ည်		15	37.	
:	16	Other expenses (describe in Schedule 0)			Γ.	16		
1	17	Total expenses Add lines 10 through 16	OGDEN_	UT	▶	17	11,359.	
<u> </u>	18	Excess or (deficit) for the year (subtract line 17 from line 9)	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	's 'qerepu est		18	9,059.	
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		Ī			
\SS	"	(must agree with end-of-year figure reported on prior year's return)	•			19	231,841.	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			Ī	20	0.	
Ź	21	Net assets or fund balances at end of year. Combine lines 18 through 20				21	240,900.	
		Panerwork Reduction Act Notice see the senarate instructions	 				Form 990-EZ (2019)	

LHA For Paperwork Reduction Act Notice, see the separate instructions

Page 2

Pa	art II	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to respond to any question in this Part II						
				(A) Beginning of year		,	nd of year
22		savings, and investments		231,841		-	<u>240,900.</u>
23		and buildings			23		
24		assets (describe in Schedule 0)		231,841	· 25		240,900.
25 26		assets liabilities (describe in Schedule O)			. 26		0.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)		231,841			240,900.
_	art III	Statement of Program Service Accomplishmen	its (see the inst		<u>-,</u>	ì	penses
		Check if the organization used Schedule O to res	pond to any que	estion in this Part III	\mathbf{x}		for section and 501(c)(4)
Wha	at is the d	organization's primary exempt purpose? SEE SCHEDULE O				organization	ons; optional for
		rganization's program service accomplishments for each of its three largest program s be the services provided, the number of persons benefited, and other relevant inform.				others.)	
28	PROV	VIDE EDUCATIONAL SCHOLARSHIPS FO	R GRADUATE	S OF THE			
	ROGI	ERS, ARKANSAS SCHOOL SYSTEM		····			
					_		
	(Grants	5 \$ 7,500.) If this amount includes foreign g	rants, check here			28a	3,133.
29				.			
	(Grants	\$\$) If this amount includes foreign g	rants, check here	>	\Box	29a	
30	Coranic) it this amount molecule teroign g	rame, encountries			1	
	(Grants		rants, check here	>	لــــا	30a	
31		program services (describe in Schedule O)					
	(Grants		rants, check here	<u>P</u> _	<u> </u>	31a 32	3,133.
_	art IV	program service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key E	mplovees (list eac	h one even if not compensated -	see the		
نت.	<u> </u>	Check if the organization used Schedule O to res					
			(b) Average hour	S (C) Reportable	(d) не	alth benefits,	(e) Estimated
		(a) Name and title	per week devoted	W-2/ 1088-1015C)	empl	ributions to oyee benefit and deferred	amount of other
			position	(if not paid, enter -0-)		pensation	compensation
		E BANK, N.A.	2 00	2 000		0	
TF	RUSTI	EE	2.00	2,902.		0.	0.
							
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WYATT FAMILY SCHOLARSHIP FUND

STRIDE BANK, N.A. Form 990-EZ (2019)

20-7200575

Page 3 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 X Yes No Did thè organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 Х Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X 34 documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported X 35a on lines 2, 6a, and 7a, among others)? 35b N/A 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 c 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 X 35<u>c</u> requirements during the year? If "Yes," complete Schedule C, Part III 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X complete applicable parts of Schedule N 36 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions X 37b 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 38a in a prior year and still outstanding at the end of the tax year covered by this return? N/A b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 39 Section 501(c)(7) organizations. Enter. N/A 39a a Initiation fees and capital contributions included on line 9 39Ь N/A b Gross receipts, included on line 9, for public use of club facilities 40 a 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 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. by the organization 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 41 List the states with which a copy of this return is filed ► OK 42a The organization's books are in care of ightharpoonup STRIDE BANK, N.A. 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 42b account)? 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 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 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of 44a Form 990-F7 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44h of Form 990-EZ X c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation **44d** in Schedule O

45a

45b

Х

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

WYATT FAMILY SCHOLARSHIP FUND Form 990-EZ (2019) 20-7200575 Page 4 STRIDE BANK, N.A. Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Part VI Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI Yes No Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II X 47 X Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a X 49a Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization? 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (e) Estimated (a) Name and title of each employee (b) Average hours (d) Health benefits, (C) Reportable contributions to employee benefit sation (Form: per week devoted to amount of other W-2/1099-MISC) position plans, and deferred compensation NONE compensation Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None." NONE (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bost of my knowledge and belief, it is true, correct, and complete) Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here VP & TRUST OFFICER **CASEY** Date Check Preparer's signature Print/Type preparer's name self- employed

Paid

Preparer

Use Only

CHERYL BRYAN

CPA

ENID, OK 73701-3899

Firm's name ► COLLINS, BUTLER

May the IRS discuss this return with the preparer shown above? See instructions

Firm's address ▶ 901 W MAPLE AVE

4-1-7-02-

P00239811

► X Yes L

Form 990-EZ (2019)

(580)233-1144

Firm's EIN $\triangleright 73 - 1463197$

Phone no.

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public

OMB No. 1545-0047

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

WYATT FAMILY SCHOLARSHIP FUND

Open to Publi Inspection

Employer identification number

20-7200575 STRIDE BANK, N.A Part I 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, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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) R 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 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. 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 I, Type II, 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 in your governing document? (v) Amount of monetary (vi) Amount of other (i) Name of supported (III) Type of organization (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) ROGERS, AR DEVELOPMENT FOUNDAT 71-0684375 7,500. 8 X 7,500. Total

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 STRIDE BANK, N.A. 20-7200575 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked fails to qualify under the tests		\ '	•			
Se	ction A. Public Support		_\				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						,
2	Tax revenues levied for the organ-		\				
	ızatıon's benefit and either paid to		\	√			
	or expended on its behalf			<u> </u>			
3	The value of services or facilities						
	furnished by a governmental unit to					/	
	the organization without charge			 		 /	
	Total. Add lines 1 through 3			 		 	
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				/		
	supported organization) included on line 1 that exceeds 2% of the			\			
	amount shown on line 11,			\	\ /		
	column (f)				\ /		
6	Public support. Subtract line 5 from line 4		-				
	ction B. Total Support		 	.1			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(a) 2018	(e) 2019	(f) Total
	Amounts from line 4	(4) 20.0	(0) 20:0	(0)=0.17	(3/25/5	(9/20/3	117 : 5 : 5 :
8	Gross income from interest,						
•	dividends, payments received on				\		
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business		/	1			
	activities, whether or not the				\		
	business is regularly carried on					<u> </u>	
10	Other income Do not include gain						
	or loss from the sale of capital					\	
	assets (Explain in Part VI)					<u> </u>	
	Total support. Add lines 7 through 10		<u>/</u>	<u> </u>		 	
12	Gross receipts from related activities,	etc (see instructi	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. –
<u>-</u>	organization, check this box and stop		roontono				<u> </u>
_	ction C. Computation of Publ						
	Public support percentage for 2019 (I	/		column (f))		14	
	Public support percentage from 2018	,	-	1 10	44 - 00 4/00/	15	
16a	33 1/3% support test - 2019. If the c	,			14 IS 33 1/3% OF I	more, check this bi	ox and
	stop here. The organization qualifies				d l.m. a 15 20 4/20	/	hudbay PL
t	33 1/3% support test - 2018. If the c				IIII 15 IS 33 1/3%	or more, check u	nis box
4=	and stop here. The organization qual				o 12 16a or 16b	and line 14 is 10%	or more
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					iit viillow the orga	
	meets the "facts and circumstances"	_				17a and line 15 is	10% or
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the organization meets the "facts-and-circ						~ _ /⊢
40	Private foundation. If the organization						· [
40	Deliver foundation If the organization	a did not chack a	hay an line 12 16	a 16h 17a ar 17	h check this have	and see instruction	ne 🕨

Schedule A (Form 990 or 990-EZ) 2019 STRIDE BANK, N.A.

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 1) Section A. Public Support (a) 2015 <u>(b)</u> 2016 (c) 2017 Calendar year (or fiscal year beginning in) (d) 2018 (e) 2019 (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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 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)** 2016 (c) 2017 Calendar year (or fiscal year beginning in) (a) 2015 (d) 2018 (e) 2019 (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 990 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 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 18 % 18 Investment income percentage from 2018 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2019. 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 - 2018. 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 more 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

Schedule A (Form 990 or 990-EZ) 2019 STRIDE BANK, N.A.

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 Bill you checked 12b of Part I, complete Sections A and Cill you checked 12c of Part I, complete

Sec	tion A. All Supporting Organizations			
	Are all of the expension of a consisted expension of letter by some in the example to a constant		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		1	
~	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2	·	X
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		 	
Sa	(b) and (c) below	3a	-	X
b		Sa	 	
	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	1	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	- 30	1	├─
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		-
4 a	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		\mathbf{x}
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	10.		- -
-	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			1
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination	75		 -
•	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	,		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			1
	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			İ
	was accomplished (such as by amendment to the organizing document)	5a		X
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			l
	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		l	l
	Part VI.	6		X
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			<u></u> _
	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_		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	_		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	X
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		-	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	<u>9c</u>	<u> </u>	X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		1	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		.	<u> </u> _
	supporting organizations)? If "Yes," answer 10b below.	10a		X

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)

WYATT FAMILY SCHOLARSHIP FUND

20-7200575 Page 5 Schedule A (Form 990 or 990-EZ) 2019 STRIDE BANK, N.A. Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a Х b A family member of a person described in (a) above? 11b c 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 Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization 2 Section C. Type II Supporting Organizations Yes No 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) Section D. All Type III Supporting Organizations Yes Nο Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 Х organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how X the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test Complete line 2 below а The organization is the parent of each of its supported organizations. Complete line 3 below b The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) C Activities Test Answer (a) and (b) below. Yes No 2 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 2b Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b 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

Schedule A (Form 990 or 990-EZ) 2019 STRIDE BANK, N.A.

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 0. 0. 1 Net short-term capital gain 0. 0. 2 Recoveries of prior-year distributions 2 9,674. 20,418. 3 3 Other gross income (see instructions) 9,674. 20,418. Add lines 1 through 3 4 4 Depreciation and depletion 5 5 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) 718. 725. 6 3,540. ,133. Other expenses (see instructions) 7 5,416. 16,560. 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 204,881 201,008. 1a a Average monthly value of securities 32,147. 38,187. 1b b Average monthly cash balances Ο. c Fair market value of other non-exempt-use assets 1c 237,028. 239,195 d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other 0. factors (explain in detail in Part VI) 0 . 0. Acquisition indebtedness applicable to non-exempt-use assets 2 237,028. 239,195. 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 3,588. 3,555. see instructions) 4 235,607. 233,473. Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 8,172. 8,246. Multiply line 5 by 035. 6 7 0. 0. 7 Recoveries of prior-year distributions 8,172. 8,246. 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 5,416. Adjusted net income for prior year (from Section A, line 8, Column A) 1 4,604. Enter 85% of line 1 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 8.172. 3 3 8,172. 4 Enter greater of line 2 or line 3 4 0. 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 8,172. emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Schedule A (Form 990 or 990-EZ) 2019 STRIDE BANK, Part V Type III Non-Functionally Integrated 509			0-7200575 Page 7			
	station Supporting Orga	inizations (continued)_	Current Year			
Section D - Distributions	7,500.					
1 Amounts paid to supported organizations to accomplish ex			7,300.			
2 Amounts paid to perform activity that directly furthers exem	ibi bailboses oi sabboilea					
organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purpose	cos of supported organizations		3,133.			
	ses of supported organizations		3,133.			
4 Amounts paid to acquire exempt-use assets Cualified set-aside amounts (prior IRS approval required)						
	-					
6 Other distributions (describe in Part VI) See instructions			10,633.			
7 Total annual distributions. Add lines 1 through 6	the ergenization is reconcilio		10,033.			
8 Distributions to attentive supported organizations to which	the organization is responsive		7,500.			
(provide details in Part VI) See instructions			8,172.			
9 Distributable amount for 2019 from Section C, line 6			91.78%			
10 Line 8 amount divided by line 9 amount						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1 Distributable amount for 2019 from Section C, line 6			8,172.			
2 Underdistributions, if any, for years prior to 2019 (reason-						
able cause required- explain in Part VI) See instructions						
3 Excess distributions carryover, if any, to 2019						
a From 2014						
b From 2015						
c From 2016						
d From 2017						
e From 2018 3,458.						
f Total of lines 3a through e	3,458.					
g Applied to underdistributions of prior years						
h Applied to 2019 distributable amount			3,458.			
Carryover from 2014 not applied (see instructions)						
Remainder Subtract lines 3g, 3h, and 3i from 3f.						
4 Distributions for 2019 from Section D,						
line 7 \$ 10,633.			•			
a Applied to underdistributions of prior years						
b Applied to 2019 distributable amount			4,714.			
c Remainder Subtract lines 4a and 4b from 4	5,919.					
5 Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h						
and 4b from line 1. For result greater than zero, explain in						
Part VI See instructions	1					
7 Excess distributions carryover to 2020. Add lines 3j						
and 4c	5,919.		·			
8 Breakdown of line 7			3			
a Excess from 2015						
b Excess from 2016						
c Excess from 2017						
d Excess from 2018						
e Excess from 2019 5,919.						
		0.1.11.4	(F 000 000 F7) 0040			

Schedule A (Form 990 or 990-EZ) 2019

WYATT FAMILY SCHOLARSHIP FUND

Schedule A	Form 990 or 990 EZ) 2019 STRIDE BANK, N.A. 2U - /2UU5/5 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
 .	<u> </u>
	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Name of the organization

WYATT FAMILY SCHOLARSHIP FUND STRIDE BANK, N.A.

Employer identification number 20-7200575

STRIDE BANK, N.A.	10-1200313
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
T ROWE PRICE GROWTH STOCK FUND	361.
DODGE & COX INCOME FUND	186.
VANGUARD WELLESLEY INCOME FUND	1,198.
MAIRS & POWER BALANCED FUND	46.
PIMCO INCOME FUND	228.
VANGUARD GNMA FUND - ADMIRAL	1,174.
CONSUMER STAPLES SELECT SECTOR	757.
BANK OF AMERICA	1,500.
CREDIT SUISSE BOND	750.
STRIDE BANK, N.A.	307.
T ROWE PRICE INSTITUTIONAL LARGE CAP GROWTH	2,476.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	8,983.
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAI	
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 THE ORGANIZATION'S SUPPORTED ORGANIZATION TO PROVIDE ADDITION	
GOVERNMENT TO DESCRIPTION OF PROVIDE ADDITION	

SCHOLARSHIPS TO DESERVING STUDENTS

Schedule O (Form 990 or 990 EZ) (2019)	Page 2
Name of the organization WYATT FAMILY SCHOLARSHIP FUND	Employer identification number
STRIDE BANK, N.A.	20-7200575
•	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	FIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	JNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	₽₽≱₽₽
OR INDIRECTLI, TO PAI PREMIUMS ON A PERSONAL BENEFIT CONT	INACI:
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
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